



**Intellectual Output 5:**

# **Impact study**

**Aggregated Report of Partner Piloting  
Programmes, impacts achieved and  
recommendations for improvement**



## Contents

|       |  |    |
|-------|--|----|
| I.    | Introduction.....  | 3  |
| II.   | Aims of the pilot testing and the impact report .....  | 3  |
| III.  | Piloting strategy.....   | 4  |
| IV.   | Overview of pilot settings in the partner countries.....   | 5  |
|       | Pilot of Rinova, UK.....   | 5  |
|       | Pilot of Rogers Foundation, Hungary .....  | 6  |
|       | Pilot of Sosu College, Denmark .....   | 7  |
|       | Pilot of Cesie, Italy.....   | 8  |
|       | Pilot of dieBerater, Austria.....  | 8  |
|       | Pilot of Mediterranean Management Center, Cyprus .....   | 9  |
|       | Pilot of BUPNET, Germany .....   | 10 |
| V.    | Outcomes of testing and feedback to the Health Points platform.....  | 12 |
| VI.   | Trainers Feedback .....  | 13 |
|       | VI.I Overall feedback on the Health Points games and training materials and the options to use it further 14 |    |
|       | VI.II What was positive during the implementation phase? Did you experience any surprises?.....              | 17 |
|       | VI.III Were there any units and activities you didn't like to use?.....                                      | 17 |
|       | VI.III How do you rate the outcomes of the piloting in regard to your initially aspired goals? .....         | 19 |
|       | VI.IV Did you experience any difficulties/challenges during the implementation of the piloting? .....        | 21 |
|       | VI.V Suggestions on how to further improve the Health Points offers .....                                    | 23 |
| VII.  | Learners Feedback.....   | 26 |
| VIII. | Issues that need review or improvement .....   | 27 |
| IX.   | Impact on the learners .....   | 29 |
|       | IX.I Trainers' statements about impact of Health Points pilot on their learners.....                         | 29 |
|       | IX.II Learners observations on changes in knowledge, skills and attitudes .....                              | 32 |
|       | IX.III Conclusions on impact on learners .....   | 33 |
| X.    | Impact on trainers .....   | 34 |
| XI.   | Case studies of what went well and examples of good practice .....   | 38 |
| XII.  | Annex.....   | 41 |
|       | Annex1: Learner evaluation sheet .....   | 41 |
|       | Annex 2: Results of learner evaluation .....   | 44 |
|       | Annex 3: Pilot report template .....   | 59 |
|       | Annex 4: LEVEL5 reference systems for competence assessments and exemplary LEVEL5 certificate.....           | 63 |

## I. Introduction

The Health Points project's objective is to promote health awareness and self-care competences of disadvantaged young adults by means of a gamified learning platform as medium to present motivating, innovative and interactive content on various health topics of special relevance for well-being, empowerment and employability of the target group.

The Health Points Impact report provides a comprehensive view of the programme of pilot testing the Health Points materials that was undertaken in each partner country between February and June 2019 to draw some relevant conclusions to be used for the revision and finalisation of the Health Points learning platform and supplementing materials.

The Health Points platform is a Moodle based learning management system, which offers interactive learning content on different Health issues, specifically addressing disadvantaged, young adults. The platform content – the Health Points Games - is available in all partner languages: English, Hungarian, Danish, Italian, Greek and German. It consists of 5 Modules on different relevant health issues, identified in initial consultations with the target groups of the project through user consultation. These are:

- Module 1: Being aware of the concept of good health and healthy living
- Module 2: Taking care of your physical health and well-being
- Module 3: Taking care of your mental well-being
- Module 4: Living free of addiction and addictive behaviour
- Module 5: Identifying and accessing health support services

Each Module contains several interactive learning units and is connected to a scoring system where users earn points for their engagement with the content. This is one element of the gamified approach Health Points stands for.

The platform is accessible for free after self-registration via e-mail: <http://hpgame.projectsgallery.eu/login/index.php>

The following sections of this report present:

- Aims and conditions of the Health Points pilots
- Overview of piloting settings in the partner countries
- Outcomes of the testing: Feedback of trainers and learners and suggestions for improvement
- Impact on learners and trainers
- Case studies and good practice examples from the piloting
- Annex with report templates, reports from the partner countries and LEVEL5 reference systems for competence assessment

## II. Aims of the pilot testing and the impact report

The common aims of the pilot testing were

- To integrate the Health Points Programme (platform and activities) into training with young disadvantaged adults and to gather feedback for adaptations and further improvements

- To verify that the materials correspond to the needs of young adults and indicate which modifications should be made for the final version
- To assess the impact on learners in regard to their health care competence and for the participating trainers in respect to identify learning needs and to create motivation to learn about health and taking care of one's well-being
- To gather good practice scenarios of how the Health Points Programme can be used with young disadvantaged adults

### III. Piloting strategy

In order to reach meaningful and comparable results from the Health Points pilot testing in the partner countries, a set of piloting guidelines was produced and shared with all partners. It contained the framework conditions and common templates to be used for gathering learners' and trainers' feedback and additional worksheets to support the reflection about health issues of young adults with diverse disadvantages.

In addition they could make use of the *trainer guidelines* with supplementing information about specifics of the target group, learning theories and methodological recommendations to make use of the Health Points materials in different learning settings. To enable trainers to find their way through the platform and how to use it with their groups, an additional *platform guide* with focus on the technical aspects was provided.

After the training course in Vienna, Austria end of January 2019, all partner organisations organised the testing and dissemination of the Health Points Platform with disadvantaged young adults at their home institutions. The actual testing and piloting of the Health Points games and overall approach took place between February and June 2019.

