

# Evaluation of stem4's Media Literacy & Mental Health Training

## Executive summary

The World Health Organisation Report (September 2024) “A focus on adolescent social media use and gaming in Europe, central Asia and Canada<sup>1</sup>” recommended that **educators and healthcare providers “Provide specialised training to deliver effective and inclusive digital literacy education and support.”** This unusual inclusion of healthcare providers in a media (digital) literacy training recommendation followed Dr Hans Henri P. Kluge’s (WHO Regional Director for Europe) statement: **“Digital literacy in the context of child development and well-being, informed by the right knowledge at the right time along with the right health and other support services, are critical.”**

In response to Ofcom’s commissioning media literacy training for children’s health, social work and community professionals in July 2023, with a particular focus on supporting those with mental health challenges, **stem4**, the UK’s leading digital mental health charity for children and young people, developed its ‘Media Literacy and Mental Health’ training for those professionals.

Despite a very challenging environment in the public sector **1,350 professionals registered for this training, and 523 were able to complete the training.**

**91% gave the feedback that they would recommend the training to others.**

The trainees were from all of the devolved nations, from each of the professional groups outlined by Ofcom, and were supporting children and young people who were eligible for pupil premium payments; who experienced mental health challenges; were care-experienced; were neurodiverse or were from minoritised communities.

Quantitative data from pre- and post-training surveys suggested that the training helped trainees gain knowledge, skills and confidence in discussing young people’s online experiences in the course of their work. They also felt more confident in offering support for online harms, should a need arise.

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<sup>1</sup> WHO. (2024). A focus on adolescent social media use and gaming in Europe, central Asia and Canada. Available from: <https://hbsc.org/new-who-hbsc-report-sheds-light-on-adolescent-digital-behaviours-across-europe-central-asia-and-canada/>

*“I feel that I can now talk about algorithms and influencers and know what I am referring to. I have a better understanding of what children may be searching for and how this may have a future impact on them and their mental health.”*

*Pastoral Care Lead, Youth Sector*

As some trainees were managers or commissioners, and others frontline workers delivering support directly to young people, it was estimated that the training could positively **impact on the lives of 64,000 young people.**

The training reached unexpected parts of the health space, such as NHS England recommending that a young people’s vaccination service attend the training.

64% of trainees reported that they had increased the frequency of exploring media literacy with the young people that they support, and 71% planned to increase their engagement with the digital lives of the young people that they support.

Over the course of delivering the training it was established that a media literacy training for health and social care professionals, and for youth and community workers needed to be:

- **Accessible** (manageable length; online and on demand; minimal surveys)
- **Relatable** (‘Online Safety First Aid’ had greater meaning)
- **Relevant** (the voice of young people’ and lived-experience aided transfer of knowledge and skills to the trainees own work)

Qualitative feedback, on how young people perceived a change in their support they received, suggested enquiries about their online experiences were welcome and a relief.

*“Young people have responded positively to my starting a discussion on their digital engagement and safety. They seemed so relieved to be able to explore this complex area.”*

*Therapist, Healthcare*

*“I think I am more alert to a comment like ‘I saw this online’ - e.g. for reason why they want an ADHD diagnosis - more confident to explore whether this information is accurate and then signposting to NHS information.”*

*Student Welfare Officer*

In conclusion, Ofcom had correctly identified a gap in the media literacy training that was accessible to health and social care professionals, and the youth sector, and that it was something those professionals did want to receive training in, despite the many demands on their time.

The structured approach to engaging with the digital lives of young people helped them to gain confidence, and in some cases, increased the young person’s engagement with a service.

Sufficient learning occurred during the delivery of the training to suggest that if rolled out more widely, or made mandatory, as with safeguarding training, it could advance digital resilience, and reduce inequalities and harms for vulnerable groups, alongside the greater protections that the Online Safety Act may afford them.

As suggested by Dr Hans Henri P. Kluge of the WHO, insights from child development, as well as from mental health, made the training a unique proposition, but also one that could transfer well to other sectors, such as education, but also for parents and carers.

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## Background to the project

*“Clinicians, therapists, safeguarding and mental health practitioners can no longer maintain the position that the digital world is a novelty or passing trend. They must engage with the richly diverse and embedded digital lives of the young people accessing their service, and proactively address the potential for both risks and opportunities.”<sup>2</sup>*

### **The need for media literacy training in health, social care and the youth sector.**

In the Ofcom Report of 2023, ‘Listening to Experts: Mental Health and Media Literacy’<sup>3</sup>, to advance positive mental health of those online, the report emphasised the importance of media literacy stating:

*“Media literacy skills form an important part of this picture (for good mental health), which also includes the responsibilities of platforms and Ofcom’s regulatory role.”*

The key learning was that good media literacy can and does support good mental health.

Ofcom’s guidance for the implementation of the United Kingdom’s 2023 Online Safety Act outlines how online content relating to mental health challenges, such as self-harm, suicide and eating disorders, can be harmful, and especially to young people, in addition to what is illegal. However the guidance does not specify what role health and social care professionals, and the youth sector might also play in the prevention of harms.

Given that most young people may have been exposed to online harms from an early age<sup>4</sup>, there is little evidence that health and social care professionals or youth workers feel confident in assessing or offering support for such experiences, nor offering later support for those that have been harmed.

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<sup>2</sup> Livingstone, S., Stoilova, M., Stănicke, L.I., Jessen, R.S., Graham, R., Staksrud, E., & Jensen, T.K. (2022). *Young people experiencing internet-related mental health difficulties: The benefits and risks of digital skills. An empirical study.* KU Leuven, ySKILLS. Available from:

<https://yskills.eu/young-peoples-online-engagement-and-mental-health-the-role-of-digital-skills/>

<sup>3</sup> Ofcom. (2023). Listening to experts: Mental health and media literacy. Available from:

<https://www.ofcom.org.uk/media-use-and-attitudes/media-literacy/new-ofcom-study-explores-how-media-literacy-can-support-mental-health>

<sup>4</sup> Ofcom. (2024). Understanding pathways to online violent content among children. Available from: <https://www.ofcom.org.uk/online-safety/protecting-children/encountering-violent-online-content-starts-at-primary-school>

For example, at a UKCCIS (United Kingdom Council for Child Internet Safety) Evidence Group Seminar in January 2012, it was noted that in relation to clusters of suicide and self-harm, online contact between young people may play a part, but there was:

*“A lack of understanding on the part of nursing staff regarding information given to them by patients about their online activities “*

*“Therefore, risks may go undetected”*

It was recognised that there was a need to increase digital literacy in healthcare workers.<sup>5</sup>

Research from Aref and colleagues, on psychiatrists’ media literacy, and ability to assess digital risks, suggested current levels of media literacy were a potential blind spot in general risk assessments and that:

*“Although it is common for psychiatrists to encounter patients subject to digital risk, trainee psychiatrists lack competence and confidence in their assessment.”<sup>6</sup>*

Whilst there has been some progress on risk assessment in Child and Adolescent Psychiatry<sup>7</sup>, there is little evidence that media literacy and ability to assess online harms has been embedded in the work of health and social care professionals more widely, or the youth sector. This is concerning as they will be supporting some of the most vulnerable young people, who cannot, or do not want to access traditional services. In addition, they are likely to be supporting racialised and minoritised communities who experience a disproportionately greater harm. For example::

*Those in marginalised groups – such as LGBTQ+ young people and those with disabilities – are most likely to state that social media has a negative impact on people like them<sup>8</sup>.*

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<sup>5</sup> Livingstone, Sonia and Palmer, Tink (2012) Identifying vulnerable children online and what strategies can help them. UK Safer Internet Centre, London, UK. Currently available from: <https://eprints.lse.ac.uk/44222/>

<sup>6</sup> Aref-Adib G, Landy G, Eskinazi M, Sommerlad A, Morant N, Johnson S, Graham R, Osborn D, Pitman A

Assessing Digital Risk in Psychiatric Patients: Mixed Methods Study of Psychiatry Trainees’ Experiences, Views, and Understanding  
JMIR Ment Health 2020;7(7):e19008: Available from:  
<https://mental.jmir.org/2020/7/e19008>

<sup>7</sup> Idelji-Tehrani S, Dubicka B, Graham R. The clinical implications of digital technology. Clinical Child Psychology and Psychiatry. 2023;28(1):338-353. Available from:  
<https://journals.sagepub.com/doi/10.1177/13591045221145400>

<sup>8</sup> Nominet. (2023). Digital Youth Index Report 2023. Available from:  
<https://digitalyouthindex.uk/>

Professionals may similarly underestimate the value of digital skills that are needed to access the opportunities of the digital world, beyond digital health Apps, which could support development and reduce inequalities, and advance digital inclusion. For example, for someone who is excluding themselves from online activities, because of past harmful experiences (such as being bullied online), may not be helped to regain confidence online confidence in traditional therapies. Similarly, there is little evidence of signposting to specific support for some online harms, that can, for example, help someone who has experienced intimate image abuse.

Considering the extent to which many young people's digital activities are embedded in their lives, this large and important area of their lives needs adequate recognition by the professionals who support them. This sentiment is echoed in the above mentioned ySKILLS Research Report<sup>1</sup>, which involved interviews with over 60 young people who had experienced mental health challenges, and explored what support they had received in relation to any online harms they experienced:

*“Practitioners need training and digital skills. Youth services must address young people’s digital experiences and offer therapeutic strategies when their experiences are problematic.”*

Despite such recommendations, there was no established media literacy training, developed for and accessible to health and social care professionals or the youth sector, that would blend current knowledge and evidence of child development and mental health with what was happening online for young people. The absence of training opportunities and resources that were relevant and relatable for such professionals continued a cycle where a significant part of a young person's life was simply not acknowledged<sup>1</sup>. This did not imply that professionals did not want to engage with that area, but they lacked the knowledge, skills and confidence to do so. The end result is that many young people then feel that they have no-one to turn to, and are left to make sense of and manage challenging experiences alone. Consequently, some will experience harm, and with little support in how to recover from it. This was the situation that stem4 wanted to address.

## **The response to the need for training**

In July 2023, Ofcom announced that it was commissioning media literacy trainings, as follows:

*“We have identified a gap in Continuing Professional Development related to media literacy for professionals supporting children and young people...*

*We will commission the delivery of two lots of training. We require the development of two training courses for the following professions:*

*Lot 1: Education and youth professionals*

*Lot 2: Children’s health, social work and community professionals”*

*“A minimum of 500 professionals should be trained within the period of this contract.*

*Training will be required to outline the outcomes that will be met for the professionals being trained and the children they work with. We will expect to see at least one competence from the Information and data literacy, Communication and collaboration or Digital content and creation areas of the DigComp<sup>10</sup> framework met through the training.”*

*“Training may be delivered online or in person. In order to be effective, it should:*

*have a focus on improving media literacy outcomes for children and young people*

- be underpinned by robust evidence and expertise*
- include collaboration and expert challenge*
- be sustained over time (e.g. a minimum of two sessions that build on each other)”*

stem4 welcomed this opportunity, given the above recognised gaps in knowledge, skills and practice for health and social care professionals and the youth sector.

To reduce and prevent harms to young people, promote resilience and reduce digital inequalities, stem4 aimed to deliver a media literacy training, for those supporting young people, that, crucially, addressed the intersection of media literacy and mental health.

The target audience for this training included those supporting young people in the United Kingdom who may be experiencing mental health challenges, or who are care-experienced, such as:

- CAMHS professionals;
- Paediatricians and Allied Professionals;
- GPs;
- School nurses and other health professionals working within education settings;
- Social care professionals;
- Youth and community workers.

Those not working in the United Kingdom, or in health, social care or the youth sector were not eligible for the training, and were not able to access it. Teachers were signposted to an alternative training for their sector, delivered by Shout Out UK.

The training was developed specifically for these groups, though there was interest from other professionals, such as teachers, as well as parents and carers.

### **About the organisation delivering the training**

The training was developed and delivered by stem4, the UK's leading digital mental health charity for children and young people, with over 13 years' experience of delivering training to health, social care and education professionals, in addition to developing a wide range of supports for young people's mental health.

### **Training aims**

The intention of this training was to address the aforementioned 'problem' of health, social care, and community professionals not engaging with the importance of media literacy in their work, and thus not engaging with the digital lives of young people. The training was ultimately intended to improve user experience of services, and offer young people greater support with their online lives, and any risk or harms that were impacting upon their mental health.

This was a situation that was helpfully described in the Ofcom report on Mental Health and Media Literacy<sup>2</sup>:

*“Despite having been mentally ill for the last 15 years and being under mental health services for a large proportion of that time. I’ve actually never been asked about my internet or social media use by any professionals or practitioners. I think it would have been really helpful to have been asked.” – Lucy*

The training aimed to increase trainees' confidence in discussing online issues with young people, recognising that young people need trusted adults to help them make sense of their

experiences, and feel supported in finding solutions. The hope was that this would then increase the digital skills of young people and their use of resources, from support for reporting harms to the use of, for example, fact checkers.

Finally, the training aimed to help professionals address digital inequalities, and consider a hierarchy of needs that starts with access (suitable device; sufficient connection and data) and safety, and progresses to more sophisticated skills such as creating content and collaboration. These may now be better formulated as the Minimum Digital Living Standard<sup>9</sup>.

### *Intended training outcomes*

The above aims were consequently specified into the following intended training outcomes:

- 1. An increase in trainees' knowledge and understanding of media literacy and mental health;*
- 2. An increase in trainees' confidence and skills in discussing with young people their digital lives;*
- 3. An increase in trainees' application of and engagement with young people's media literacy;*
- 4. Greater support for media literacy development and positive mental health for the young people whom trainees support.*

## **Evaluation Preparation**

### **Theory of change**

In keeping with the Ofcom 'Evaluation Toolkit'<sup>10</sup>, a theory of change was developed in order to ensure that the design of this training project had a solid, theoretical foundation, in which the route to behaviour change and wider impact was both logical and clear. This theory of change outlined inputs, outputs, outcomes and impacts, and the broad underpinnings of this theory are outlined below:

*Fundamentally, young people are vulnerable online, particularly as they are still developing; if they are struggling with mental health challenges, are care experienced, or experiencing*

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<sup>9</sup> Minimum Digital Living Standard. (2024). Available from: <https://mdls.org.uk/>

<sup>10</sup> Ofcom. (2023). Evaluation Toolkit. Available from: <https://www.ofcom.org.uk/media-use-and-attitudes/media-literacy/toolkit/>

*adverse childhood experiences, they may be vulnerable to online harms. In addition, certain groups and communities experience greater harm.*

*The problem identified is that health and social care workers and those working in the youth sector have historically not engaged with media literacy training, had not grasped the relevance of it in their work, and thus have low engagement with the digital lives of those they support. They are consequently not helping the young people they support to stay safe online or process and recover from any harms experienced online, leaving them to find their own solutions to any challenges.*

*To address the above problem, stem4 looked to target health, social care and youth workers in the UK with free, online training along with additional resources and a training portal. The training focussed on two areas of competence from the DigComp framework<sup>11</sup>, specifically: Information and Data Literacy, and Communication and Collaboration. Training also addressed competencies in safety, mental health literacy and child development.*

*As a result of this training, the expectation was that health and social care professionals and youth workers would have greater media literacy, which would enable them to assess the media literacy of the young people they are supporting. Beyond raising awareness, the aim was to increase trainees' confidence in discussing online issues with young people, recognising that young people need trusted adults to help them make sense of their experiences, and feel supported in finding solutions. The goal was that this would then increase young people's digital skills and resilience, and use of resources including fact checkers.*

*A further intention was that the effects of this training would particularly help those supporting young people who are experiencing mental health challenges, are care experienced or experiencing adverse childhood experiences, to be better able to protect themselves and stay safe online.*

*The hope was that the training would help start to embed media literacy in public mental health initiatives and wider mental health support, and that this would help young people develop and flourish online and be able to either improve or protect their mental health when online.*

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<sup>11</sup> European Union. (2022). Digital Competences Framework (DigComp 2.2) update. Available from: <https://ec.europa.eu/social/main.jsp?langId=en&catId=89&newsId=10193&furtherNews=yes>

## **Development of training content**

### *Expertise*

To engage professionals, it was essential that the media literacy training was delivered by recognised and experienced clinicians, who had extensive knowledge of both mental health and child development, followed sound evidence-based principles, addressed risk, and suggested mitigations. Accordingly, the content to be covered in the training was identified, produced and presented by stem4's Dr Nihara Krause and Dr Richard Graham, both of whom have a wealth of relevant experience.

Dr Nihara Krause, the CEO and founder of stem4, is a Consultant Clinical Psychologist with extensive experience of working with young people and those that care for them.

Recognising a need to offer support at scale, Dr Krause had previously developed training to support professionals, 'Head Ed', an online training to promote mental health literacy in schools which has been accessed by over 2,000 schools, and approved by the Anna Freud Centre.

stem4's Clinical Director, Dr Richard Graham, is an experienced Consultant Child and Adolescent Psychiatrist, who has been delivering media literacy training to health and social care professionals for over 12 years. He has participated in UKCIS for 12 years, and is the Online Harms Lead for the Royal College of Psychiatrists Child and Adolescent Faculty, and a member of Ofcom's Making Sense of Media advisory panel.

### *Content and structure*

As determined by Drs Krause and Graham, the training needed to address how mental health difficulties, the experience of Adverse Childhood Experiences (ACEs) or being care-experienced intersected with the online world. For example, for those supporting a young person with an eating disorder, it was important for them to understand how information or images may impact upon them, and promote further food restriction or weight-reducing activities. Similarly, self-harm content in social media or in online communities could normalise or even glamourise self-harm and 'trigger' further episodes of self-harm or suicide attempts.

In addition, knowledge from diverse fields such as child development, cognitive development and health inequalities shaped the content. For example, understanding how individuals sought and used health information offline was considered in relation to mis/disinformation that may be amplified by algorithms. Critical thinking was considered from a developmental

perspective, of how to help young people acquire greater abilities to interrogate information, and how even games and puzzles can help children find critical thinking more fun, such as a 'Spot the Difference' puzzles.

Clinical insights *and* media literacy would inform how the professional could start to address processes where risks become harms within the young person and especially in relation to their mental health.

Given the target audience of professionals, and their support of disadvantaged groups, there were additional areas that needed to be addressed first in the training. These included:

1. Media literacy as a public health issue
2. Digital inequalities
3. Digital exclusion
4. The safety competencies of DigComp<sup>10</sup>: 4.1 (Protecting Devices), 4.2 (Protecting Personal Data and Privacy) and 4.3 (Protecting Health and Wellbeing).

The training then focussed upon competencies in the Information and Data Literacy and Communication and Collaboration areas of DigComp specifically:

#### **Information and Data Literacy**

- 1.1 Browsing, searching and filtering data, information and digital content
- 1.2 Evaluating data, information and digital content

#### **Communication and Collaboration**

- 2.1 Interacting through digital technologies
- 2.2 Sharing through digital technologies

Each competency was linked to mental health difficulties, or, for example, the lived-experience of someone care-experienced; this also offered attendees the opportunity to improve their knowledge of mental health.

The topics covered throughout the training were thus as follows:

1. Media literacy, digital inclusion, and online safety; their role in good mental health
2. The challenge of finding online support and information for health
3. Opinions, influencers and the social pressures of the online world
4. The importance of digital skills in reducing inequalities.

## Training format and versions

The initial format of the training consisted of four 60-minute webinars (or modules, if viewed later) as a series, one for each of the above topics, in which each module/webinar further developed insights from the previous one. This was followed by a shared-learning webinar, at which trainees could share their application of the knowledge gained from the training. Recognising that the training was to be launched just before the most stressful time in the public sector - the time of 'winter pressures' - to maximise accessibility for the typically time-poor target audience, recordings of these sessions were also available to trainees to watch on-demand via a dedicated online training portal (further discussed below). For those that attended all webinars or completed all modules and submitted an evaluation survey at completion, a Certificate of Completion was awarded. CPD accreditation was also obtained, and for those completing all 5 modules they were eligible for a CPD certificate, and 5 CPD points.

The training underwent an iterative process throughout project delivery, in which it was adapted and enhanced following insights gained from real-time uptake and feedback. In addition, any further repeats of webinars would include research updates, such as Ofcom's research on accessing self-harm material via search engines<sup>12</sup>.

Indeed one of the challenges of delivering media literacy training is that of remaining up to date, even over a short time period.

Consequently, the following versions and formats of the training were produced over the course of the project:

- *4-module training ( the 'Full' training)*—this comprehensive training consisted of the aforementioned four modules, each one hour long:
  - **Live**—each module was delivered in a live webinar, delivered over 4 1-hour sessions, one per week, in November 2023. These were lunchtime sessions to best accommodate professionals' schedules.
  - **On-demand**—the content was also provided, as webinar recordings, as on-demand access via a bespoke training platform.
  - **Hybrid**—trainees were able to attend a mix of live and on-demand webinars to suit their schedules.
- *Lightning course*—the original 4-module course was adapted into a half-day 'lightning' course, delivered live over Zoom, for professionals who would find it easier

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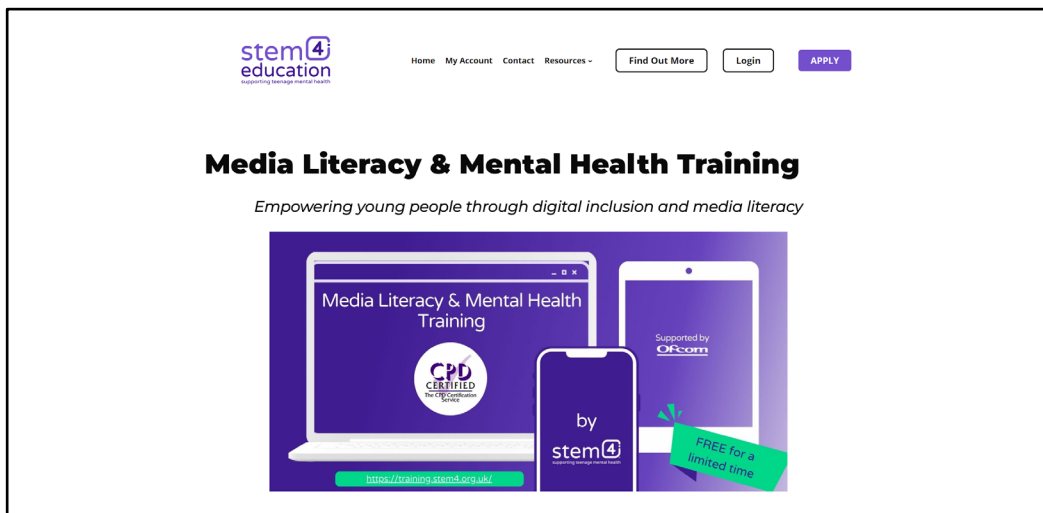
<sup>12</sup> Ofcom. (2024). One Click Away: a study on the prevalence of non-suicidal self injury, suicide, and eating disorder content accessible by search engines. Available from: <https://www.ofcom.org.uk/online-safety/illegal-and-harmful-content/one-click-away/>

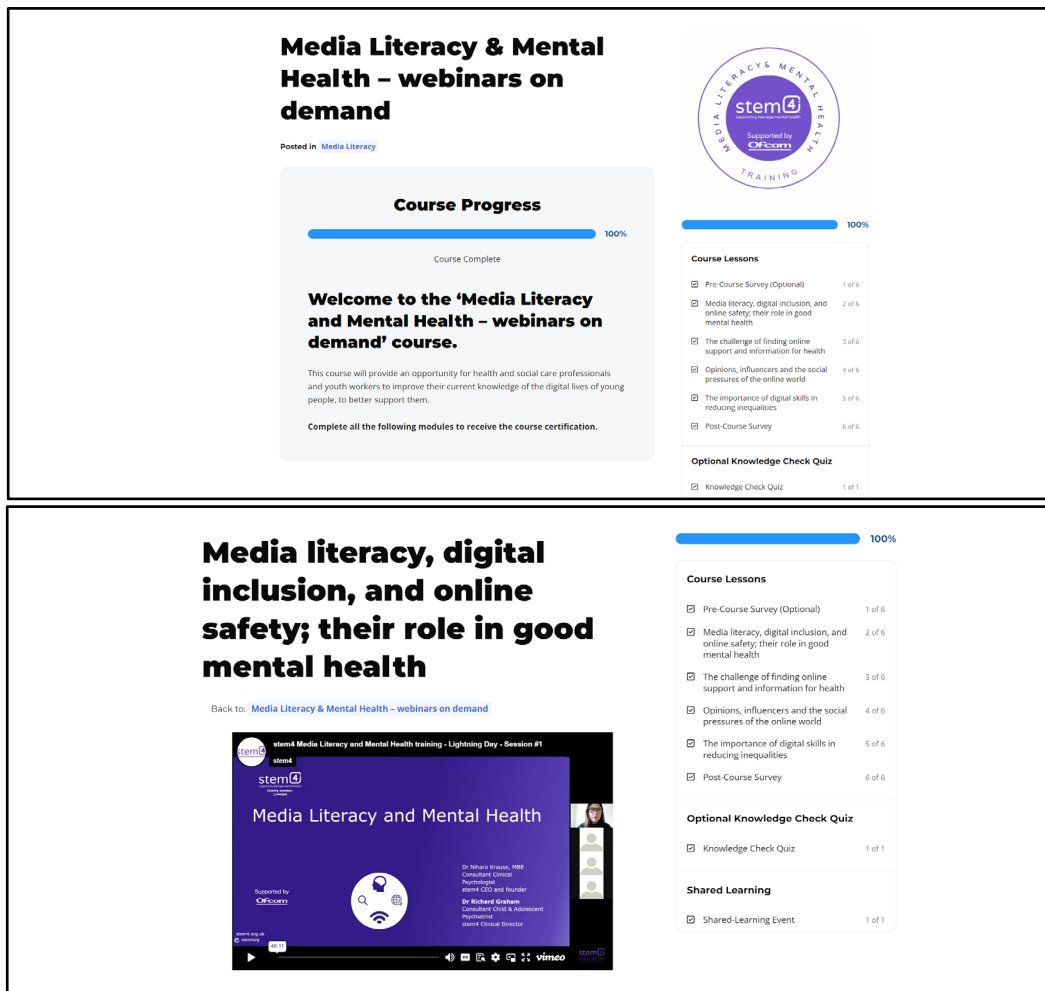
to spend a half-day for the training, rather than multiple, shorter sessions spread over a month.

- *'Introduction to Online Safety First Aid (OSFA)' session*—the 4-module training was distilled into a 90-minute introductory session, to better appeal to the time-poor target audience. The title of the session was also developed as feedback, for example, from GPs, indicated that the term 'media literacy' was not relatable for them, whereas they were familiar with 'mental health first aid' as a public mental health initiative.
  - **Live**—this was delivered as a live webinar on two separate occasions.
  - **On-demand**—the recording of the first live session was available to access on-demand on the training platform.

### Production of training infrastructure

stem4 worked with a web development partner, Terra Ferma Media, to produce a bespoke online training platform from which trainees could find information about the courses on offer, register for the training (including determining whether they were eligible to access it), and access the content (both live and on-demand). This also served as a hub that trainees could refer to for resources and signposts provided throughout the training. The platform facilitated user accounts so that trainees could track their progress throughout the course and access their certificate (where applicable), and also served to aid stem4 in real-time monitoring of trainee progress.





Screenshots of the online training platform

A dashboard was also produced to provide real time data including training uptake (such as sectors and how trainees were referred) and their feedback. This served as a way to continuously monitor the progress of the project and identify areas that were working well or not so well, to inform the previously mentioned iterative process of the project design.

### Reaching the Target Audience

Given that stem4's partners Thrive London and Partnership for Young London had been able to attract between 300-600 professionals for their webinars on trauma-informed practice in 2023 (this number had fallen to 90 per webinar in 2024), stem4 pursued a similar model of informing professionals of the training offer, through professional channels, such as the Association of Directors of Public Health, professional networks, as well as social media campaigns on LinkedIn, Instagram and X. Raising awareness in professional settings proved to be very sensitive, when strikes, high vacancy rates, staff sickness, and growing demand were urgent concerns. stem4 Newsletters proved to be an effective method of

communication, as did 'word of mouth' as colleagues shared the value of the training with their peers.

## Evaluation aims and scope

### *Impact evaluation*

Core to the impact evaluation was an attempt to capture 'behaviour change' in the target audience, such that they were not just more knowledgeable about key aspects of the online world, but that this informed their practice, and that had a positive impact on the young people they supported. The hope was that any knowledge gained by trainees would be cascaded down to young people, who then, themselves, showed evidence of positive behaviour change when online.

### Data collection and analysis

From the aforementioned theory of change, an indicator framework was developed, in which the specific training outcomes (reiterated below) were operationalised by defining and breaking them down into learning questions, indicators and methods of collection. The evaluation questions, produced in association with these training outcomes, can be found in the Appendix.

The intended training outcomes being measured and evaluated were:

- 1. An increase in trainees' knowledge and understanding of media literacy and mental health;*
- 2. An increase in trainees' confidence and skills in discussing with young people about their digital lives;*
- 3. An increase in trainees' application of and engagement with young people's media literacy;*
- 4. Greater support for media literacy and mental health for the young people whom trainees support.*

A mix of quantitative and qualitative indicators, and corresponding questions, were chosen in order to thoroughly understand the process of how the training had been helpful to the professional, and, critically, how it was of benefit to any young person that they supported.

For the qualitative data collected, thematic analysis was used, undergoing the stages outlined by Braun and Clarke (2006) in which inductive codes<sup>13</sup> were developed and later refined into themes.

Moreover, in order to establish any causal effects in the training project, baseline, pre-training measures were established for most trainees<sup>14</sup>, which were then compared to equivalent post-training outcomes. Establishing these baseline measures served to estimate what trainees' outcomes would presumably have been if they had not undertaken the training, in order to be able to conclude with greater confidence that the outcomes and impact observed *was* a result of the training.

A key consideration in the design of this training, and especially the design of data collection, was that the target audience were, typically, concerningly time-poor. Consequently, the requirements of the training, including the amount of questions asked of trainees, had to be designed to be as efficient and minimal as possible. Even so, partway through project it was clear that there was great drop-off at each stage of data collection. Consequently, the questions required of trainees (especially prior to starting the training) were further reduced to essential questions; achieving an ideal balance of collecting pre- and post-training ratings on key outcomes (knowledge, understanding, confidence, etc.) was concluded to be unrealistic and unattainable. This was replaced by a simpler alternative (asking trainees after the training, on the extent to which they felt their knowledge, for example, had changed) for later training versions (namely, all iterations of the Introduction training). By this stage of the project, pre- and post-training ratings had been collected for a considerable proportion of trainees, which was deemed to provide sufficient insight to be able to extrapolate to the full cohort.

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<sup>13</sup> Inductive coding is a data analysis process that involves reading and interpreting raw contextual data to develop themes, concepts, or a process model via interpretations based on data. Inductive coding can also be defined as a bottom-up approach where you start with nothing, developing the code as you analyse the dataset.

<sup>14</sup> This was later found to be impractical for some versions of the training, as further outlined below, which is why these measures were not collected for all trainees.

Evaluation	Full training	Lighting training	Introduction to OSFA training
Pre-training	Pre-survey	Pre-survey	Reduced survey: of sector worked in (frictionless access to training)
Post-training	Post-survey	Post-survey	Post-survey (simplified)

## Delivery of training

### *Project timeline*

**September–October 2023**—Training content and training portal were established, including PowerPoint presentations and CPD accreditation; recruitment of trainees began, in which they were asked to register their interest. .

**October 2023–June 2024**—Recruitment of trainees continued throughout project delivery, via stem4 communications (newsletters and social media), email promotion via partner organisations, and a Google Ads campaign.

**November 2023**—The modules for the *Full training* were delivered, live, over Zoom, once per week.

- Trainees were asked to complete a pre-training survey before commencing the first session, as well as brief feedback forms following each module; see Appendix for all survey questions
- Trainees were also asked to a complete a post-training survey upon completing the final module

**November 2023–June 2024**—Recordings of the above sessions were made available to watch on demand on the training portal, throughout the entirety of the project.

- Trainees were asked to complete a pre-training survey before commencing the first session, as well as brief feedback forms following each online module

- Trainees were also asked to complete a post-training survey upon completing the final module

**1st February 2024**—The *Lightning course* was delivered, live, and the recording was then made available for catch-up on the training portal.

- Trainees were asked to complete a pre-training survey before beginning the session, and a post-training survey following the session

**1st February 2024**—A *Shared Learning Event* held for trainees of the 4-module course, during which attendees were able to share their experience of putting the material covered in the training into practice.

**29th February 2024**—The first *OSFA training* was delivered live over Zoom.

- Trainees were asked to complete a simplified post-training survey following the session

**February–June 2024**—A recording of this introductory session was made available to watch on demand on the training portal.

- Trainees were asked to complete a simplified post-training survey following the session

**28th March 2024**—Having proved popular, a second 90-minute *OSFA session* was delivered live over Zoom.

- Trainees were asked to complete a simplified post-training survey following the session

**20th May 2024**—A ‘young person’s survey’ was sent out to previous trainees who had indicated that they would be happy to pass on this anonymous survey to the young people they had supported.

## Description of the findings and impact evaluation

### About the trainees

1,350 individuals applied for one of the versions of the training, from November 2023 to June 2024. 39% of these went on to be fully trained. 59 applicants did not meet the eligibility criteria.