One specific aspect trainers were asked to pay special attention to during the pilots was the learning process itself, of the young participants, but also of the participating trainers. The relevance of (self-) reflection for learning was highlighted. For this purpose supporting material was provided to instruct how to use the LEVEL5 method to reflect on competence developments stimulated through the Health Points Programme.

In early May 2019 a webinar for the participating trainers was held, to share feedback and to discuss how the Health Points Programme can be further improved.

At the end of the testing participating trainers submitted a report about their activities and experiences, addressing the achieved impact on learners as well as potentials for further improvements.

The overall target number of disadvantaged young adults to be involved in the testing (as stated in the project proposal), was 120, or averagely 15-20 youths per partner organisation. Further a minimum of 3 out of 5 learning games to be tested by each organisation was defined.

Also external multipliers were invited to participate in the pilot testing. In March 2019 each partner presented the Health Points Learning platform and related offers and learning materials in national multiplier events to trainers, social workers, counsellors from their surroundings, who work with disadvantaged young adults. This first event had the purpose to raise interest and to motivate trainers and counsellors to become interested in the Health Points platform. For those trainers with deeper interest, a second event was organised in the following weeks, which put a stronger focus on the practical application of the materials in concrete courses.

The scope of applications, applicable training schemes and the impact the national pilot workshops had, both on participating trainers and youths are subject of this report.

## **IV. Overview of pilot settings in the partner countries**

In the following section, an overview of the different modes in which the Health Points games and materials were tested is given. Starting with the profile of trainers and learners, the learning context in which the testing took place is briefly described for each partner organisation.

All trainers' experience reports in full length are available in a separate document available for download from the project website. The following section presents a summary of the relevant aspects per partner organisation to get an overview of the scope of approaches with which the platform was tested.

### ***Pilot of Rinova, UK***

In UK the piloting was organised and carried out at Rinova in London. Two trainers with Training and Education qualification (Level 3), each having more than 25 years of experience in working with young adults, are proficient in promoting employability skills, personal development and basic skills, organized a series of Health Points workshops for a group of 10 young people from 18-24 years. All the learners were from disadvantaged backgrounds and seeking work, 3 being on the autistic spectrum who struggle with literacy, communication and concentration issues. Some are living in care, and all have substantial barriers to their progression routes and require a lot of "hand holding" and support.

The Health Points piloting was integrated into an employability course, called "Talent Match Croydon".

The piloting was done in 3 sessions, over 3 consecutive weeks from 11am -4pm on each day, covering modules 2, 3 and 4. Originally it was foreseen to cover module 5 too, but it was then decided to skip it because of the group, as the content of Module 2 was more appropriate. The sessions were designed as interactive workshops giving learners the option to participate and learn as freely as they wished.

The Health Points sessions were used as add on to their current training and support.



**Image 1: Pilot session at Riniova with Talen Match Croydon group**

### ***Pilot of Rogers Foundation, Hungary***

In Hungary the piloting took place in Budapest. It was implemented by a professional psychologist with four years of training experience with disadvantaged youths with focus group dynamics and conflict and expertise in the topics of emotional intelligence, resilience and mental well-being.

The Health Points program was tested in two distinct workshops with overall 28 learners. Both workshops lasted 3 hours each.

The first Health Points workshop was run for an informal group of young disadvantaged people between 18 and 33 years with the participation of 8 individuals. This self-organised small community group named Színjátszós Önismereti Közösségi Játékok, in English: Dramatic Psychological Social Plays, provides monthly opportunities for its members to meet, play and develop skills together. That means that they ensure regular meeting points that contribute to the emotional well-being of the members, who are struggling with various difficulties (unemployment, debt, being part of a minority group, mental illnesses, among others).

The second Health Points workshop was held in a vocational school for 20 disadvantaged young men (between 16 and 18 years) who are preparing to become welders. Poverty, low socio-economic status, low quality of their education, family problems and other daily life issues cause many challenges for these boys.



**Image 2: Classroom prepared for the pilot with a group vocational students**

The workshops contained face to face activities (exercises, banana surgery, and others- see full report), online activities on the H. P. platform and the possibility to share experiences and opinions.

Originally, it was planned to cover three modules per workshop, one per hour: Module 2: Physical Health; Module 3: Mental Wellbeing and Module 4: Addictive behaviours. However, in practice, each module needed more time to elaborate the intense emotional reactions connected to the topics. In that sense, plans had to be adapted to the situations. In the Workshop 1 most time was spent with modules 2 and 3, while Workshop 2 almost exclusively focused on module 4, as desired by the participants, of whom many were personally concerned with addicted family members and friends.

### ***Pilot of Sosu College, Denmark***

In Denmark the Health Points games and materials were tested by three educated and experienced teachers at SOSU Østjylland Social and Healthcare College in Aarhus, of whom two had previous careers in health care, as nurse and occupational therapist. The piloting was embedded into regular classroom teaching.

All three trainers were involved in the Health Points national training and Kian Hald Jensen was involved in the Multiplier Event. Two of the trainers, Rikke and Kian participated in the Health Points Joint Staff Training in Vienna.

The learners selected for the piloting, were a group of students of Sosu at the college entry level between 19 and 29 years, who have very different social, ethnic and educational backgrounds. A number of them suffer from obesity, lack of physical exercise and/or mental problems, some have reading disabilities and dyslexia.

Even though these students study social and health care to learn to take care of the wellbeing and health of other people (elderly), they definitely have the need to become more aware of - and improve - their own health education too. The question was to what extent they are motivated to make a change.

The most relevant modules for the students to work with were pre-selected by the teachers. They focused on focus on physical, mental and sexual health (Modules 2, 3 and 4). These are dealing with the fields where the students seem to have most challenges in their lives. The objective was to clarify if the Health Points material with its gaming approach applies to the target group in a way that traditional campaigns

often miss, as the level of literacy required of traditional health campaigns often exclude students with poor literacy or dyslexia.