A breakdown of the number trained in each version is as follows:

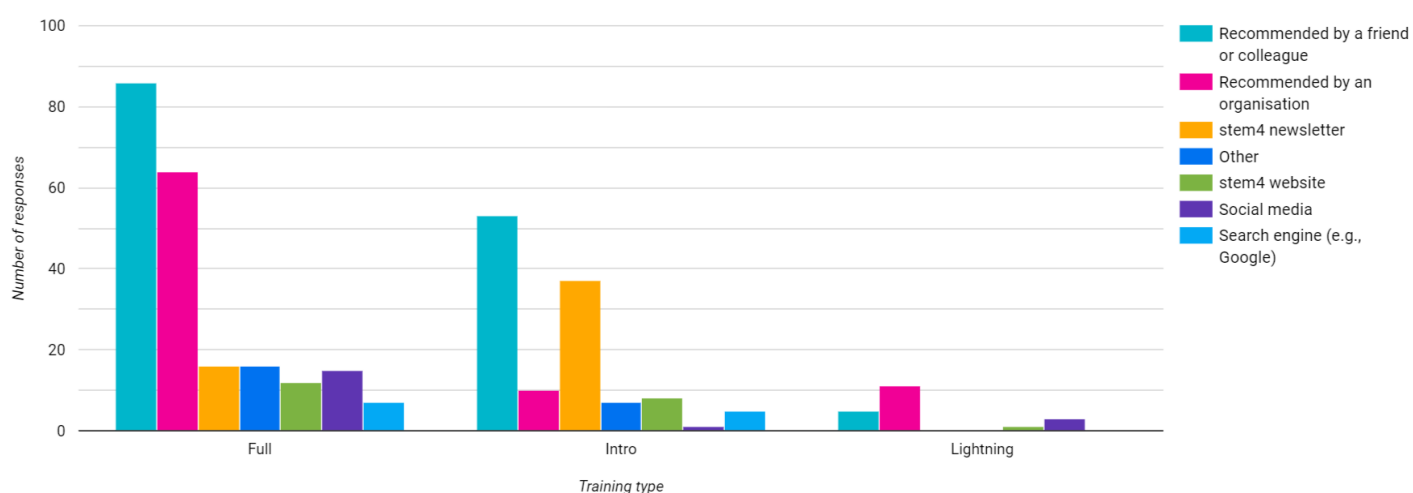
#### *Numbers trained*

- Full training: 226
- Intro training: 277
- Lightning course: 20
- Total trained: 523**

## Course marketing and trainee recruitment

40% of all trainees accessed the Full or Introduction training following **recommendation by a friend or colleague**.

For the Lightning course, 55% of trainees were **recommended by an organisation**, which was also the second-most common source of referrals for the Full training (30%). For the OSFA training, the second-most common source was via a stem4 newsletter (31%). A full breakdown of trainee sources, per training type, is shown below.



Whilst there seemed to be limited conversion from impressions on social media to registration, social media marketing did evidence interest in media literacy training.

LinkedIn and X were the most successful channels, with paid advertisements on LinkedIn the most effective paid campaign.

The figures relate to activity from the stem4 accounts, and there was additional activity from the personal accounts of Drs Krause and Graham.

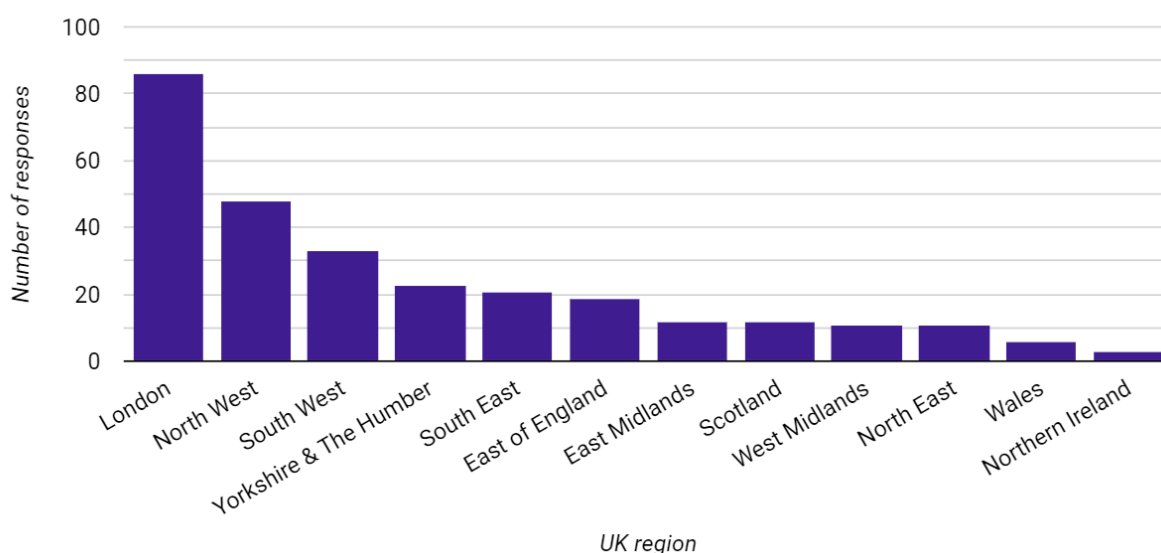
## Overall Social Media Engagement Across All Platforms

Impressions	90,240
Engagements	1,823
Reactions	427
Reposts	135
Clicks to Website	997

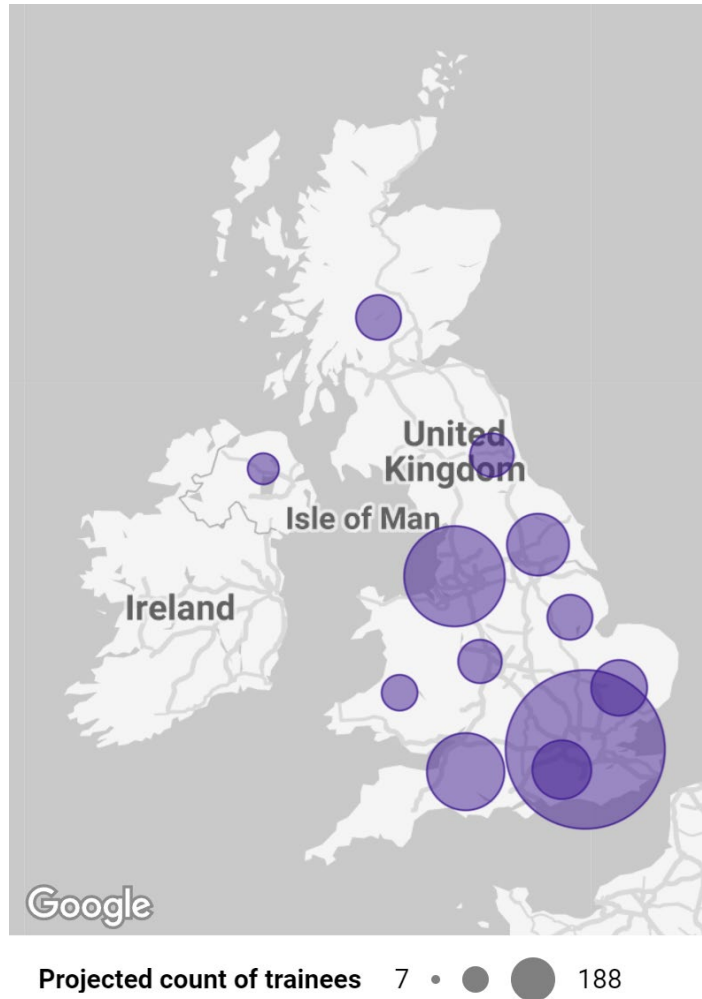
Owing to the time-poor target audience, less demographic information was asked of trainees undertaking the OSFA live and on-demand versions. Consequently, a breakdown of the demographic information of trainees from the 4-module and lightning courses follows, along with an estimation of demographic information for the entire trainee cohort, extrapolating from the earlier data that was collected.

### *UK regions*

233 (46%) trainees told us the region(s) in which they work. The most commonly reported was London (36% of respondents), followed by the North West (21%) and South West (15%). The full outline of regions worked, and the number of trainees (out of the 233 who responded), is below.



From this data, an estimated projection of the UK regions reached by all versions of the training (i.e., all 523 trainees) suggested that 180 trainees worked in London, 100 in the North West, and 70 in the South West. This was likely to be a reflection that stem4 is based in London, as are many of its partners.

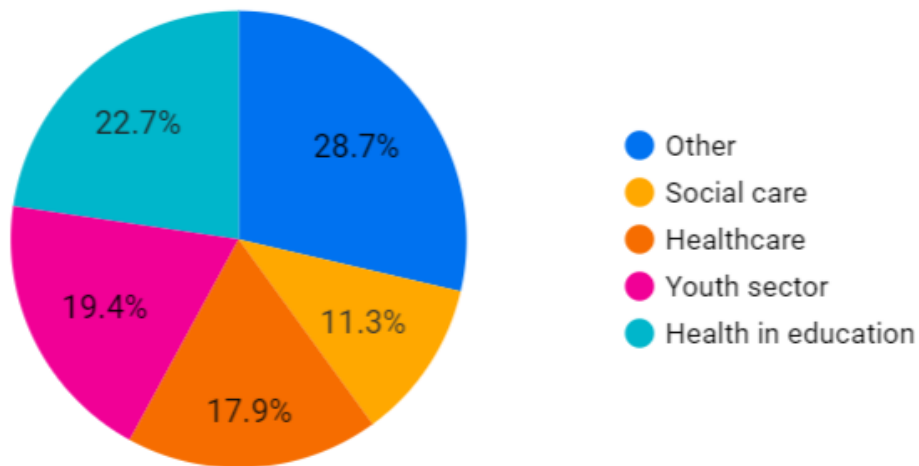


### *Field of work*

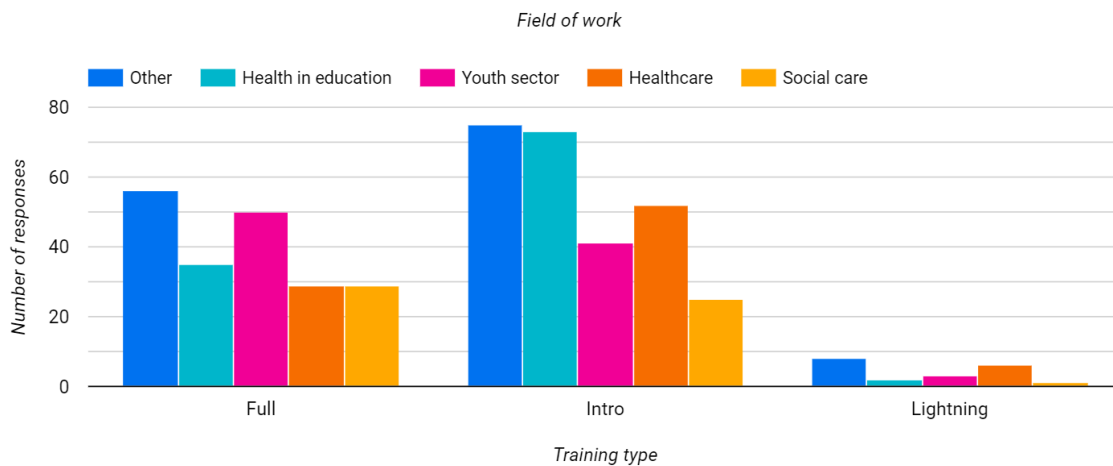
487 (96%) trainees told us the field in which they work. While the most commonly-reported option was 'Other' (139 responses, 29%), further expanded upon below, the next most commonly-reported was health in education (110, 23%), followed by the youth sector (94, 19%), healthcare (87, 18%) and finally, social care (55, 11%).

Common 'Other' responses included various health in education positions in schools (e.g., school counsellors) and positions within local authorities, such as public health.

Which area do you work in?



The sector of work for trainees' was slightly different across the training versions (see figure below). For the more accessible Intro training, a considerably higher proportion of trainees worked in health in education (such as Wellbeing Officers and Counsellors in schools), as well as healthcare, compared to the other training versions; as for the 4-module training, a considerable proportion of trainees worked in the youth sector, who may have valued the CPD points or certificate of completion.

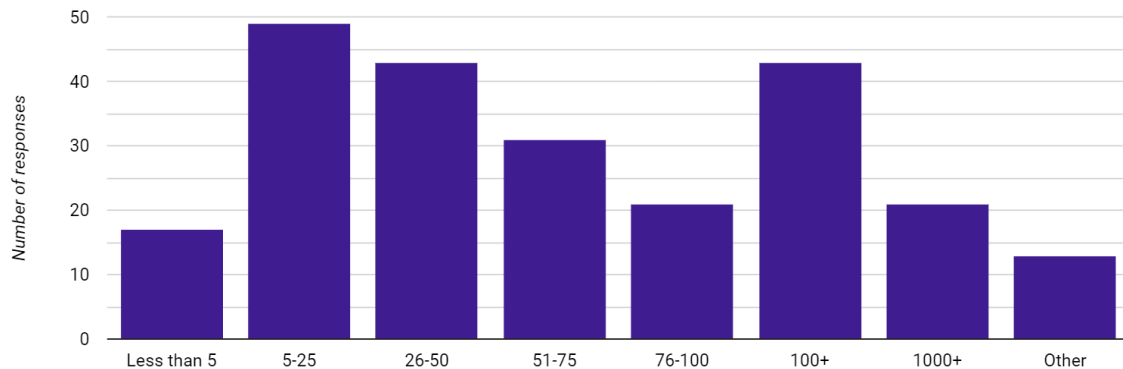


Furthermore, 213 trainees (42%) opted to tell us their particular job role. There was great variety in these roles, from GPs and nurses to family support workers to strategic leads in Public Health.

#### Number of young people they support

Of the 237 trainees who answered this question, the most common responses were close to either side of the spectrum, with 21% (49) trainees telling us that they support between 5 and 25 young people with regard to their mental health per year, 18% (43) saying they support between 26 and 50, and a further 18% (43) saying they support over 100 per year.

There was, additionally, quite a spread of responses overall, as presented in the figure below.



Approximately how many young people do you support in your work per year (in regards to their mental health)?

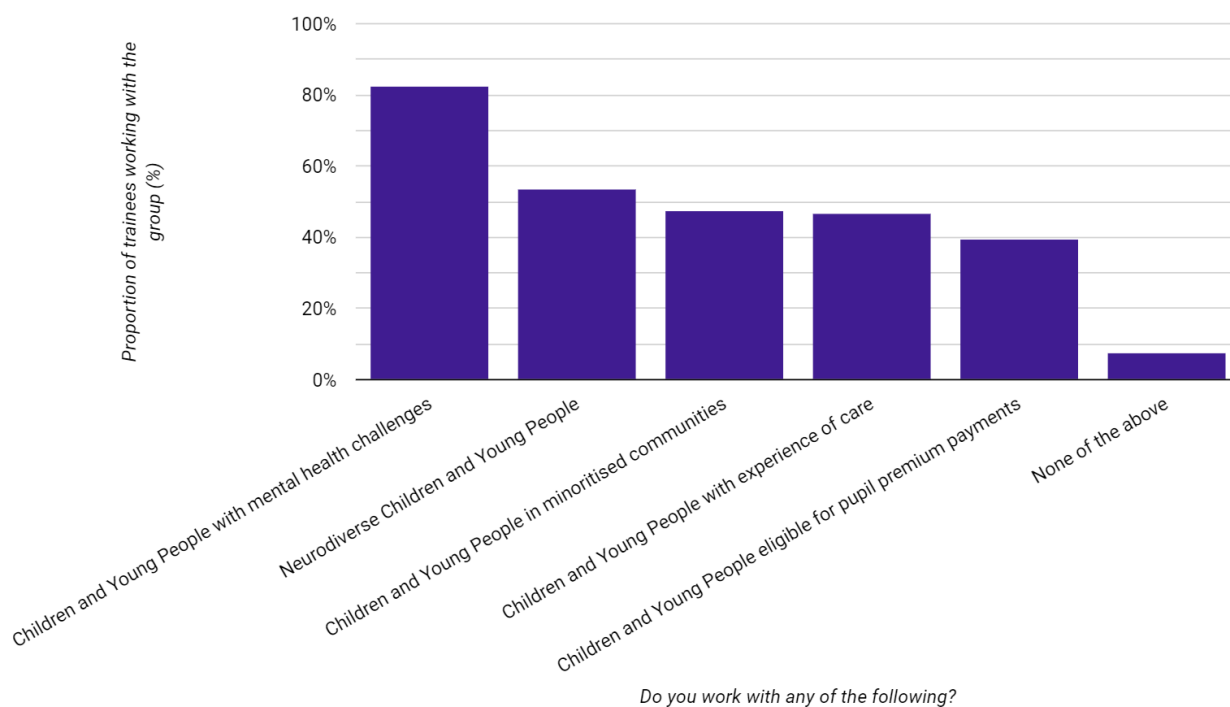
### *Vulnerable groups supported*

212 trainees informed us of whether they worked with any of the following vulnerable groups:

- children and young people eligible for pupil premium payments;
- children and young people with mental health challenges;
- children and young people with experience of care;
- neurodiverse children and young people; and
- children and young people in minoritised communities.

92% worked with at least one of the above categories, 66% with more than one, and 22% with all five. By far, the most common group worked with were children and young people with mental health challenges (83% of trainees), which may not be surprising given the title of the course. The other four categories of young people had largely the same proportion (40-54%) of trainees working with them. Only 8% of trainees reported not working with any of the vulnerable groups specified.

The proportion of trainees working with each category of young people is presented below.



## Results from Surveys and Qualitative Feedback

*“My understanding of this area has massively improved as I had next to no skills in this area before.”*

*Healthcare Practitioner*

### Impact evaluation

*“I suppose I fit into having some knowledge but not a lot so would like to learn more about tech and its impact on young people and how to safeguard them.”*

*Team Manager, Social Care*

### Pre-training: the state of trainees’ abilities and attitudes toward young people’s media literacy and mental health

For both the Full and Lightning training, trainees were asked, before beginning, to rate their perceived level of several areas, on a scale from one (lowest) to five (highest), the results of which are outlined below. Responses to these scales were received from 246 trainees (226 ‘Full’, 20 ‘Lightning’).

a. *Knowledge and understanding of media literacy and mental health, and confidence and skills in discussing with young people about their digital lives*

Trainees were asked to rate (knowledge of media literacy, understanding of how media literacy impacts mental health, confidence in discussing with young people about their digital lives, and extent of abilities when asking young people about their digital lives), the majority rated their ability as 3 out of 5; see the below table for a breakdown.

3 out of 5 was also the most common rating across all trainee sectors, with the exception of the social care and youth sectors who reported confidence in discussing with young people about their digital lives, in which the majority selected either 3 or 4 out of 5.

Those working in social care had the highest or joint-highest cohort average across all four of these variables.

*“I supervise staff so I tend to advise staff on safeguarding and in the past I have worked quite extensively with suspected online grooming.”*

*Team Manager, Social Care*

For knowledge of media literacy, those in health in education had a slightly lower average than the overall cohort (2.76 out of 5), and social care slightly higher (3.13).

Factor	Average rating out of 5 (pre-training)	Median rating out of 5 (pre-training)
<i>Knowledge of media literacy</i>	3.0	3
<i>Understanding of how media literacy impacts mental health</i>	3.2	3
<i>Confidence in discussing with young people about their digital lives</i>	3.2	3
<i>Abilities when asking young people about their digital lives</i>	2.8	3

A moderately higher proportion of trainees (~35% of trainees) rated themselves as either a 4 or 5 out of 5 for their understanding of how media literacy impacts mental health and confidence in discussing with young people about their digital lives, than for their knowledge of media literacy (24%) or extent of abilities when asking young people about their digital lives (17%).

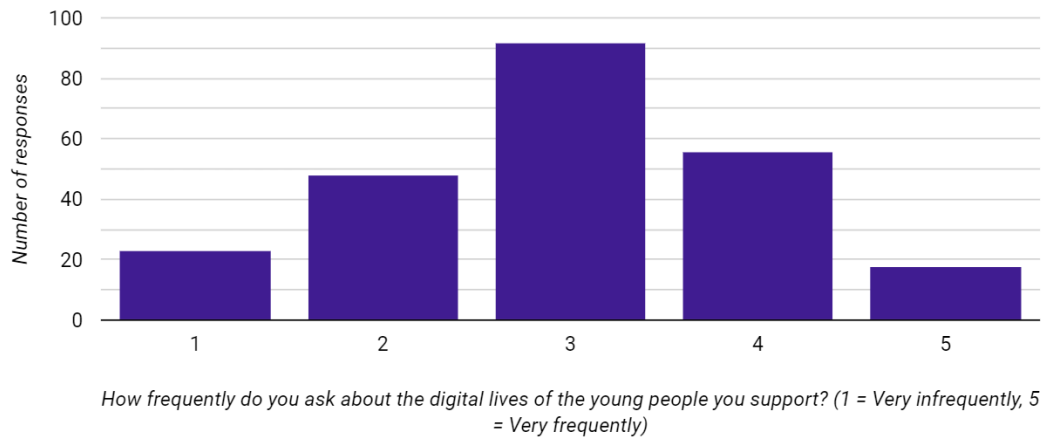
Overall, trainees felt least confident about their abilities when asking young people about their digital lives, in which a third (33%) rated themselves as either a 1 or 2 out of 5.

*“I don’t have enough knowledge to discuss that topic”*

*Early Intervention and Outreach Practitioner*

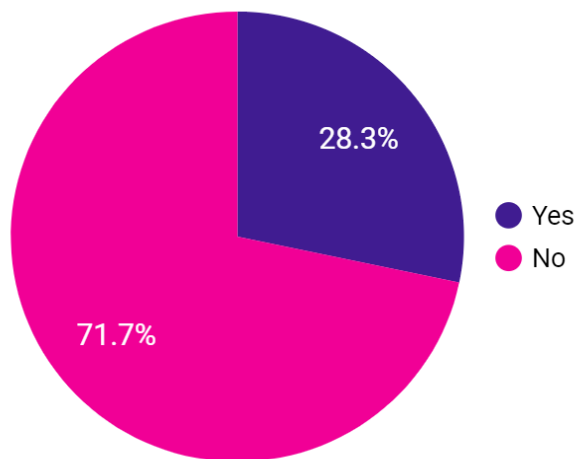
*b. Application of and engagement with young people’s media literacy*

The majority (39%) of trainees rated the frequency with which they asked about the digital lives of the young people they support as 3 out of 5 (avg = 2.99 out of 5; mdn = 3). Within sectors, those in social care showed a slightly higher average frequency (avg = 3.33 out of 5) and those selecting ‘Other’ showed a slightly lower one (avg = 2.81).



The majority of trainees (170, 72%) said that they did not ever signpost young people to any support for online issues. This was the majority across all sectors, ranging from 60% of those in healthcare to 83% in social care.

*Do you ever signpost young people to any support for online issues?*



This confirmed the assertion in the theory of change, that, typically, health and social care workers and those working in the youth sector do not engage in the digital lives of the young people they support, or signpost them to support for online issues.

When asked (where applicable) what had helped professionals to talk with young people about their digital lives previously, a thematic analysis of the 195 responses highlighted five main themes, with accompanying sub-themes:

**1. Knowledge, understanding and/or awareness of young people’s online experiences (98 trainees)**

- a. Existing knowledge, including from direct or indirect experience (e.g., from own children) (65 trainees)

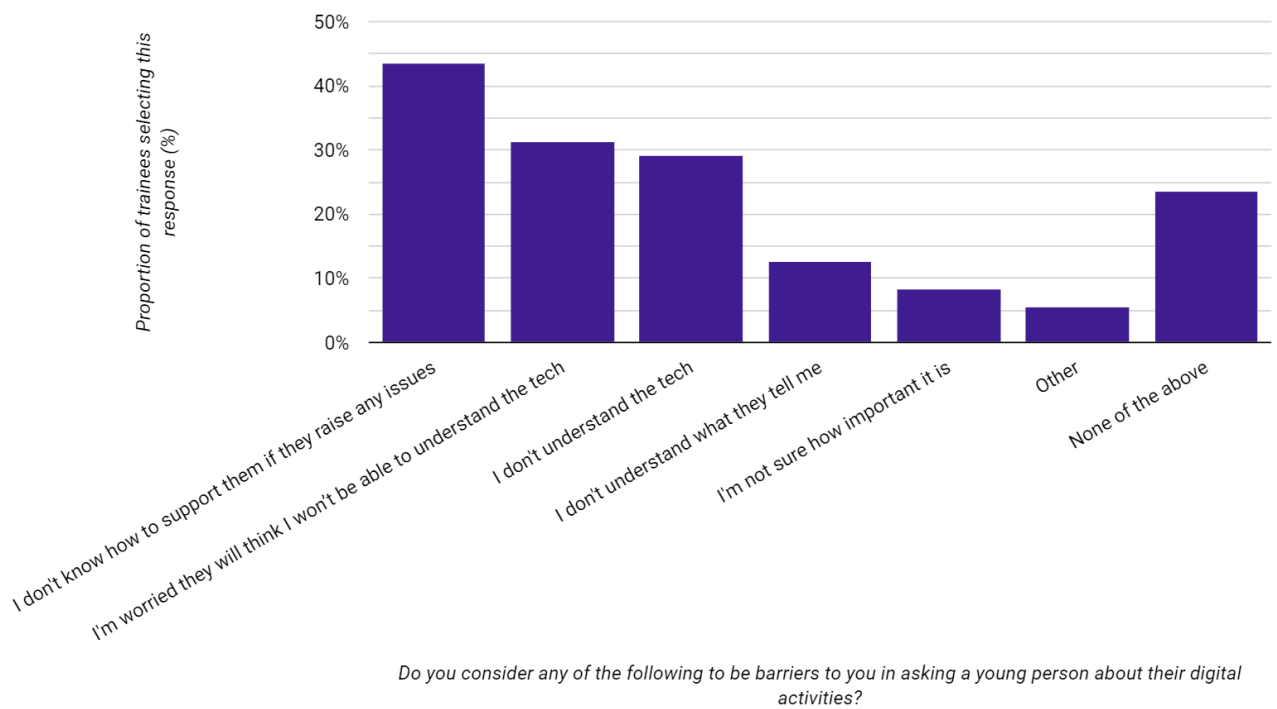
- b. Educating oneself, through training or using a search engine (43)
- 2. Being prompted by something (16)**
  - a. Prompted by someone or something other than the young person (10)
    - e.g., *“Topical issues highlighted on TV or the news to open up the discussion. Or newsletter item from school.”*
  - b. Being prompted by the young person themselves, either directly or indirectly (9)
- 3. The way they talk to or engage with the young person (46)**
  - a. Being open and engaging the young person in discussion (40)
    - e.g., *“Being inquisitive and interested in their experiences.”*
    - e.g., *“Asking open questions. Not making assumptions. Questioning terms/Apps I don’t know.”*
  - b. Being non-judgemental and/or putting the young person at ease (11)
  - c. Building rapport with the young person (3)
- 4. Having external support or assistance (21)**
  - a. Organisational culture or inbuilt processes (9)
    - e.g., *“Guidelines.”*
    - e.g., *“Encourage staff to always ask.”*
  - b. Information or guidance from others or an organisation (17)
- 5. Not applicable (20)**

*c. Barriers to asking a young person about their digital activities*

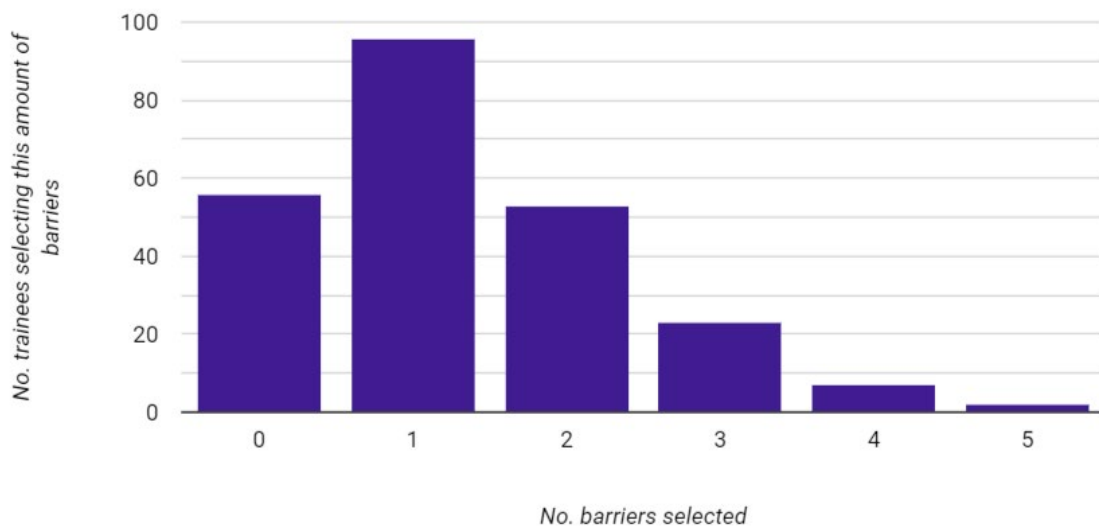
Trainees were also asked, pre-training, about any obstacle they may perceive in relation to asking a young person about their digital activities. From the expertise of Drs Krause and Graham, five potential barriers were raised with trainees, along with an option of ‘Other’ for which they were asked to specify their own. Participants could select multiple options, or use a ‘None of the above’ option. The five pre-specified barriers were:

- I don’t understand the tech;
- I’m worried they will think I won’t be able to understand the tech;
- I don’t understand what they tell me;
- I don’t know how to support them if they raise any issues;
- I’m not sure how important it is.

237 trainees answered this question, with 76% (181) reporting at least one barrier (including ‘Other’), 1% (2) selecting all pre-specified barriers, 5% (13) choosing ‘Other’, and 24% (56) selecting ‘None of the above’.



The most commonly-selected obstacle was 'I don't know how to support them if they raise any issues' (43% of respondents selected this obstacle), followed by 'I'm worried they will think I won't be able to understand the tech' (31%), which received a very similar amount of responses as 'I don't understand the tech' (29%). The least-selected barriers were 'I don't understand what they tell me', which was reported by 13% of respondents, and 'I'm not sure how important it is', reported by only 8%.

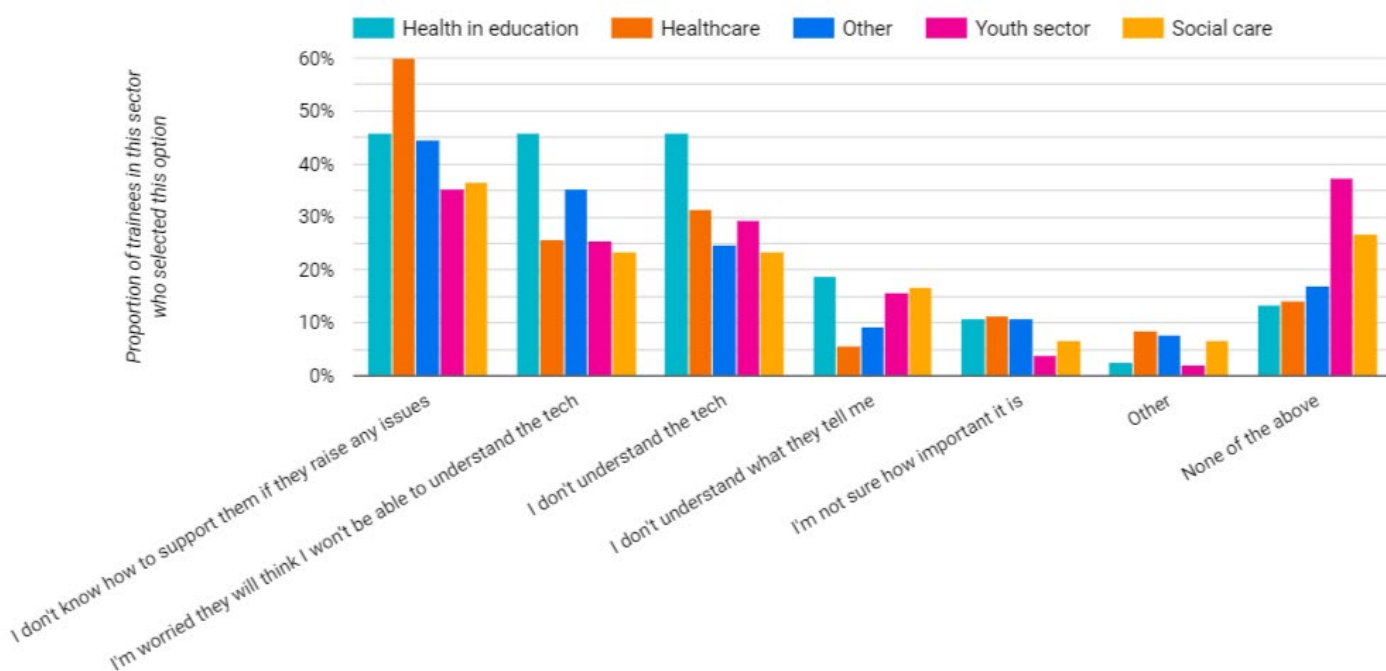


It is also worth noting that a considerable proportion of trainees, almost 25% (56), didn't select any barriers. The majority (96) selected one barrier, followed by none (56) or two (53).

Thematic analysis of the 15 custom responses to 'Other' resulted in the following three main themes and accompanying sub-themes:

1. **Trainees' own abilities** (10 trainees)
  - a. Feeling 'out of touch' or that the knowledge they have isn't sufficient (4)
  - b. Don't think they can engage in these discussions effectively or successfully (5)
  - c. Has doubts about getting optimal information from the young person (4)  
e.g., *"Understanding how best to ask children and young people about their digital lives from a commissioning perspective to ensure we can actually provide services and support where needed."*
2. **The challenge of discussing media literacy with a young person** (5)
  - a. How to ask/engage (4)
  - b. Balancing the harms and the benefits of social media with the young person (1)
3. **External or contextual barriers** (5)
  - a. Considerations for the particular young person (2)  
e.g., *"Supporting people with learning disabilities and often unsure how much they are engaging with digital activities/feedback from their engagement can often be limited."*
  - b. Their own capacity to help (2)
  - c. The young person doesn't aid the process (2)
  - d. Feels it's unclear whether it is necessary to engage or whether they are supposed to (2)

*'I don't know how to support them if they raise any issues'* was the most-selected obstacle across all sectors, with the exception of those working in the youth sector, for which 'None of the above' had a marginally higher proportion (further expanded on below). 60% of trainees working in healthcare said that they don't know how to support a young person if they raise any issues about their digital lives, which was the highest proportion of a sector.