The context of the piloting was a classroom setting. Two piloting sessions were held, both embedded in a regular course for two different classes. The first session took place on 17th June 2019, the second one on 26th June 2019. The timeframe was about two hours, of which the first half an hour was a basic introduction by the teacher, the last 1½ hour was self-study where the students randomly tested course 2, 3 and 4.

In total 31 learners took part in the piloting. (16 in the first one, and 15 in the second one).



**Image 3: Pilot session at Sosu College**

### ***Pilot of Cesie, Italy***

The Italian pilot was organised by a trainer from Cesie in Palermo, Sicily, having more than 3 years of training experience in the fields of intercultural dialogue, integration and health education through non-formal and informal approaches on local, regional and international level.

All 28 learners who tested the Health Points platform, aged from 16 to 25, were rather recently arrived migrants living in so called reception centres. The situation in these reception centres is difficult, often overcrowded and stressful. These stress factors, in addition to the overall difficult pscho-social and economic situation of these youths, stresses the need for support, especially for self-care and coping strategies, but also in getting to know the Italian health system and how to make use of it.

The piloting was organized in 5 workshops of 4 hours each, which were held between late April and early June 2019. Each session was divided into two hours of self-study and two hours for teaching, reflection and interactive group activities.

### ***Pilot of dieBerater, Austria***

The Austrian partner dieBerater involved three trainers to test Health Points in two similar courses, at two different locations in Upper Austria (Wels and Traun). All three trainers work in a national programme to tackle youth unemployment financed by the Austrian Labour Market Service AMS, so called supra company apprenticeships. There are two types of supra company apprenticeships: One leads to a normal qualification in the respective profession. Another one is offered for young people with special needs (social, behavioral and learning disabilities) and leads only to partial qualification for specific areas in the realm of the respective vocation. A main aim of the course is also to motivate youths to not to give up and drop out. Besides a range of cross-cutting contents, psychosocial care and additional preparation support for the vocational school examination, the courses include organized internships in companies for about 2 days per week.

Tasks of the trainers are to support the youths in learning for school for their final apprenticeship examinations, to find internships in different companies or/and find an apprenticeship placement. "Body-activities" are also part of the qualification (the topics are nutrition and physical exercises).

Both groups carried out the pilots in the frame of the supra-company apprenticeship lessons, as part of the subject body-activities ("Body Fit").

Pilot 1 in Wels took place with 16 partial qualification participants who tested two content parts on the platform: With 3 small groups (8 male, 8 female) lesson 3.1. and lesson 5.1. were examined on 3 dates in late May, followed by some discussions and little additional inputs on the topics, afterwards.

In pilot 2, taking place in Traun, Upper Austria, Health Points was implemented with a mixed group of 15 learners aged 16 – 20 years as a compulsory part of the course at die Berater. The group consisted of 10 females and 5 males, of which 9 are Austrian and 6 have a migration background. Most participants have a primary school degree, 3 participants reached up to secondary level. A big share of the participants have severe social and learning problems, so that the learning group is "not very easy", the young people need a lot of support.

The piloting took place in the last two weeks of May. For the first week the modules "Introduction" and "Physical Health and Wellbeing" were selected, and during the second week the modules "Mental Wellbeing" and "Living free of addiction and addictive behavior". Since nutrition and physical exercises are topics in the courses anyway, an introduction/preparation of the youngsters was only needed in the second week. The online sessions were followed by discussion and reflection rounds.

### ***Pilot of Mediterranean Management Center, Cyprus***

In Cyprus the piloting took place in Nicosia and was organised by an experienced trainer of MMC with special expertise in the delivery of trainings for labour market entry skills of young adults from multiple backgrounds.

The Pilot test of Health Point platform was decided to have the format of a single workshop, since participants were facing difficulties to find more than one common date. A classroom was selected to host the piloting event, equipped with PCs (one for each user), a projector and all basic facilities for an effective implementation.

Participants of the pilot test were 14 young adults, most of them female (aged between 17 and 19) with psycho-social and economic difficulties, trying to conclude their vocational training. Although the majority was born in Cyprus, there was a small proportion originating from other countries. For those participants, the multilingual option of the platform was very helpful.

The Health Points session had a total duration of two and a half hours. The workshop was focused on the topics that are covered by the Health Points learning games.

In the beginning a brief introduction regarding the project and its objectives were given. This was followed by a discussion regarding ways of information about health issues. The Participants then engaged with the platform modules, testing the navigation, use and, features of the game play and the content of the platform and finally reflected on their experiences along the learner evaluation sheet.



**Image 4: Pilot session at MMC, Cyprus**

### ***Pilot of BUPNET, Germany***

In Germany the pilot was carried out by two trainers of BUPNET in Göttingen, with long term experience in working with disadvantaged young adults with special focus on job-orientation, personal and social skills, intercultural competences and employability.

The piloting at BUPNET was done in the context of a labor market integration project called “Challenge Abroad”, where disadvantaged young adults participate in two months of preparatory training, before they go abroad for a 4 week internship. When they come back, a follow-up phase takes place where they digest their experiences and plan their next steps.

The group that participated in the piloting consisted of 8 young adults between 18 and 29 years of age, mostly of German origin, some with migration background. Many come from a difficult family background, have a rather low level of education and other difficulties, mainly mental problems (anxiety disorders, depression).

In addition three young adults, who are coaching clients of BUPNET were invited to test the approach and to give feedback on the learning platform.