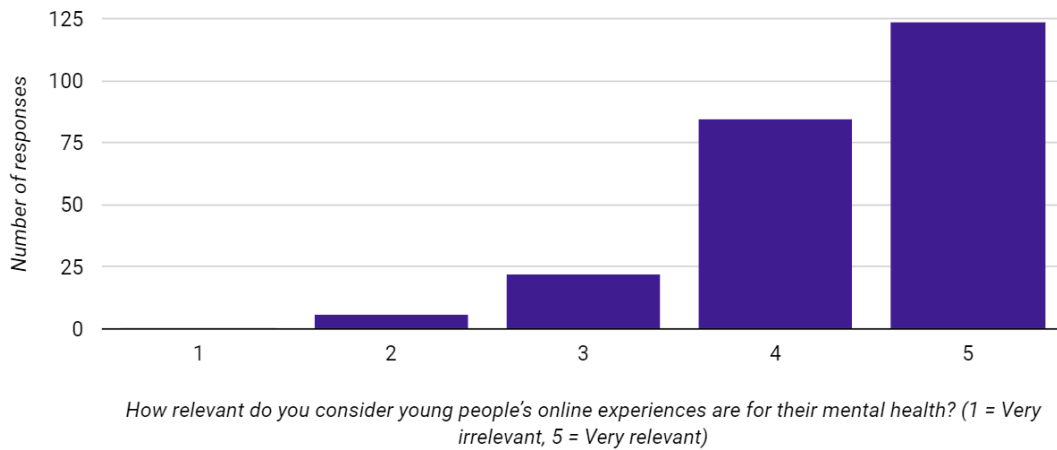


Do you consider any of the following to be barriers to you in asking a young person about their digital activities?

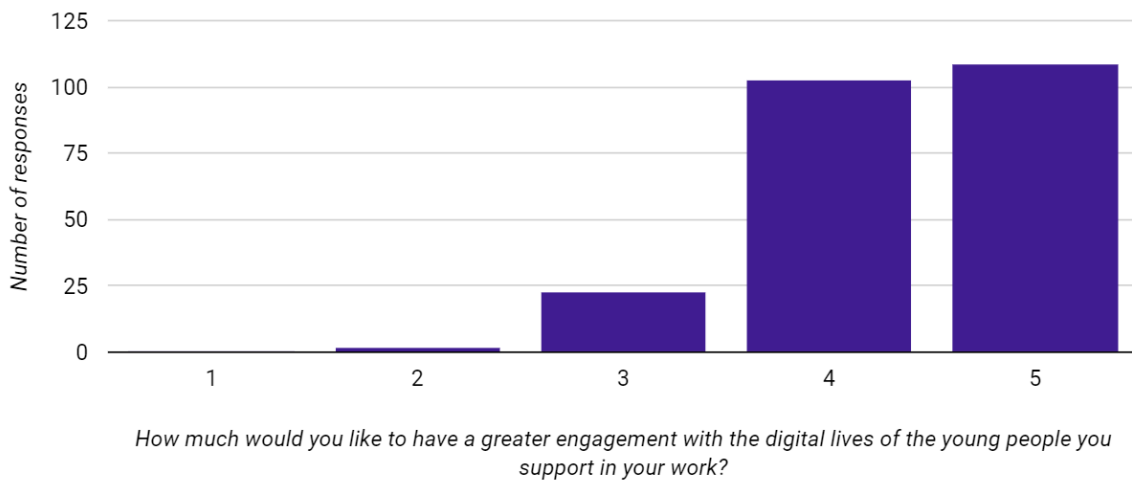
The Health in Education sector had the highest proportion of trainees selecting at least one obstacle (87%), and the youth sector had the lowest (63%). The youth sector also had the highest proportion (37% of youth sector trainees) that actually selected no obstacles.

*d. Perceptions of and attitudes toward media literacy and young people's mental health*

Trainees' perception of the relevance of young people's online experiences to their mental health pre-training was predominantly high, with 88% (209 trainees) rating the relevance as a 4 or 5 out of 5, and none rating it as 1.



Finally, and perhaps unsurprisingly given that the cohort had elected to undertake this training, the overwhelming majority of trainees (89%) rated their desire to have a greater engagement with the digital lives of the young people they support in their work as either a 4 or 5 out of 5, with no-one selecting 1 and only two (1%) selecting 2 out of 5.



**Intended training outcome #1**

**‘An increase in trainees’ knowledge and understanding of media literacy and mental health’**

*“I now have a much better understanding of media literacy and the support that can be offered to students”*

*Health in Education Practitioner*

As outlined in the theory of change, a key goal for this training was that trainees would gain greater media literacy themselves, in the form of both knowledge and understanding. To determine any change in these areas, pre and post ratings were obtained, as well as post-training ratings of trainees' perceived level of change. 148 trainees (138 Full, 10 Lightning) completed both the pre- and post-training surveys, allowing for comparison of their scores.

### **'Knowledge' ratings: pre- and post-training comparison**

*"I now have a more thorough knowledge of the importance of media safety, sources of information and links to health, including mental health."*

*Restorative Justice Worker, Youth Justice Service*

From these 148 trainees, the average level of media literacy knowledge (rated from 1, lowest, to 5, highest) before undertaking the training was 3.00 out of 5 (mdn = 3), which increased by an average of 1.13 points on the 5-point scale following training, to an average of 4.13 points (mdn = 4). In individual terms, 115 trainees (78%) showed an increase between their pre- and post-training knowledge ratings.

*"I plan to ask my staff to complete this training to enhance their skills and knowledge as they work frontline on a daily basis.*

*I also feel I can use what I have learnt in supervisions and when supporting staff to ask the correct questions. I feel more aware of picking up on things that staff can follow up."*

*Senior Family Support Worker, Social Care*

*"I have a better understanding of the algorithms associated with social media and the push technology that young people are subjected to"*

*Crisis Text Helpline Worker*

Only 2 trainees (1%) reported a decrease between their knowledge ratings, and 31 (21%) reported no change (for these, trainees had rated themselves at a 4/5 pre-training). The trainees who reported a decrease in their score post-training had rated their knowledge at 5/5 pre-training. It is possible, as seen in young people, that they may have overestimated their knowledge and skills, though this cannot be confirmed in the present evaluation.

The most common extent of knowledge change was an increase of 1 point on the scale, reported by 69 trainees (47%). Furthermore, 33 trainees (22%) increased their knowledge

rating to the maximum of 5 after the training. The greatest reported change was an increase of 4 points (the maximum possible increase), reported by 2 trainees.

On average, all sectors showed an increase in this knowledge variable post-training, the extent of this increase did differ quite considerably across sectors, with trainees working in social care reporting the lowest increase in their knowledge (avg = 0.54-point increase) and those in health in education reporting the highest (avg = 1.32-point increase).

### **‘Understanding’ ratings: pre- and post-training comparison**

*“I now have a better understanding of influences from digital/online platforms and how these are affecting the youth/children.”*

*Health in Education Practitioner*

For trainees’ understanding of how media literacy impacts mental health, the average pre-training rating was 3.28 out of 5 (mdn = 3), which increased by an average of 1.14 points after the training, to 4.41 points (mdn = 4). Moreover, 110 trainees (74%) showed an increase between their pre- and post-training scores. This is important given the possibility of a disproportionate impact on those with mental health challenges.

*“I better recognise the importance of the digital world and their influences, disinformation and misinformation when they using search engines. Also the impact of algorithms that may misguide them.”*

*Crisis Text Helpline Worker*

Again, the most common extent of change was an increase of 1 point on the scale, reported by 68 trainees (46%). 58 (39%) increased their rating to the maximum of 5. The greatest reported change was an increase of 3 points, reported by 8 trainees.

## **Intended training outcome #2**

### ***'An increase in trainees' confidence and skills in discussing with young people about their digital lives'***

*"What this course has underlined for me is the importance of engaging and engaging positively about the digital world for the young people I work with despite the often very negative narratives I hear from many parents & teachers who would like to shut it down. Having done this training I have a stronger sense of the importance of engaging around tech. It's also increased my confidence as it has made me rethink assumptions about what my young people understand and that they know so much more than me."*

*School Counsellor*

A further goal identified in the theory of change was that trainees would have increased *confidence* and *skills* in discussing with young people their digital lives. The aim was that this would result in them being more likely to engage in this area with young people (see intended outcome #3 below), as well as being more skilled in supporting them where needed and, in turn, advance young people's own digital skills and use of resources to be more resilient (see intended outcome #4 below).

*"It has increased my confidence to raise my curiosity about it during assessment processes especially, helping me to understand this aspect of young people's lives. It has increased my awareness and placed it more centrally into the psychological support I provide."*

*Schools Mental health Practitioner*

'Confidence' ratings: pre- and post-training comparison

The average level of trainees' confidence in discussing with young people about their digital lives (rated from 1, lowest, to 5, highest) ahead of the training was 3.21 out of 5 (mdn = 3), which increased by an average of 0.93 points on the scale to 4.14 points after the training (mdn = 4). In terms of individual trainees, 104 (70%) reported an increase between their pre- and post-training confidence ratings.

*"I have greater awareness and understanding, and greater confidence with less worry that I do not understand everything"*

*Counsellor, Healthcare*

The most common extent of change was an increase of 1 point on the scale, reported by 68 trainees (46%), and 38 (26%) increased their rating to the maximum of 5.

7 trainees (5%) showed a decrease in their confidence ratings following the training, and 37 (25%) stayed the same. It is possible that the training increased knowledge. Again it is suggested that this may be due to an overestimation of knowledge and skills pre-training.

'Confidence': trainees' own perceptions of change

When asked to rate the extent to which they felt that their confidence in discussing with young people about their digital lives had changed 85% (177) reported an increase. 1 trainee reported a moderate decrease (2 out of 5), while 30 (14%) said they stayed the same.

'Skills' ratings: pre- and post-training comparison

*"Being more aware of the risks and fact/fake dilemma I am more able to discuss them"*

*Consultant Child & Adolescent Psychiatrist*

Prior to the training, the average level of skill in discussing with young people about their digital lives was 2.88 out of 5 (mdn = 3), increasing by an average of 1.20 points to 4.08 out of 5 (mdn = 4) post-training. Moreover, 121 trainees (82%) showed an increase between their pre- and post-training scores. This was an encouraging finding as trainees expressed that they felt they had developed new skills.

6 trainees (4%) reported a decrease in their post-training skill score, and 21 (14%) stayed the same.

'Skills': trainees' own perceptions of change

When asked to rate the extent to which they felt that their skills had developed when discussing with young people their digital lives 84% (174) said that they had increased.

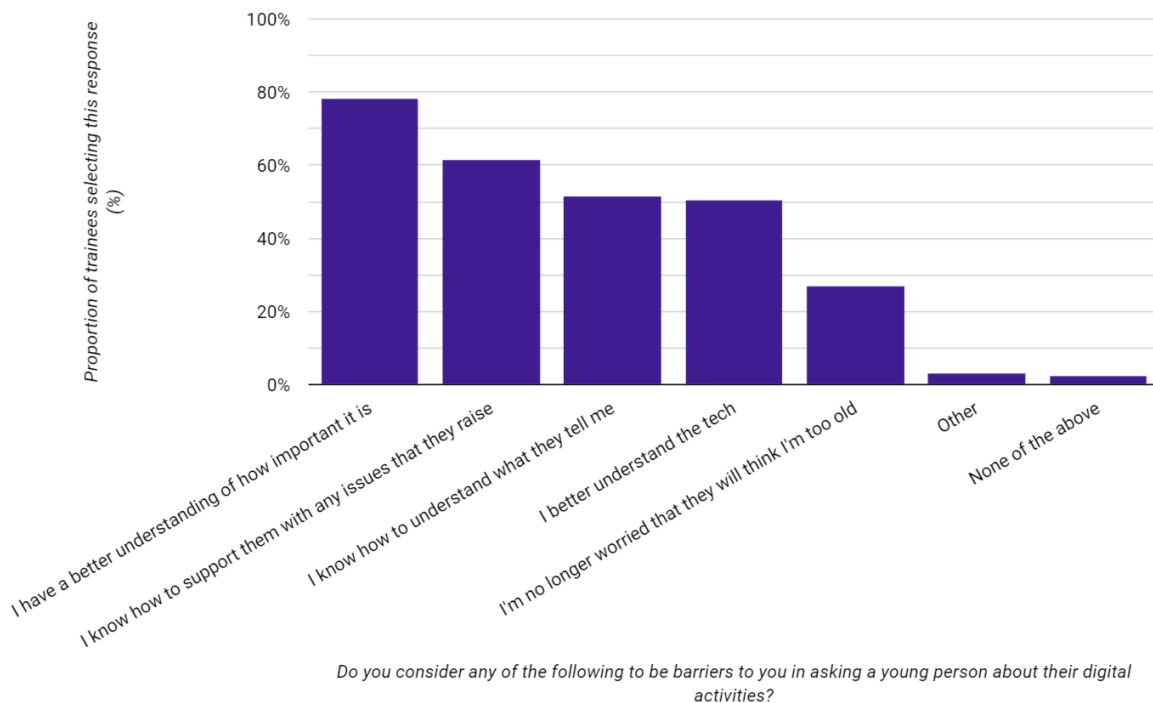
Pre-training obstacles, revisited

Trainees were also presented with possible enablers to assist them in discussing young people's digital lives, as inversions of the obstacles that they had been asked prior to starting the training, as follows:

- I better understand the tech;
- I'm no longer worried that they will think I'm too old;
- I know how to understand what they tell me;
- I know how to support them with any issues that they raise; and

- I have a better understanding of how important it is.

As before, there was also an option of 'Other', in which trainees could specify their own outcome, as well as 'None of the above', and multiple answers could be selected.



98% of trainees (203) reported at least one positive outcome, and 12% (24) chose all 5 of the pre-selected ones.

The most commonly-selected outcome was that trainees had a better understanding of how important engaging in young people's digital lives is, reported by 78% of trainees (163), followed by knowing how to support them with any issues they raised (62%, 128).

Additionally, the six custom ('Other') responses to this question centred around two main themes: feeling more prepared or capable (5 trainees) and supplementing existing knowledge (2 trainees). The following quote illustrates both of these themes:

*“As a digital youth worker I am already fairly confident on a lot of this, but I do feel this has definitely added to my confidence, skills and knowledge in a really positive way.”*

Furthermore, within the theme of feeling more prepared or capable, trainees mentioned having a clearer idea of how to approach the topic with young people, and others said that they felt more able to provide help for young people where needed.

**Intended training outcome #3**

***‘An increase in trainees’ application of and engagement with young people’s media literacy’***

*“I’m more confident as I’ve been given many pointers in how to talk and advise.”*

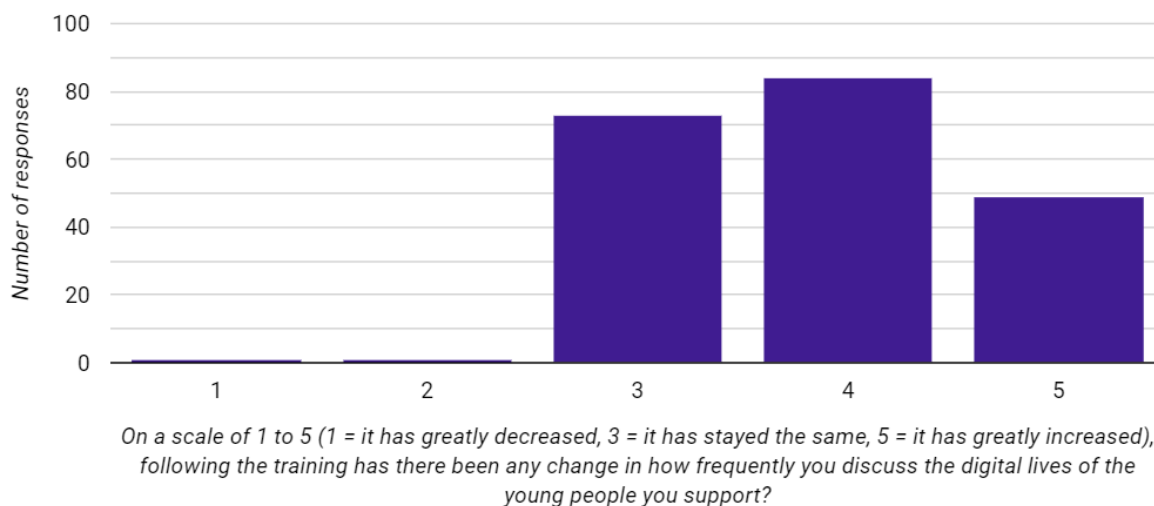
*Health in Education*

To address this goal, trainees were asked about both their intentions and actual practice of discussing with young people their digital lives and of signposting to specific supports, as well as the training's broader impact upon their work.

Discussing media literacy

*“I feel that I can now talk about algorithms and influencers and know what I am referring to. I have a better understanding in what children may be searching for and how this may have a future impact on them and their mental health.”*

*Pastoral Care Lead, Youth Sector*



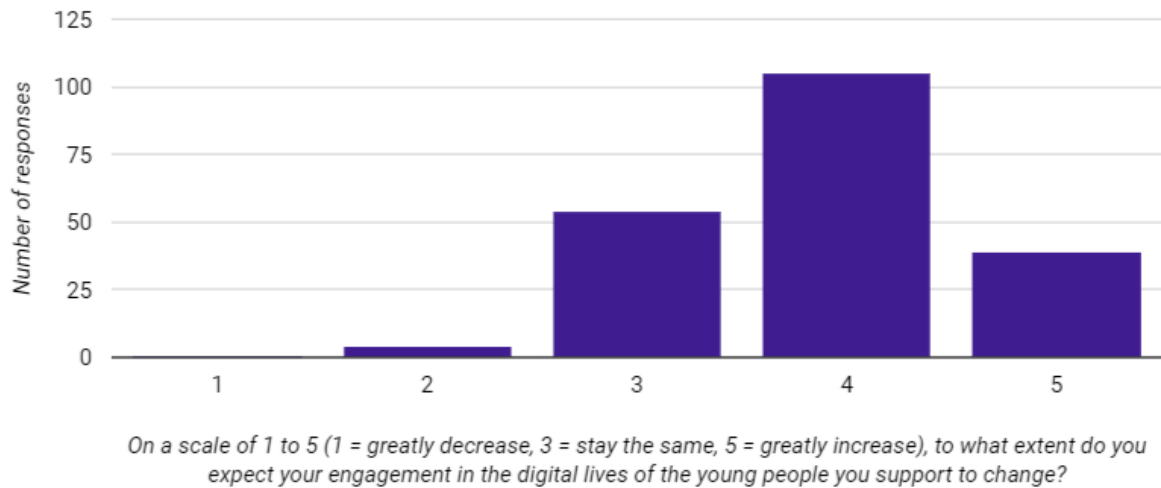
Following the training, the majority of trainees (64%, 133) reported that they had increased their frequency of discussing media literacy with the young people they support, and for the remainder, the frequency remained the same, possibly suggesting that it was too soon for them to integrate discussion into their work. Trainees’ reported *intentions* of discussing media literacy with the young people they support in future were high, with the cohort rating an average of 4.37 (mdn = 4) out of 5 for their likelihood of discussing it, post-training.

#### Expected engagement with the digital lives of young people

*“I am completing the survey on the same day I attended the course. I will be looking to extend and update age-related signposting through the school environment”*

*Health in Education*

The majority of trainees reported that they expected their engagement in the digital lives of the young people they support to increase (71%, 144), 27% of trainees (54) said that they expected their engagement to stay the same, while 2% (4) expected it to slightly decrease.



When asked why they did or didn't expect to have greater engagement, analysis of the 100 responses identified three main themes:

1. Increased knowledge and skills, which included:
  - a. Feeling better informed
  - b. Greater insight into what happens for young people online
  - c. Greater awareness of risks
  - d. Greater knowledge of how to help
2. Greater confidence in discussing online issues
3. Greater sensitivity in how to approach online issues

The last theme suggested greater skills in approaching online issues, which may reduce standard questioning without considering the impact, for example:

*"I still think there is some element of privacy that young people require"*

*"Better recognition of embarrassment, shamefulness and unease around being coerced or misguided."*

Other interesting comments suggested that trainees now had insight that young people were not 'complete experts' or invulnerable online, that they would be more open to understanding or exploring the topic with young people, or that they expected they would be more approachable to young people on this matter.

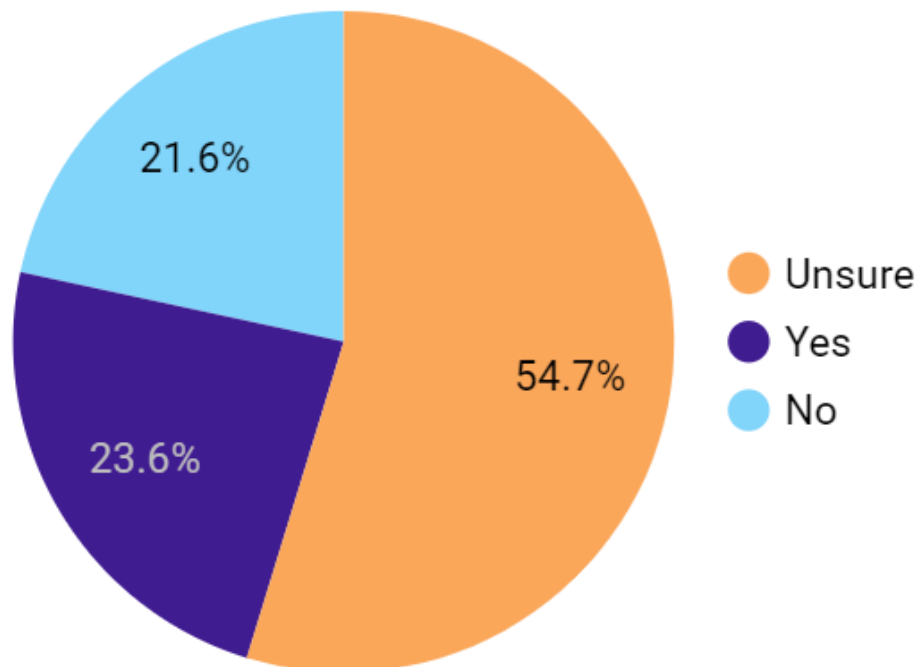
One trainee said that they would be implementing co-production of resources and services with young people, going forward.

### Signposting

Inevitably, given the shortness in time from the training sessions to post-training survey, signposting was limited with 68.9% said they hadn't yet increased signposting to support for their online issues. 42% trainees said that it was too soon after the training to have done so, 12% said it hadn't been necessary, 5% said that they intend to in future.

Barriers to signposting included not having enough time with the young person, only being able to use certain signposts in their work setting, and not being able to recall the signposts at the point they needed them.

## Have you noticed any impact of this training in your work with young people?



148 responses

When asked whether they had noticed any impact of the training on their work with young people, immediately following the training, 24% of the 148 trainees who responded (35) said that they had. When asked to expand on their answer ('Yes', 'No' or 'Unsure'), analysis of these responses identified the following 7 themes:

1. **Their support of young people: Content** (29 trainees)
  - a. Giving better advice or support (29 trainees)
  - b. Explaining the impact of being online to young people (5)
2. **Their support of young people: Process** (20)
  - a. Listening to young people's concerns
  - b. Incorporating the learnings from the training into the wider curriculum / strategy / processes (6)
  - c. Making an effort to bring up the topic with young people (5)

- d. Having more effective conversations (2)
- e. Being more mindful about the information they share with young people (1)
- 3. **Their sense of capability in dealing with the subject with young people (23)**
  - a. Having greater awareness (11)
  - b. Feeling more confident (10)
  - c. Having a greater understanding of the context for young people (7)
  - d. Being more alert to signs of issues in young people (5)
- 4. **Young people engaging with or being more comfortable discussing the subject with them (10)**
- 5. **The training content being relevant to a young person they are currently supporting (3)**
- 6. **Sharing the learnings with those other than the young people they support in their work (11)**
  - a. Sharing with colleagues or others supporting young people (10)
  - b. Sharing with own child (1)
- 7. **No noticed impact (98)**
  - a. No noticed impact yet or too soon following the training (87)
  - b. Not applicable to them (8)
  - c. No impact (3)
  - d. Unsure (1)

*“Haven’t tried it yet but I will”*

*Healthcare Practitioner*

Where no impact was noticed, the majority appeared to need more time to process what they had learned in order to apply the learning.

What trainees reported doing differently in their work, following the training, analysis of the 73 responses highlighted the following 6 themes, several of which are similar to those identified in the above question:

- 8. **The content of their discussions with young people (35 trainees)**
  - a. Discussing the topic of media literacy and mental health (32 trainees)
  - b. Discussing the young person’s feelings about or experiences of being online (13)
  - c. Discussing online information accuracy (4)
- 9. **The process of discussing with young people (34)**
  - a. Feeling more confident or feeling more prepared (15)
  - b. More likely to raise the subject or ask about it (20)

- c. Approaching the topic differently to before (12)
  - d. Being less dismissive or avoidant with the topic (6)
- 10. The help or support that they provide to young people (23)**
- a. Providing more relevant support or signposting (13)
  - b. Assessing young people's level of media literacy (8)
  - c. Have added to their material (6)
  - d. More able to spot problems relating to young people's digital lives (5)
  - e. Providing support or considerations for those who are digitally excluded (2)
- 11. Now working with greater awareness of the topic in general (30)**
- 12. Extending the learnings from the training (13)**
- a. Considering or planning how to implement the learnings in their practice (4)
  - b. Continuing to learn about the topic (3)
  - c. Applying what they've learnt to support their own children (2)
  - d. Sharing their learning with others, e.g. colleagues (2)
  - e. Considering the youth voice in their work (2)
  - f. More accepting of their own level of knowledge on the topic (1)
- 13. No noticed impact (16)**
- a. No difference yet, or have had no opportunity to act differently yet (10)
  - b. Not applicable to them (6)
  - c. No different (1)
  - d. Not sure (1)

Analysis across all trainees' qualitative comments highlighted how 20% of 'Full' trainees who submitted their post-training survey (28) had mentioned, upon finishing the final module, having already engaged with young people in implementing the learnings from the training, such as the following:

*"The young people value and appreciate that I am making effort to understand their online world."*

*School Counsellor*

*"I think I am more alert to a comment like 'I saw this online' - e.g. for reason why they want an ADHD diagnosis - more confident to explore whether this information is accurate and then signposting to NHS information. Also I am always conscious about digital divide, and I advocate for resources in college more, as there was a risk that laptop loan would end, I knew how much this benefited students, and the scheme was kept."*

*“Was able to have a convo with a client on their social media usage - and the short vs long term effects of social media usage.”*

*Trainee working in healthcare*

**Intended training outcome #4:**

**‘Greater support for media literacy and mental health for the young people whom trainees support’**

*“Young people have responded positively to my starting a discussion on their digital engagement and safety. They seemed so relieved to be able to explore this complex area. In one situation, I actively asked a young person who suffers from an eating disorder about the ways she engages with digital media that might be beneficial and/or harmful, and she was so pleased I initiated a discussion on this specifically.”*

*Therapist, Healthcare*

“

*“Feedback has included:*

- *Young people considering their boundaries with social media use in particular, with Snapchat being a main source of discussion.*
- *Discussing where young people get their information regarding medical/mental health issues.*
- *How important online peer support can be for those in marginalised groups, but also how this puts them at increased risk. Lots of discussion of how to balance the pros and cons.*
- *Use of media for positive mental health: making mood-boosting playlists, listening to relaxing sounds for sleep.”*

*Heath in Education*

It is estimated that the training has reached approximately 64,000 young people via the professionals that support them. Given that some trainees worked in Public health, or NHS England, it is possible that the reach could be greater.

In addition, given that most trainees were supporting vulnerable children, it is highly likely that they were a disproportionate proportion of young people reached.

Unfortunately there were no responses to the survey that young people themselves might complete, on perceived changes in the way their professional or youth worker discussed digital issues. However, a number of trainees expressed how young people had expressed appreciation for their change in that area.

*“I have been taken more seriously/on the same level more quickly as I have been able to show understanding much sooner in conversation, rather than the young person feeling that they have to explain a lot to me before I have some understanding.”*

*Social Care Worker*

Trainees were asked whether they had any feedback from young people with whom they'd had discussions about their digital lives. Thematic analysis of these 56 responses identified four main themes:

1. **The young person appreciated being asked** (6 trainees)  
e.g., *“The young people value and appreciate that I am making effort to understand their online world.”*
2. **They had a successful discussion** (14)
  - a. The young person disclosed relevant issues (5)  
e.g., *“The young people I teach talk a lot about the loneliness [sic] they feel because of their phones. They talk about becoming unsocial and finding it difficult to communicate with other people.”*
  - b. The trainee discussed the pro and cons or the impacts of being online (12)
  - c. The trainee felt they were taken seriously by the young person more quickly (1)
3. **The discussion resulted in a direct impact on the young person**, such as inviting them to reconsider their boundaries with their social media use or being given information sources (8)
4. **There was no impact** (20)
  - a. The young person felt they didn't need support (1)
  - b. The young person refused to disengage with their online behaviour (1)  
*“...We still have pockets of YP who will not disengage with SM even when presented with the impact that it is having on their MH”*
  - c. No feedback from the young person (9)
  - d. The trainee hadn't yet had the opportunity to discuss with young people (16)

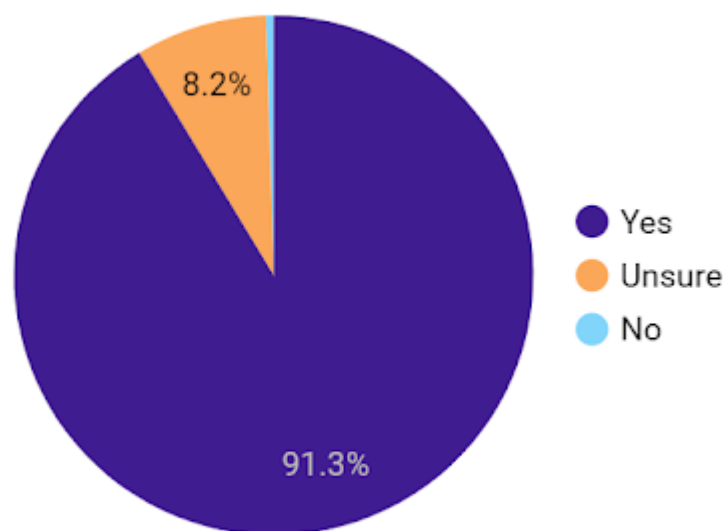
Similarly, when asked (where relevant) whether young people had said anything about how the trainee had discussed digital issues with them following the training, the majority of the

14 responses received (9, 64%) said that the young people hadn't said anything yet, two (14%) that they were grateful for the support, including one who expressed relief at being able to discuss openly, one (7%) said that "they are surprised when I ask [for] more details about how they spend their time online", and finally one said that young people have "commented that I seem much more knowledgeable".

## Process evaluation

After each training, trainees were invited to give feedback and whether they would recommend the course to colleagues. Given the diverse backgrounds of the trainees, the feedback was largely positive, though almost 8% were unsure, which could reflect the work they were engaged with, such as commissioning, or public health, with no direct contact with young people. As before, it may also relate to the issue of needing time to absorb the information and consider its usefulness, or that the training added little to prior knowledge.

Would you recommend this training?



208 responses

One particular statistic was helpful in adapting the training to the real world context of the target audience.

As stated before, of the 1350 who registered for the training, only 39% (523) completed it. Two aspects became apparent; firstly that many trainees who register for a live webinar, may aim to watch the webinar on demand, at another time. Secondly, the comprehensive

nature of the 'Full' Training may have been too great a demand upon the trainees time, at a challenging time of year.

The following adaptations were made to the training.

### **'Full' 4-module training On Demand**

832 registered; 224 completed 2 or more modules.

The option of on-demand training seemed to suit many trainees, allowing them to progress the training when it was possible or even when they wanted to take the next step.

Having brief feedback after each of the four modules was useful in giving us an ongoing sense of how the training was progressing and being received, as well as more in-depth feedback on the content itself, though it may well have been onerous for the trainees.

Given the time pressures faced by many in the public sector, to increase accessibility, the 'Full' Training was adapted into a Lightning Course.

### **Lightning training**

55 registered; 20 completed all 4 modules.

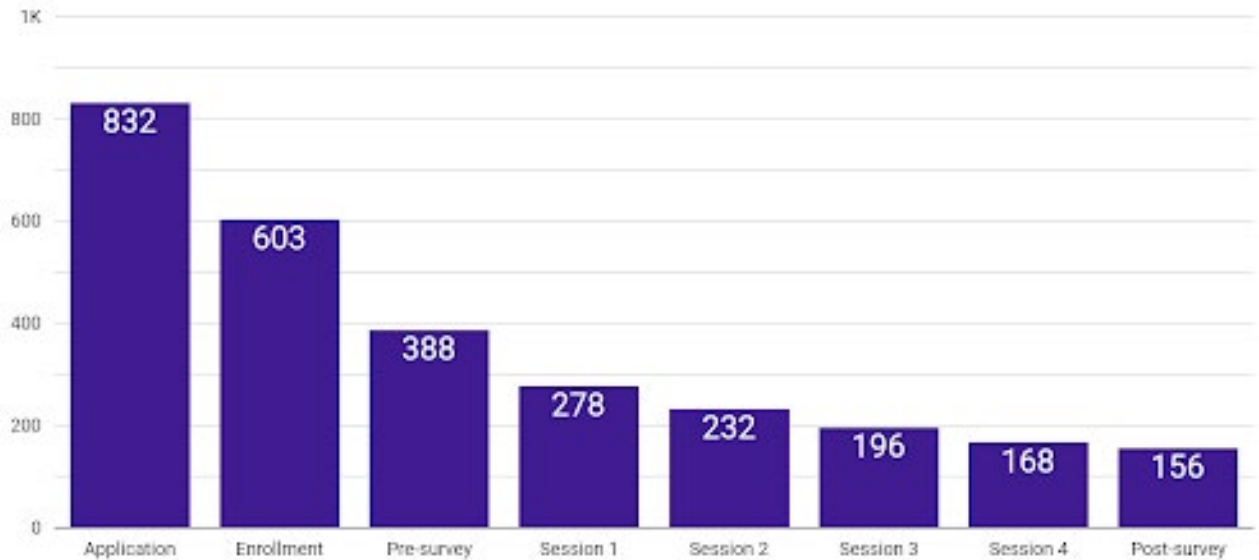
Given the constraints on the trainees time, the previous 'Full' training modules were updated to incorporate any research updates, and presented as an online, half-day conference.

This proved to be the least accessible version of the training, which was disappointing in that trainees from the Office for Health Inequalities and Disparities, the Greater London Assembly and NHS England had registered to attend, but other priorities then prevented attendance.

Recognition that completing a form to determine eligibility for the training, a further registration form to gather demographic data and a pre-training survey for a baseline was proving to be excessive, and a burden for those that wished to take up the training.

The following statistics from April 2024 demonstrate how each request for more data led to trainee drop out; from application (eligibility check) to attending the first training session (module), only one third attended.