The three coachees to which the platform was introduced, aged 23, 26, 30, are currently unemployed, to some extent health issues being part of their problem. This is why the platform was presented to them, as optional learning offer, connected with the invitation to give feedback. Their educational level is rather high, all have secondary school degrees and spent some semesters at the University.

To pilot the Health Points games with the Challenge Abroad group and to create awareness for health issues and the need for self-care, a blended learning setting was chosen. During the preparation phase before going abroad, and in the follow up phase after their return, two workshops were held with the youths.

The first session in April 2019 lasted for 3 hours and focused on opening up youngsters to the relevance of the topic and to create self-references in regard to health. The first step was to share observations the youths had made about other peoples' health, especially peers' health problems and how this impacts their quality of life and overall well-being.

Everyone had stories about friends suffering from more or less severe health problems, especially allergies and diabetes, but also mental problems like anxiety and depression, bad consequences of addictive behavior was also described in these stories. Also many youth seem to struggle with sleeping disorders.

The external perspective helped to approach the issue in a more or less neutral way, before coming to speak about the role of health in their own lives and its relevance for employability and success at work. Again stories were shared, own and of others. Then Health Points was introduced, the objectives and the learning platform and the youths were invited to sign up and check it out. They were invited to look around the platform and to choose their topics of interest, to do the activities and after 1 hour to give feedback on the evaluation sheets provided.

In addition a reflection round was held for additional feedback. After the evaluation, health was addressed again in regard to their trip abroad. They were invited to use the platform on their own later on, and each participant was asked to identify one health related topic to focus on during the time abroad, e.g. by reading more, by trying out new things or by evaluating their attitudes. For this purpose the action plan template was used.

The second session took place in the follow up phase in late May and had a duration of two hours. It mainly consisted of discussions and further reflections on health, going deeper into specific problems the group had experienced abroad. In a discussion round they reported about their experiences on Malta in general and specifically in regard to any health issues that occurred. Then their action plans were re-assessed and updated and each participant shared an idea what to change or do (documented based on trainers notes in the aggregated learners evaluation form). The session was closed with a brainstorming on useful sources of information about health related questions participants knew of, from which a list was created and handed out to all on the next day.

## V. Outcomes of testing and feedback to the Health Points platform

The following section gives an overview of the information generated in the testing phase to serve for further improvements of the Health Points products.

In order to gain a broad and comprehensive overview of the users' opinions on the Health Points games and platform, both trainers and learners were asked for concrete feedback. Therefore evaluation sheets were provided, addressing different dimensions, like usability, attractiveness and usefulness.

The information to be analysed is based on the feedback of 13 trainers and 120 learners in the partner countries.

The following section gives an overview about these results, first of trainers, then of learners, and concludes with recommendations for improvement.

Within the Health Points testing phase, all 5 modules of the platform were tested. Fig. 1 gives an overview of the modules that were covered during the piloting in each partner country. Two main approaches were taken by the participating trainers:

- a) To pre-select modules to cover with the group (UK, DK, AT, IT, HU)
- b) To leave it to the interest of participants which modules to go through (CY, DE)