### Number of trainees completing each stage of the 4-module training



Interrogation of drop-off rates further shaped the delivery of the training in the following ways:

1. Feedback had suggested that the term 'Media Literacy' was not relatable for many in the public sector, and the training was renamed 'Online Safety First Aid' (OSFA), which was relatable, given the success of the Mental Health First Aid initiative.
2. Registration for the training was streamlined to make it as easy as possible to register for the training, either live or on demand. Key was the information as to which sector the trainee worked in, so that eligibility for the training could be confirmed.
3. Given that the 'Full Training' made reference to content from earlier modules, and multiple examples of, for example, influencers, the training was streamlined to fit within a 90 minute envelope, with subsequent encouragement to progress to the 'Full' Training. In addition, it was suspected that content on digital exclusion, valued by public health, was less relevant for frontline workers, who wanted to understand better risks and harms, and so the digital exclusion content was signposted to in the resources section.
4. This version of the training was not eligible for a certificate of completion or CPD points, and was very much framed as an introduction.

## **OSFA training**

518 registered; 126 attended one of the live webinars; 153 attended on demand.

This training proved to be popular, at the end of the 'winter pressures' period. It was also accessed following Newsletter recommendations.

From the present evaluation, it appears that different training formats may be better suited for those in different fields of work; for example, those in healthcare or health in education may prefer a shorter, on demand training, whilst an in-depth training with certificates of completion or CPD points was more attractive for those in the youth sector. However, it should be noted that trainees of all sectors attended all versions of the training, so the above assertion is tentative.

The trainees proved to be a very diverse group, comprising of commissioners, consultants, managers and practitioners from health, social care and the youth sector. Given this diverse group some trainees expressed that some content was not as relevant to them, which will inform further developments, to meet their needs.

The 170 qualitative responses received as to what worked well, or not so well, in the training. These were analysed, producing 6 main themes (4 for 'worked well', 2 for 'worked not as well').

The most common response related to the training content was that it was informative.

What also worked well was the:

- resources, signposting or practical tips
- that it was enjoyable or interesting,
- inclusion of lived experience and the voice of young people
- the research or evidence base of the content.
- the training content was relevant for them and their work.

*"The course was extremely informative and easy to follow. I enjoyed the learning and feel i have a much better understanding."*

The second-most common response referred to the format and/or delivery of the training, including:

- being able to watch or rewatch on demand

- accessible to them in terms of time
- accessibility in terms of learning styles and pace
- training was broken into smaller chunks.

*“Lots of expertise from those delivering. A range of research, resources and signposting to further information. It was great to have a recorded webinar to follow at my own pace. This suited my busy working schedule.”*

The speakers in the training were valued, in particular the way they delivered the information (stated as well-explained and engaging), their expertise and the fact that multiple speakers provided a variety and kept it engaging (5).

*“Lots of information and engaging content. Liked switching between presenters, kept me listening.”*

Finally, 6 trainees simply said that everything in the training worked well for them.

In terms of what trainees felt didn't work as well in this training, 2 mentioned the format (one that it would be easier to attend if it was shorter, and another that there was limited interactivity for those doing the training entirely asynchronously), and another 2 mentioned aspects of the content:

*“Would have liked to hear more about younger aged children as I work more with this age group.”*

*“Some basics repeated that felt like basic knowledge for those working with young people.”*

### **Shared learning event**

Scheduling the Shared Learning event proved very challenging as the Full training ended at the end of November 2023, leaving trainees with little time to implement their learning in their day-to-day work before the winter holidays. Further, a first scheduled event in early January 2024 had very little uptake, possibly suggesting that winter pressures and other factors made the Shared Learning Event less engaging. However, there may be other factors, including the possibility that many trainees would like further training before progressing to

such an event. The small number who did attend appeared to have greater prior knowledge, before the training.

## Discussion

In simple terms, stem4 were successful in training over 500 professionals as outlined in the Ofcom specification, and in an increasingly challenging context.

91% of the trainees who offered feedback stated they would recommend the training, with only 1% stating they would not recommend.

Critically, qualitative feedback suggested that trainees were starting to embed the learning in their work, whether as a manager, supervising staff, or a practitioner who felt more confident and able to address digital risks and opportunities in their work. The feedback offered as to how young people perceived that change was very positive, and aligned with the hoped for outcomes.

But inevitably, there were also many lessons learned across the time of delivering the training, and being able to adapt and change both content and mode of delivery would be a key learning point for any future training. It is not just a matter of the digital world constantly evolving, with new risks and harms emerging, but that the latest research, or advisory documents, for example from the US Surgeon General, meant that any training can very quickly seem out of date and less relevant. Constant vigilance seemed to be a necessary underpinning of the training.

However, it may be useful to discuss the following areas as key areas to consider when developing a media literacy training for the children's workforce in the public sector.

### Content

*"It is likely that your organisation has already developed a media literacy training programme, although it may require some adaptation to meet the purpose of this tender."*

*Ofcom Tender*

Despite delivering media literacy training over the previous decade, the stem4 team were confronted with a need to update that content, repeatedly, whilst blending media literacy

knowledge with developments in mental health, health literacy, child development (including cognitive development) and reducing inequalities. The challenge was that even over a 4 x 1 hour training, it seemed that much more could be added, to clarify various points, or expand on a complex concept. Distilling insights into a form that may be accessible to a wide audience of practitioners and commissioners, itself was time consuming. Ultimately, it became a matter of addressing the key issues of today, and the trends that would have the most impact upon the mental health of young people. But those 4 hours could have become 10 hours very easily, and may have reduced the cognitive burden on trainees...yet every edit to reduce what was covered was uncomfortable.

An example of this complexity was addressing mis/disinformation in the context of seeking support for a health issue. There is a wealth of literature on how many individuals do not have good health literacy, and struggle to make sense of health information, irrespective of online information. However, understanding how recommender systems and influencers may amplify health disinformation, as historically seen in relation to vaccine confidence, fuelled by the business model that rewards creators of disinformation, could help practitioners have better discussions with young people about health issues. Further, knowing how to and where to signpost to accurate health information, proved to be a helpful.

As suggested above this was confirmed by a Student Welfare Officer:

*"I think I am more alert to a comment like 'I saw this online' - e.g. for reason why they want an ADHD diagnosis - more confident to explore whether this information is accurate and then signposting to NHS information."*

This example also highlights how media literacy may have an impact on the NHS, as young people self-diagnose, and not always with the correct information, and then request an NHS assessment, adding to lengthy waiting lists, but also feeling disappointed if the diagnosis is not confirmed.

Health and social care professionals and youth and community workers are a very diverse group, and so in the process of engaging them to complete the training, it seemed likely that each group may want certain areas of content earlier. For example public health colleagues and the youth sector may have valued information and support for those digitally excluded early on, whereas health practitioners may have wanted content of mis/disinformation early on. Further, support for signposting was more extensive at the end of the training, which was

not accessed by everyone, and support for intimate image abuse could make a substantial difference to many young people.

For future training developments, and if time allowed, co-designing a curriculum for each discipline, may lead to better completion of training rates, as the most pressing issues for them could be addressed earlier.

Feedback also suggested that there were other considerations to be taken into account when delivering a media literacy training. Despite attempts to make certain concepts as accessible as possible, there can be little doubt that trainees were asked to process and learn complex concepts. In implementing the learning in their work, time to process what they had learned seemed important, and the time needed somewhat unknown. As suggested earlier, many professionals were facing huge demands in their working lives, and one suggested that had not been able to use what they had learnt in their work, because they did not have sufficient time with the young people to do so. More recently one trainee, who started the training in November 2023, asked, in September 2024, if they could continue with the training. Being sensitive to factors such as 'cost of living' or even strikes by NHS staff should inform delivery.

Despite these issues, much appeared to go well, with appreciation shown for what was learned:

*“As a digital youth worker I am already fairly confident on a lot of this, but I do feel this has definitely added to my confidence, skills and knowledge in a really positive way”*

### **Making the Training Accessible**

The initial delivery of the training was informed by discussions with colleagues in Thrive London and Partnership for Young London, who had been able, in 2023, to attract 300-600 attendees to webinars on trauma-informed practice. As mentioned earlier, the number of those who now attend such webinars has fallen to 90 attendees per webinar.

Offering free webinars at a lunchtime, and having short, hour long webinars over 4 weeks was suggested as a suitable model for delivery. (It should be noted that Thrive London later reduced their webinars to 30 minute, bitesize sessions.)

To reach the target audience, and obtain data that could evidence desirable behaviour change, as outlined in the Theory of Change, trainees were asked to register (for eligibility), then enrol in the training, before finally completing a pre-training survey. This proved to be too great an ask, ahead of any training opportunity, and of the 832 who registered for the training, only 224 completed the specified two sessions. Indeed, even after adapting the training to make it easier for trainees to register and access the training, of 1,350 who registered, 523 completed it.

In addition, email feedback suggested that many trainees wanted to access the training at a time that worked for them, on demand, which was soon established in December 2023, and enabled more people to complete the training. Accessing it on demand proved to be an essential need of trainees.

However, it should be noted that almost 200 trainees did access the first webinar live, but as suggested above, the content may not have been sufficiently engaging for all, or weekly webinars was too demanding of their time.

In recognition of that, a half-day version of the training proved less appealing, but the distillation of key learning points into a single 90 minute session proved to be the most accessible form of delivery, and allowed trainees to access all of the resources on the training portal to further learning. At the busiest time of year, in some senses the condensed training offer 'got to the point' more effectively for trainees, and much of the content lost was repeating learning from the previous webinar/module (on demand). Interestingly, of the 277 that completed this version, almost 50% accessed it live vs those that accessed it on demand, and feedback was very positive.

Key learnings were that to engage professionals, shorter trainings are essential, and on demand, though some sectors, such as the Youth Sector valued certificates of completion/CPD certificates.

Any request for data seemed not a problem of data protection, but one of having to spend more time filling out surveys before accessing the desired content. Future evaluations would need to find smarter ways of obtaining data that do not burden the trainees further.

## **Making the Training Relatable and Relevant**

The term 'media literacy' even when linked to mental health, did not make sense to many in health and social care. GPs expressed that they did not know what it meant, and even digital literacy proved to be little better; but when practitioners engaged with the training, they could and did so very positively.

To make the training more relatable, as well as less demanding of time, the training was rebranded as 'Online Safety First Aid' and this was well received, whilst it maintained a core media literacy focus behind the label.

Many trainees appreciated the 'voice of young people' and accounts of lived-experience within the training, that also made it more relatable and relevant to their own work. These accounts were taken from respected research papers (Ofcom's Children's Media Lives; ySKILLS) to highlight points, but it is possible this aspect of the training could be enhanced further, to complement the concepts presented. This would be especially so in terms of support for vulnerable groups. (92% worked with at least one of the above listed vulnerable groups; 66% with more than one.)

Whilst expected, to some degree, 'word of mouth' proved to be the most successful way of engaging trainees, following recommendation by a colleague or organisation. The value of the training appeared to be easier to grasp via this route, and although social media marketing did reach many people, the conversion to accessing the training was not as great. We suspect that it may have been difficult to grasp the opportunity of the training from brief social media advertisements.

Regional representation of the trainees was positive, the greater number of London-based trainees was perhaps not surprising given London is where stem4 is based. Inevitably, stem4 has greater connections with London-based public health and local authority colleagues, which may have facilitated the 'word of mouth' route to the training.

Understanding the number of trainees from each sector (health, social care and youth sector) proved more challenging, as many trainees had roles with varying names, and so many chose to classify their sector as 'other'. Ultimately, there was reach into all three sectors, and a positive engagement of those working in 'health in education'. As stated before, each sector will have its own training needs, and sector specific training could be a positive way forward.

## Impact

Whilst quantitative data from the pre and post-training surveys, designed following the establishment of the Theory of Change does evidence positive change for most trainees, we would recognise that the surveys were not based on standard scales, tested for reliability, and therefore any conclusions drawn must be considered in that light. In some ways it is the comments that give greater insight into what may have changed for the professional, though this has not been assessed over time. The perception of change that led to an improved score between 0.5-4.0 points can be difficult to understand in terms of behaviour change.

Nonetheless, there are at least positive trends that align with goals established in the Theory of Change.

Before the training:

- trainees felt least confident about their abilities when asking young people about their digital lives, in which a third (33%) rated themselves at the lowest level, as either a 1 or 2 out of 5
- the majority of trainees (170, 72%) said that they did not ever signpost young people to any support for online issues
- 76% (181) reporting at least one obstacle to asking young people about their digital lives; the most commonly-selected obstacle was 'I don't know how to support them if they raise any issues' (43% of respondents selected this obstacle), followed by 'I'm worried they will think I won't be able to understand the tech' (31%)
- the majority of trainees (89%) rated their desire to have a greater engagement with the digital lives of the young people they support

Most of these findings are not unexpected, and confirm the value in Ofcom's commissioning of the training. The level of confidence for many professionals was very low, and their anxiety about offering support, high. Yet the desire to learn to change that situation, was also reassuring, not least given the relative absence of prior training opportunities for many.

Post-training:

- all sectors showed an increase in this knowledge post-training, though the extent of this increase did differ quite considerably across sectors, with trainees working in social care reporting the lowest increase in their knowledge (avg = 0.54-point increase) and those in health in education reporting the highest (avg = 1.32-point increase).

- trainees' understanding of how media literacy impacts mental health, the average pre-training rating was 3.28 out of 5 (mdn = 3), which increased by an average of 1.14 points after the training, to 4.41 points
- 82% showed an increase between their pre- and post-training scores for acquiring new skills.
- 70% reported an improvement between their pre- and post-training confidence scores; 78% reported a better understanding of how important engaging in young people's digital lives is, and 62% reported knowing how to support them with any issues they raised
- 64% reported that they had increased their frequency of discussing media literacy with the young people they support; for the remainder, the frequency remained the same, possibly suggesting that it was too soon for them to integrate discussion into their work.
- 71% of trainees reported that they expected their engagement in the digital lives of the young people they support to increase
- Where no impact was noticed, the majority appeared to need more time to process what they had learned in order to apply the learning.

As stated before, for a small number of trainees, they appeared to experience reduced confidence, knowledge and skills after the training, and this is worthy of further consideration. It seems possible that the training highlighted areas that they were not aware of, or new research altered their views, for example of the superiority of search engines over social media for search activities.

In addition, there is a need to understand how to make it easier for trainees to apply knowledge and understanding of the online world into their work. It is suspected that sector specific content, or 'case studies', may help trainees more effectively bring their greater understanding to their own work.

But as suggested above, it was not just the perception of having gained knowledge, skills and confidence, that was encouraging, but accounts of how the young people supported valued the developments.

There was one area that warranted further consideration, which is that of signposting to practical supports that could make a difference to a young person, from knowing how to report concerns on an App, to trying to get an intimate image removed from the Internet.

68.9% stated that they hadn't yet increased signposting to support for any online issues; 42% trainees said that it was too soon after the training to have done so, 12% said it hadn't been necessary, and only 5% said that they intend to in future. It is possible that the opportunity to signpost simply hadn't arisen for most, but it was also reported that some trainees could recall the resources when needed. This suggests that it would be useful to have dedicated training on what resources could be helpful, and a library of resources, with a simple choice architecture, could make it easier for trainees to find what would be helpful.

## Learning and next steps

### Key learnings from the delivery of this project

#### *Training delivery*

- Minimise data collection from trainees as much as possible, and especially at the point of registration
- Many people valued being able to learn on demand and fit it around their own schedules
- The Lightning version of the training was not effective, though both the 4-module Full Training (live and on-demand) and Online Safety First Aid Training (live and on-demand) versions were well attended
- Asking about behaviour change in the post-training survey was overall too early
- Attempts to have trainees ask young people to complete a survey were unsuccessful
- Many trainees appreciated receiving a certification upon training completion

#### *Training content*

- Practical tips and guidance were particularly well-received, and offered trainees a structured approach to discussing issues in a balanced manner.
- Many trainees were surprised at research reporting that young people are not as proficient at using technology and social media as anticipated, and this informed their intention to offer more support for developing digital skills going forward
- Many trainees didn't know about or know the extent and impact of digital exclusion
- Many trainees expressed finding the advice to be non-judgemental and useful
- Trainees loved the 'AI or real?' quizzes that were emailed between webinars, and ideally, greater interactivity or gamification could enhance the learning experience..
- However only 25% (58) trainees completed a 'knowledge-check quiz' at the end of the training, which was optional, and introduced after the first delivery of the 'Full

Training'. This was insufficient to add insights into what knowledge had been learned by all trainees, but may be a further area to explore and develop, to consolidate learning.

- A 'train the trainer' programme could better support the wider roll out of media literacy trainings across the Public Sector, and lessen the need for each programme to process the latest research, and impart what is effective to their trainees.

### **Next steps**

1. Having established the training portal, the aim is for stem4 to continue to make the training available to the target audience, for a low fee.
2. Trainings will also be developed for the training portal, for those that were ineligible for training in the past year (parents, teachers, international trainees).
3. The content of the training will be continually reviewed and replaced by updated content as the evidence-base develops.
4. Given the potential impact of online risks on young people, those that care for them, and the health, social care and community services that support them, stem4 will continue to raise awareness of media literacy in those sectors, such that it moves to become a mandatory training in all sectors.