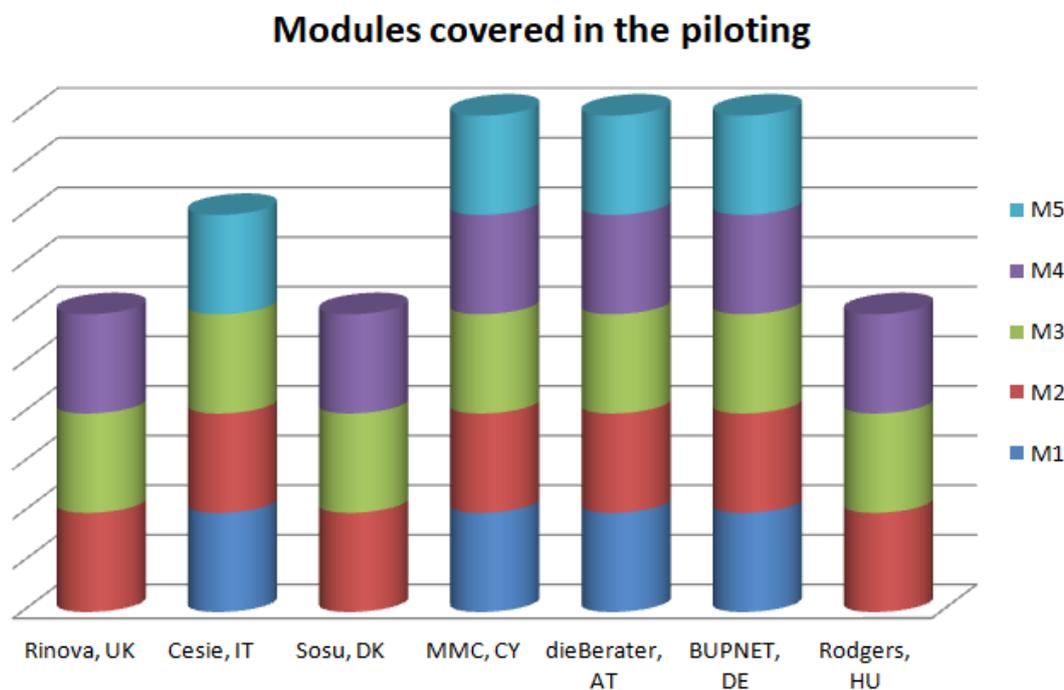


Fig. 1: Modules tested by partner organisations

## VI. Trainers Feedback

### Trainers' feedback to the Health Points Platform

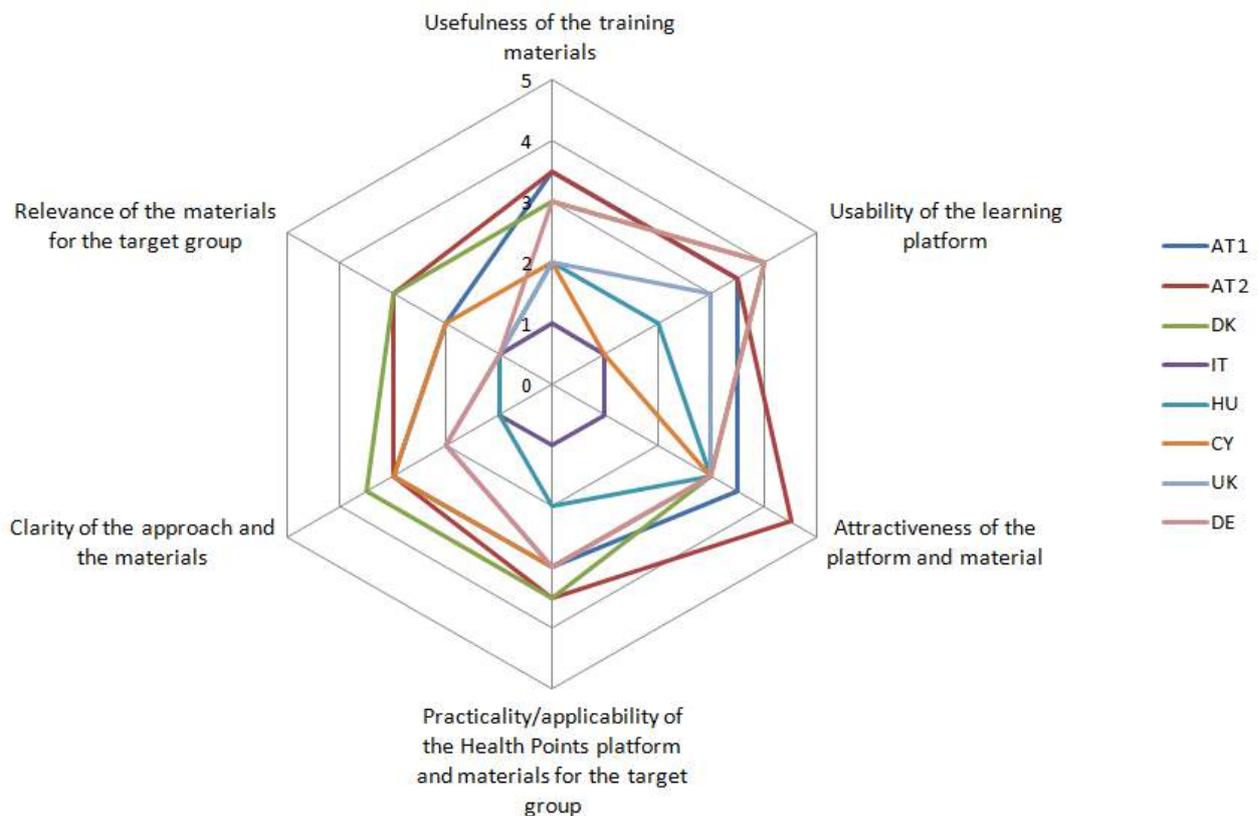


Fig. 2: Trainers' feedback by country (Scaling: 1= excellent, 5= unsatisfactory)

Figure 2 shows the feedback of all trainers to specific aspects of the platform per country.

Six indicators were to be rated by trainers on a scale from 1 – *Excellent* to 5 – *Unsatisfactory*. In addition open questions were used to gain more qualitative feedback. Apparently there are variations in the way the quality of the health points offers was perceived:

- The *relevance of the materials for the target group* was also mostly perceived as excellent or good, with two trainers choosing satisfactory as answer.
- *Clarity of the approach and the materials* received ratings between excellent and satisfactory, one trainer rated the clarity satisfactory to poor. The rather critical ratings relate to the experiences in Austria and Denmark.
- *Practicability/applicability of platform and materials for target group* was considered excellent to satisfactory by the majority, with slightly more critical ratings from Austria and Denmark.
- Asked for the *usefulness of the training material*, most trainers considered this as being good to satisfactory (1-3,5).

- Regarding the *attractiveness of the platform* itself, trainers' answers were rather critical. Except from Italy, where all indicators received the highest scoring, the average rating was below satisfactory (3).
- The *usability of the learning platform*, referring to technical aspects and functionalities, was seen more positive. Only trainers from Austria and Germany criticised this aspect with a negative rating (4), while all others were satisfied.

Overall most aspects of the Health Points platform were perceived as good to satisfactory. The aspect most negatively rated by all trainers is the *attractiveness* of the platform, which was perceived by many as a bit old-fashioned design-wise, but also because of the sometimes complicated navigation. Last but not least, it is also a matter of personal taste what is perceived as attractive and useful.

More details are given in the following summary of the answers to the open questions of the experience reports.

Variations in the answers are strongly determined by the different pilot settings, e.g. the time available to focus on Health Points and the number of sessions held, as well as by the differences in the target groups in regard to prevalent issues, pre-knowledge and general level of health literacy. Further factors influencing the perception and explaining the difference in the ratings are learning culture, different demands towards and proficiency with digital tools.

In addition to stating their opinions about the Health Points offers, trainers delivered comprehensive and concrete feedback and mention a range of potentials to improve these factors, which are described in the next section, structured along the questions and the answers by country. Each paragraph is headed with a brief summary of the overall statements.

## ***VI.1 Overall feedback on the Health Points games and training materials and the options to use it further***

### **UK**

**The three trainers from UK who carried out the Health Points pilot are satisfied with the Health Points platform. They highlight the usefulness of the platform, the flexible options it offers and the attractiveness of digital learning content for the target group, as well as the relevance of the contents for the target group. A special benefit is seen in the reflections stimulated by the online activities.**

"I found that it is good for this age group, but could also see the benefit of some of the materials being issued for a younger age group say from 14yrs upwards. Most of the young people we worked with were under 25 years, so it would be interesting to see if any of the pilots have worked with 25yrs+ to see what their reaction to the materials would be like and whether they would find it too basic."

"The Health Points Platform is an amazing tool to use with young adults to look at their physical and mental health wellbeing. It is a tool that can be used in many settings and delivered using different styles, in a group, stand alone or 1:1. It opens up very relevant discussions which are important for our young adults today, HP's could also be used for working with young people as well and would be an amazing tool especially in an alternative educational setting during their PSHE lessons."

"Overall the feedback is very good. The platform is an extremely useful one for young people, the materials are relevant and engaging. It is definitely something that can be used in multiple different formats for working with young people on topics around health. Having the Health points training for facilitators before using the platform is vital to be able to access the platform to its fullest capacity."

### **Hungary:**

**The Hungarian trainer draws a positive conclusion about the applicability of the Health Points platform and also highlights the flexible options to integrate it into various classroom activities and learning contexts. Again the value of communication generated as result of the online games is stressed.**

“After having collected the feedback of the participants (found below) and my own experiences during the workshops, I have found that the Health Points games and the related materials are useful and can be adopted in different kinds of learning environment. The conformation of the Health Points games allows free and easy selection from a wide range of online activities for planning any kind of lessons.

In the two workshops we used two different methods of getting feedback. In workshop 1., we collected evaluation verbally as in a focus group because the size of the group allowed us to do it in this form. In Workshop 2., we worked mainly with the Health Points Evaluation Sheet. The pupils filled the parts of this sheet that needed to be appraised in a scale from 1 to 5. The 10 criteria could be marked with emojis. However, in the open-question section, the pupils answered verbally because they are struggling with difficulties at writing. Their feedback shows that they enjoyed the plenary discussions the most. They told that it was an unique experience for them, because they felt safe and could express what they had on their mind freely, without fearing being judged.

### **Denmark:**

**As already shown in fig. 2, Danish trainers were rather critical regarding the Health Points offer. This is mainly due to the critical feedback they received from their learners, feeling that content wasn't adequate for them and too easy. This may be explained by the fact, that participants at Sosu study health care professions and due to their studies have a lot of knowledge about health issues already, so that they are more critical than the average.**

“Firstly, we realized during the evaluation, that maybe it was not a good idea with a long questionnaire as many of the learners actually are not good with writing. Looking back: focus groups might have been better.

From the score and from the comments – and also from the oral evaluation we had with the students - you can see that the opinions among the learners about the Health Points games are indeed very different. You cannot say that the majority of them were absolutely happy with it.”

### **Italy:**

**The Italian trainer points out that the platform can be used easily without requiring considerable IT skills. Again the argument is made that not all contents are suitable for each target group and that accompanying the online learning with supplementing face-to-face activities is crucial.**

“The overall feedback is very positive. The platform is accessible to those who do not have a great competence in technology, however, it is necessary to have the support of an educator or a trainer to make the navigation and explanation of activities even clearer. However, some parts are not very dynamic and it would be appropriate to accompany them with face-to-face activities in order to maintain high participation at all times.”

### **Austria:**

**Austrian trainers value the concept and intend to further use the finalised platform in the future. On the other hand they point out they would have appreciated more background and support materials for**

**trainers, e.g. with classroom exercises to accompany the games and don't consider the platform ready yet. Also they would appreciate to have more transparency regarding the challenge levels of the games.**

“Overall, the idea of the programme is good and helpful. However, the product would need some more fine tuning (see also under suggestions). It would have been good to have some more background information and material for the “before”/preparation and “after”/follow-up of the online exercises. I have tried to cover that (see also under suggestions), but I would say the Health Points offer is not compete in that sense.”

“I can imagine to use parts of the exercises also in the future. I am curious what the platform will look like when it is completely finished. The platform is working, also on mobile (responsive format), which is good.

The topics we have chosen were good: general health support and the issue of stress is very important at least for a good share of the apprentices.

The representations are very different in size, some too small to read or recognize, others too large for the given boxes into which they have to be shifted, some pictures are distorted.

The online exercises have different challenge levels, but also the participants are very differently assessing, how difficult it was to solve the task. It is part of our work to support the apprentices, of cause. Maybe it would be easier for both the trainers and the learners if there would be an indication of the challenge level, a sign or so.

We would like to see the finalised platform with more substantial accompanying material, generally we are very interested in the offer and would like to extend health related contents in our courses.”

#### **Cyprus:**

**The Cypriot trainer is satisfied with the Health Points games, and sees the different challenge levels as asset for broad usability of the platform in many settings.**

“There are different approaches regarding the game, which is expected since they were deployed from different developers. In overall, many games can serve different educational purposes, addressing various groups and training methodologies.”

#### **Germany:**

**German trainers concluded positively too. As the topic is highly relevant for the target group and digital learning attractive for them, the Health Points platform is useful and adequate. Again the diversity among learners and their capacities is raised in relation to the way information is transmitted. Some of the content is seen as too “old-school” in the way that it contains much texts, rather than conveying information through visual media, as preferred by the youths.**

“The blended learning approach proved to be feasible. To reflect about health, to discuss the issue with peers and to become aware of the relevance of self-care was important and fruitful, as many of the youths suffer from health impairments, but have hardly ever deliberately reflected what they can do about it.

The quality of the materials is diverse and more or less adequate for the target group. The issues covered are in themselves relevant, but in some cases either too simple or too complex. Games most appreciated by the learners were those with little text and interactive exercises. Regarding the topics covered, some felt that they were presented too simplistic. An opinion often uttered was that they would deliberately research health related information through several sources on the internet, and of course in comparison the information conveyed in the Health Points games rather stays at the surface.”