## **Conclusion**

At a challenging time in the Public Sector, Ofcom correctly identified to commission a media literacy training for health and social care professionals and the youth and community sector. 1,350 professionals registered to complete the stem4 'Media Literacy and Mental Health Training', and a further 59 applied, but were ineligible.

stem4 successfully pioneered and delivered a training in which current perspectives of the online experiences of young people were blended with knowledge from mental health, child development and societal inequalities to 523 professionals.

Before the training most trainees reported limited knowledge, skills and confidence when it came to discussing digital issues with the young people they support.

Following the training, the majority of trainees reported gaining knowledge and skills, and in feeling more confident in discussing with young people their digital lives.

Qualitative feedback from some trainees suggested that the young that they support valued the interest in that area of their lives, and the support offered.

Establishing and delivering a media literacy training to this audience itself was a process of transformation, and highlighted the need for a 'train the trainer' programme, through which complex research insights could be made accessible for a wide range of groups or sectors, lessening the burden for each training programme to develop all of its own resources.

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## Appendix

### 1. Eligibility for Training Questionnaire

\* = required answer

1. Name\* - text field for first and last name
2. Email address\* - text field
3. Do you work in the UK?\* - Yes/No  
(If No to above, then show a free text field with 'In which country do you work?' [not required])
4. [If yes to Q3...]  
In which region(s) do you work? [ required; can select multiple]
  - North East
  - North West
  - Yorkshire and The Humber
  - East Midlands
  - West Midlands
  - East of England
  - London
  - South East
  - South West
  - Scotland
  - Wales
  - Northern Ireland

5. [Also if yes to Q3...]

Do you work with Children and Young People (CYP)?\* - Yes/No

(If No to above, then show a free text field with 'Please let us know why you are interested in accessing this training?' [not required])

6. [If yes to above...]

a) Which area do you work in?\* [can only select one]

- Healthcare
- Social care
- Youth sector
- Health in education
- An organisation (please specify) - free text field
- Other (please specify) - free text field

b) If you would like, please add your job title/role here. [free text field; not required]

[Also if 'yes' to Q5...]

7. Do you work for the majority of your time with any of the following? (multiple answers can be selected) [not required]

- Children and Young People eligible for pupil premium payments
- Children and Young People with mental health challenges
- Children and Young People with experience of care
- Neurodiverse Children and Young People
- Children and Young People in minoritised communities

8. [shown to all users, regardless of previous answers; can only select one option]

How did you find out about our training?\*

- Search engine (e.g., Google)
- Recommended by a friend or colleague
- Social media
- stem4 newsletter
- stem4 website
- Recommended by an organisation (please specify) [free text field]
- Other (please specify) [free text field]

9. [shown to all users, regardless of previous answers]

By checking this box and submitting the form, you are consenting to stem4 storing the details you have provided and emailing you regarding our media literacy training. For further information, please consult our privacy policy. [Will only accept form submission if tick box]\*

10. [shown to all users, regardless of previous answers; not required]  
 Tick this box if you would like to keep up with stem4 and be added to our mailing lists.

2. Theory of Change

**Name of project:** stem4 Media Literacy & Mental Health training, supported by Ofcom

<b>1 Define the 'problem'</b>	<b>2 What are you doing about the problem and with whom?</b>	<b>3 What differences will your intervention make?</b>	<b>4 How could these differences contribute to wider societal change?</b>
<p><i>Fundamentally, young people are a vulnerable group online, particularly as they are still developing; if they are struggling with mental health challenges, are care experienced, or experiencing adverse childhood experiences, they are especially vulnerable to online harms.</i></p> <p><i>The problem is that health and social care workers and those working in the youth sector have historically not engaged with media literacy training and have low engagement with the digital lives of those they support, and therefore not helping the young people they support to stay safe online or process</i></p>	<p><i>Targeting health, social care and youth workers in the UK with free training. Creating additional resources and training portal. Opportunity for attendees to assess their media literacy and spot areas for future development. It will be delivered by experts in this field (Dr Nihara Krause, Consultant Clinical Psychologist, and Dr Richard Graham, Consultant Child and Adolescent Psychiatrist).</i></p> <p><i>Training will focus on two areas of competence from the DigComp framework: information and data literacy, and communication and collaboration. Training will also address competencies in safety. It will particularly help</i></p>	<p><i>Health and social care professionals and youth workers will have greater media literacy, which enables them to assess the media literacy of the young people they are supporting, and offer strategies if they are experiencing risks and harms. It will also enable them to have conversations with young people about their digital lives, and help them process and recover from any harms occurred and integrate with any mental health support that is being provided.</i></p> <p><i>Although not specified in the ITT, we would expect professionals to develop competencies in at least one, but ideally, three of the Safety competencies of DigComp, notably 4.1 (Protecting Devices), 4.2 (Protecting Personal Data and Privacy) and 4.3 (Protecting Health and Wellbeing). The training will then focus upon</i></p>	<p><i>Start to embed media literacy in public mental health initiatives and wider mental health support, and this would help young people develop and flourish online and be able to either improve or protect their mental health when online.</i></p>

<i>and recover from any harms experienced online.</i>	<i>those who are experiencing mental health challenges, are care experienced, experiencing adverse childhood experiences, to be better able to protect themselves and stay safe online.</i>	<i>competencies in the Information and Data Literacy and Communication and Collaboration areas of DigComp specifically: Information and Data Literacy 1.1 Browsing, searching and filtering data, information and digital content 1.2 Evaluating data, information and digital content Communication and Collaboration 2.1 Interacting through digital technologies 2.2 Sharing through digital technologies.</i>	
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	<b>Inputs</b>	<b>Activities</b>	<b>Outputs</b>	<b>Outcomes</b>	<b>Short/medium-term impact</b>	<b>Long-term impact</b>
<b>A Details of inputs, activities, outputs, outcomes etc.</b>	<p>Project staff (stem4 team) &amp; expertise, including the clinical &amp; advanced media literacy expertise of Dr Krause &amp; Dr Graham.</p> <p>Outsourced resource (TerraFerma).</p> <p>Ofcom funding.</p> <p>Marketing and promotion of the training, including via partnerships with agencies that can connect with those working in the health / social care / youth sector.</p>	<p>Project staff will deliver an online training course to health professionals working with young people in the UK.</p> <p>Project staff will:</p> <ul style="list-style-type: none"> <li>- Develop course content and accompanying resources;</li> <li>- Get the course accredited by CPD;</li> <li>- Recruit at least 500 eligible attendees for the training;</li> <li>- Market the course;</li> <li>- Deliver the training sessions (live and/or</li> </ul>	<ul style="list-style-type: none"> <li>- Number of training sessions delivered &amp; no. people who attended (both live and on catch up)</li> <li>- Number of people who completed the full training</li> <li>- No. people registering their interest</li> <li>- No. people signing up for the training</li> <li>- Engagement in social media campaign</li> </ul>	<p>An increase in trainees' knowledge and understanding of media literacy and mental health.</p> <p>An increase in trainees' confidence and skills in discussing with young people about their digital lives.</p> <p>An increase in trainees' application of and engagement with young people's media literacy.</p> <p>Greater support for</p>	<p>Young people feel more able to disclose the challenges they experience online and co-create ways to manage or overcome them.</p> <p>Professionals are able to gain a greater understanding of how online risks become barriers and impact on mental health.</p> <p>Those with mental health challenges are better able to protect themselves and recover from any potential harms.</p>	<p>Greater recognition of the importance of media literacy within health and the incorporation of media literacy within professional training and continuous professional development.</p> <p>The greater knowledge of the impact of online risks upon mental health will assist regulation of digital services providers.</p>

	Inputs	Activities	Outputs	Outcomes	Short/medium-term impact	Long-term impact
		recorded), and a follow-up shared learning event; - Produce an online training platform to manage the training, facilitate 'on demand' learning via webinar recordings; - Monitor attendees' progress through the stages of the course, and award those who complete everything with a certificate of completion; - Administer pre/post-learning questionnaires .		media literacy for the young people whom trainees support with their mental health.		
<b>B Who are the relevant target groups?</b>		Project staff; training attendees; the young people whom attendees work with.		Training attendees.	Trainees; young people supported by trainees.	Professionals supporting young people in the UK; young people in the UK.
<b>C What relevant data do you need?</b>	Understanding of the issues facing young people in regards to media literacy and mental health, and the gaps in	Outcome of CPD evaluation of the content & feedback from Sonia Livingstone;	Project monitoring figures, including: - Details of the sessions delivered	Pre-post-learning questionnaire data; attendee feedback (qual &	Post-training survey responses; feedback from shared learning session; young	

	Inputs	Activities	Outputs	Outcomes	Short/medium-term impact	Long-term impact
	<p>this understanding for health professionals working with young people.</p> <p>Lists of relevant health professionals who could benefit from the training.</p>	<p>Successful (reach, conversion) avenues of promotion of the training.</p>	<p>(number, attendance, etc.)</p> <p>- Details of attendees (inc. how much of the training they accessed and their pre/post scores)</p>	<p>quant); feedback from shared learning session.</p>	<p>person's survey responses; trainee follow-up survey responses</p>	
<b>D What methods will you use to collect the data?</b>	<p>Desk research; existing connections within the project team; project management tracking.</p>	<p>Project management tracking; written feedback on training content; number of registrations of interest and, later, registrations for the training; monitoring of promotion efforts (Google Analytics, social media &amp; email metrics).</p>	<p>Project management tracking.</p>	<p>Questionnaires (administered via the education platform)</p>	<p>Surveys; shared learning event</p>	
<b>E What factors beyond your control might influence this stage?</b>	<p>Waves of COVID are still fairly prominent, as well as other illnesses; workers will also be struggling with winter pressures and are fundamentally time poor.</p>	<p>Lack of take-up.</p>	<p>Lack of take-up, course completion and/or survey responses.</p>	<p>Lack of take-up, course completion and/or survey responses.</p>	<p>Lack of survey responses and/or attendance of shared learning event(s).</p>	

## 2. Pre-training survey

Question no.	Question	Type	Answer option(s)
1	On a scale of 1 to 5 (with 1 being very low and 5 being very high), how would you rate your <i>knowledge</i> of media literacy?	Likert scale	n/a
2	On a scale of 1 to 5 (with 1 being very low and 5 being very high), how would you rate your <i>understanding</i> of how media literacy impacts mental health?	Likert scale	n/a
3	On a scale of 1 to 5 (with 1 being very low and 5 being very high), how relevant do you consider young people's online experiences are for their mental health?	Likert scale	n/a
4	On a scale of 1 to 5 (with 1 being not at all confident and 5 being very confident), how would you rate your <i>confidence</i> in discussing with young people their digital lives?	Likert scale	n/a
5	On a scale of 1 to 5 (with 1 being rarely and 5 being regularly), how <i>frequently</i> do you ask about the digital lives of the young people you support?	Likert scale	n/a
6	On a scale of 1 to 5 (with 1 being very low and 5 being very high), how would you rate the extent of your <i>abilities</i> when asking young people about their digital lives?	Likert scale	n/a
7	Do you consider any of the following to	Multiple choice	I don't understand the tech;

Question no.	Question	Type	Answer option(s)
	be <i>barriers</i> to you in asking a young person about their digital activities? (Multiple can be selected)	(can select multiple)	I'm worried they will think I won't be able to understand the tech; I don't know how to understand what they tell me; I don't know how to support them if they raise any issues; I'm not sure how important it is; Other (please specify) [free text field]; None of the above.
8a	Do you ever signpost young people to any support for online issues?	Closed	Yes / No
8b	[^ If 'Yes' to above] Where have you signposted to?	Free text	n/a
9	If/when you do talk with young people about their digital lives, what (if anything) has helped you to do that?	Free text	n/a
10	On a scale of 1 to 5 (with 1 being very little and 5 being very much), how much would you like to have a <i>greater engagement</i> with the digital lives of the young people you support in your work?	Likert scale	n/a
11	Approximately how many young people do you support in your work per year (in regards to their mental health)?	Multiple choice (can only select one)	Less than 5 5-25 26-50 51-75 75-100 100+ 1,000+ Other [free text]

### 3. Post-webinar/recording survey

1. Did you find the speakers engaging? Yes/No/Unsure
2. Has the webinar helped you to be more informed about this topic?  
Yes/No/Unsure
3. Would you recommend this webinar? Yes/No/Unsure
4. How relevant was the webinar to your work? *Text Box*
5. Will you take any aspect of the webinar back to your workplace? *Text Box*
6. What would you like to hear more about in future? *Text Box*
7. Do you have any feedback you would like to offer? *Text Box*

### 4. Post-training survey – **after final** learning session

Outcome being assessed	Question	Question type	Answer(s)
<b>Knowledge and understanding</b> of media literacy and mental health	On a scale of 1 to 5 (with 1 being very low and 5 being very high), following the training how would you now rate your <i>knowledge</i> of media literacy?	Likert scale Required answer	n/a
	On a scale of 1 to 5 (with 1 being very low and 5 being very high), following the training, how would you now rate your <i>understanding</i> of how media literacy impacts mental health?	Likert scale Required answer	n/a
	On a scale of 1 to 5 (with 1 being very low and 5 being very high), how relevant do you now consider young people’s experiences online to be for their mental health?	Likert scale Required answer	n/a
	On a scale of 1 to 5 (with 1 being not at all and 5 being very much), how would you rate the extent to which your <i>knowledge</i> of media literacy and mental health has increased?	Likert scale Required answer	n/a
	On a scale of 1 to 5 (with 1 being not at all and 5 being very much), how would you rate the	Likert scale	n/a

Outcome being assessed	Question	Question type	Answer(s)
	extent to which your <i>understanding</i> of media literacy and mental health has increased?	Required answer	
<b>Confidence and skills</b> in discussing with young people about their digital lives	On a scale of 1 to 5 (with 1 being not at all confident and 5 being very confident), following the training, what level do you now consider your <i>confidence</i> to be in discussing with young people about their digital lives?	Likert scale Required answer	n/a
	On a scale of 1 to 5 (1 = it has greatly decreased, 3 = it has stayed the same, 5 = it has greatly increased), following the training has there been any change in how <i>frequently</i> you discuss the digital lives of the young people you support?	Likert scale Required answer	n/a
	[Linked to above question] Have you had any feedback from young people concerning those discussions? If so, what has it been?	Free text Not required	n/a
	On a scale of 1 to 5 (with 1 being nothing and 5 being very much), to what extent do you feel your <i>confidence</i> in discussing with young people about their digital lives has improved?	Likert scale Required answer	n/a
	On a scale of 1 to 5 (with 1 being not at all and 5 being very much), how would you rate the extent to which your <i>skills</i> in discussing with young people about their digital lives have improved?	Likert scale Required answer	n/a
	On a scale of 1 to 5 (with 1 being very unlikely and 5 being very likely), how likely are you to discuss media literacy with the young people that you support in future?	Likert scale Required answer	n/a
	On a scale of 1 to 5 (with 1 being very low and 5 being very high), how would you now rate your <i>skills</i> in discussing with young people about their digital lives?	Likert scale Required answer	n/a
	Has the training resulted in any of the following outcomes regarding your feelings toward discussing with a young person about their digital activities? (Multiple can be selected)	Multiple choice (can select multiple) Required answer	I better understand the tech; I'm no longer worried that they will think I'm too old; I know how to understand what they tell me; I know how to support them with any issues that they raise;

Outcome being assessed	Question	Question type	Answer(s)
			I have a better understanding of how important it is; Other (please specify) [free text field]; None of the above.
	Have you increased any signposting to young people for support for their online issues?	Closed Required answer	Yes / No
	[^ If 'Yes' to above] Where have you signposted to?	Free text Not required	n/a
	[^If 'No' to above] Has anything prevented you from signposting more?	Free text Not required	n/a
	Following the training, if/when you now talk with young people about their digital lives, what (if anything) has helped you to do that?	Free text Not required	n/a
<b>Application of and engagement with young people's media literacy</b>	On a scale of 1 to 5 (with 1 being very little and 5 being very much), how much would you now expect to have a <i>greater engagement</i> in the digital lives of the young people you support in your work?	Likert scale Required answer	n/a
	Please let us know why you expect to have greater engagement (or not)?	Free text Not required	n/a
<b>General feedback</b>	Is this your first experience of a media literacy training?	Closed Required answer	Yes / No
	[^ If 'Yes' to above] What worked well for you?	Free text Required answer	n/a
	[^ If 'No' to above] What worked well or not as well for you in this training compared to the other(s) you have attended?	Free text Required answer	n/a
	In this course, would you have liked to learn more about mental health, or media literacy?	Closed Required	Mental health; Media literacy; Both equally

Outcome being assessed	Question	Question type	Answer(s)
		answer	
	What areas or issues would you have liked to learn more about in this training?	Free text Not required	n/a
	Would you recommend all who work in your sector to have media literacy training?	Closed Required answer	Yes / Unsure / No
	Would you recommend this particular training?	Closed Required answer	Yes / Unsure / No
	[^ Optional follow up to above question] Why?	Free text Not required	n/a
	What do you now do differently in your work, following the training?	Free text Not required	n/a
	Have you noticed any impact of this training in your work with young people? Please expand on this answer	Closed AND open Required answer	Yes / Unsure / No AND free text
	[^ If 'Yes' to above] Have they said anything about how you've discussed digital issues with them? If so, what was it?	Free text Not required	n/a
	[^ Also if 'Yes' to above] Would you consider asking them to complete a short, anonymous survey on their experience of professionals showing interest in their digital lives?	Closed Required answer	Yes / No