## **VI.II What was positive during the implementation phase? Did you experience any surprises?**

### **UK:**

“Surprised at how engaged they were on Module 3 and less engaged with Module 4, but all had an interest in Module 2, even if they were not actively putting this into practice for themselves.

The film without sound or words at the beginning of Module 4 is very powerful and translates across all language barriers, literacy levels and cultural differences, it would be good to perhaps consider more options like this within the HPs resources.”

### **Hungary:**

“I was surprised about the high level of the curiosity of the groups.”

### **Italy:**

“Surely one of the most positive aspects is the ability to have created trust in the health system of the host country within a migrant community whose health practices and knowledge are very different. In addition to this, it is necessary to mention what has been said earlier about what has been learned:

- Increasing language and communication skills through non formal activities and focus groups
- knowledge of new health practices such as:
  - Right amount of time for sleeping well
  - Giving attention to the diet and the consume of meet and fat
  - “What to do” and what to “do not when you are stressed”
  - knowledge of new activities to deal with complex issues such as health such as the learning games.”

### **Austria:**

“No special surprises – but we are used to “surprises” of all kind. I am happy that all youngsters took part, at least they clicked through the exercises.

I was also surprised that the feedback on the online exercises was more positive, the youngster perceived it more attractive, than I thought initially.

The engagement of the participants was satisfying. It was something new to them, a change from the usual routine, which was helpful for their motivation.”

### **Cyprus:**

“The interest and level of engagement were the most positive aspect of this pilot test. Participants show signs of cooperation, by taking part in the discussion about health issues that took part before their engagement with the platform.”

### **Germany:**

“The biggest surprise to me was their very positive view on e-learning and the platform, and that they got along well with the complex navigation. Generally there was much openness among the learners to use the learning platform and related tools, such as Apps etc, but also to exchange about health. Discussions about their health status lead to more empathy in the group, which played out while they shared a flat during the internship period abroad.”

## **VI.III Were there any units and activities you didn't like to use?**

**UK:**

**All units were considered useful, but not all were applied due to time constraints.**

“We didn’t look at units 1 or 5, not for any specific reason just time it would have been good to be able to cover all 5 with them.

**Hungary:**

**Depending on target group, content quality is perceived very differently.**

“As I see it, the success of each unit and activities depended both on the group and the chosen modules. On the one hand, in Workshop 1 the participants found many online games too easy and unambiguous and they missed the possibility of getting deeper information and knowledge in the health’s topics. They experienced this with module 2 and 3.

On the other hand, in Workshop 2 where the group worked mostly with module 4, the online games had difficult language that didn’t fit to the natural environment of pupils. It could be a responsible task of the trainer to add more information or help the group considering the actual needs of the participants.”

**Denmark:**

**Different preferences for ways of information brokering play a large role in the perception of the content.**

“Before the piloting we had assessed that course 2, 3 and 4 would apply to the target group, represented by the students of the college, whereas course 1 was regarded too abstract for the students. During the piloting it became clear that also some parts of course 2 -- seemed too abstract for the students.”

**Italy:**

**All modules are considered useful, one was excluded as it didn’t fit to the priorities of the learners.**

“Understanding mechanisms of addiction: this module was not addressed because the context needs where different. Indeed, it was necessary to dedicate more attention for the other modules. This was also a request from the learners.”

**Austria:**

**Austrian trainers selected modules in line with their overall curriculum. They excluded content that wasn’t available in German.**

“As already described above, we have tried out Health Points with the young adults with special needs, therefore we have only tested the two sections mentioned. If not revised I would not like to use again the unit on sexual integrity, as it is designed at the moment. See the reasons under the question on challenges and on suggestions.

All that is only available in English could not be used. We have jumped over the topic of media addiction in a discussion. I found it’s a pity that there is nothing related in German in the online programme.”

**Cyprus:**

“I have not used units that contain many text-slides or that their approach does not match my training objectives or does not serve my team’s needs. “

**German trainer:**

“It was left to the participants to choose what they find interesting.”

### **VI.III How do you rate the outcomes of the piloting in regard to your initially aspired goals?**

**UK:**

**Trainers considered their experience better than expected, especially the combination of learning games with classroom activities had great impact in stimulating participants to autonomous action. The active participation and engagement of the youths with the topics is highlighted.**

“In Session 1 on Module 3: Mental health and wellbeing, I was pleasantly surprised at how well the learners engaged with the sessions and the materials, it was better than I expected, they were very tuned into thinking about their health and wellbeing and glad that a session on this was being offered to them. As a group we created “Croydon Talent Match’s Top Ten Stress Busters”, which allowed them to think about what they would do when they were feeling stressed or unwell.

In Session 2 on Module 4: Living free of addiction and addictive behaviour, we had a slightly different group composition with some of the learners from the previous group unable to attend the second session. Module 4 was covered and they struggled with some of the language in the games and this was evident from their feedback. This module had personal implications for some of our participants and they did not feel very comfortable about going into too much detail about their personal experiences. Also, there is currently a lot about social media addiction, and they did not want to go over this topic on this occasion. However, we do know that this group of young adults are very aware of the positive and negatives impacts of using social media because we had previously delivered a workshop on this topic.

In Session 3 on Module 2: Taking care of your physical health and wellbeing, again we had a slightly different composition of the group with one new person. We decided to do this module rather than module 5, as the content seemed more appropriate to their needs. They really engaged and asked some insightful questions.

In summary, I was surprised and reassured by their active participation and this leads me to believe that this type of training and intervention with learners is even more important than we initially thought. They have a genuine desire to be better informed and learn more about how to look after themselves and will ask really important questions.

As a result of the sessions we were also able to give them additional information and support where they requested this and some useful apps and websites to relating to health that are aimed at young people. NHS Go which is a free to app to download also gives them the option to contact someone for free to get some initial advice and guidance for any issues.

I feel that this was a very worthwhile pilot and hope that this work will be continued in some way. I think it would be good for Youth workers working with the age group to be trained in how to use Health Points with their cohorts. It could be a way of detecting any issues early on before they become much bigger problems later in life. A really enjoyable experience for myself, Donna and Jason to have engaged with this group, they all got certificates to say what sessions and modules they had covered.”

**Hungary:**

**The goal, to stimulate reflection and to create awareness for mental and physical well-being was achieved.**

“Our initially aspired goal was to have the participating people start thinking about their mental and physical well-being. We achieved this effort in both cases.

Workshop 1 and 2 led to intense conversation between the participants who found that the topics reached relevant and important issues of their life. Mental health prevention became the most keen topic in workshop 1 (especially the managing of hard feeling and saving of joviality in every days), while the participants of workshop 2 preferred the topic of living free from addiction.”

#### **Denmark:**

**The main objective, to test the Health Points platform was achieved and Danish learners generated numerous recommendations for improvement. In how far learning through the platform has had impact on the individuals has to show over time.**

“Regarding impact, it is not surprising that the majority of the learners are not ready to promise us that they will change their lifestyle from now on. Changes in attitudes and even more: changes in behavior, do not take place overnight – they take time.”

#### **Italy:**

**Besides the testing of the platform and its contents to generate ideas for improvement, the pilot workshops achieved a tangible contribution to the integration of newly arrived migrants by informing them about the Italian health system and by trustful bonds that developed within the group of participants and the Italian trainers and motivation for further learning.**

“The outcomes achieved were high. Indeed, the initial goal was to test the learning game and to receive feedback on the platform to improve it. However, the piloting has also enabled participants to increase their language skills and it has stimulated them to understand a health system different from the one of their countries of origin. Another important result that has been achieved concerns the trust that has been established between the operators and the migrant community that has participated in the piloting of the project and the IO5 output. In fact, through the activities carried out during the project, many participants asked to continue a path of non-formal activities related to learning. This is undoubtedly one of the most valuable results achieved.”

#### **Austria:**

**The aspired goals could be reached in connection with the discussion around the online exercises. Trainers see the potential for more impact to be realized by improvements of the attractiveness in relation to participants’ expectations towards current platform standards of online games.**

“The general objective to raise awareness on health related issues could be supported by Health Points. The goal aspired was to enrich the health subject in our curriculum by the topics of mental wellbeing and addiction. By the trainings we wanted to raise awareness of health, the different facets of health and to foster self-reflection and self-responsibility in relation to one's own health. We want the young people to become inspired and develop some future plans for healthier living.

I think the awareness of the kids could be raised – but only in connection with the discussion around the online exercises. As such the exercises are only explaining limited. I see a potential to attract young people to deal with the topic by online exercises, the quality of the these is, however, still to be improved, in order to reach that attractiveness (young people are very critical..., see also under suggestions)”

#### **Cyprus:**

**The pilot was successful in regard to the platform testing, but also to raise participant's awareness about health topics.**

“The pilot test served its goals. The content of the platform attracted participant's interest and they expressed freely their likes and dislikes regarding certain games. On the other hand, it was crucial to test the sign-in and self-enrolment procedures in great scale, in order to ensure that everything works properly.”

**German trainer:**

**The platform testing generated useful feedback and suggestions. As the piloting groups' interaction increased during the internship period in Malta, the previously assessed Health Points contents served as stepping stone for deeper reflection and new practices through peer effects and due to the increased relevance of being in good condition during the time working abroad.**

“We followed two goals: a) To test the platform and to identify potentials for improvement. This was achieved, as the participants identified a number of aspects and features that need further improvement to become sustainable and transferrable.

b) To raise awareness and to improve participants' self-care competence was a second goal of our piloting. Here it is much more difficult to distinct the impact of the health points intervention from the other impulses the youth received to care for their health in the context of the group and their stay abroad. Definitely Health Points helped to sharpen the focus for health issues and the frequency with which they were addressed and discussed. The content itself kind of served as stepping stone to dive deeper into specific topics, like stress management, and created specific awareness that might not have occurred without Health Points.”

#### ***VI.IV Did you experience any difficulties/challenges during the implementation of the piloting?***

**UK:**

**In UK attention management was the most challenging aspect to implement Health Points, as participants needed adequate didactic approaches and support to focus on health.**

“All of the young people have limited literacy skills and other learning issues they find it hard to concentrate and so session have to be tailored to this need with frequent breaks and ensuring that the learning is very participative/active.

They also have a lot of other things going on in their lives' so their attendance was not consistent across all of the sessions or all of the modules, these range from housing and medical issues to college pressures.”

**Hungary:**

**In Hungary aspects of learning culture regarding didactics turned out to be challenging, as participants of the VET school weren't familiar with interactive methods of learning.**

“The real challenge that emerged in workshop 2. came from the “usual, traditional” communication of health preventive programs. The pupils meet usually only with lessons where they must sit quietly and listen what they should or shouldn't do according to the lecturer. The interactive and participants-centred method that the Health Points program follows was new for them, so they needed a few minutes to warm up and believe that the workshop wanted to work with their interest, experiences and needs.”

**Denmark:**

## **In Denmark technical problems of the learning platform and underchallenge determined the perception.**

“The biggest problems seem to be the following: The whole structure of the program: it was not considered user-friendly and dynamic. You cannot easily go from one module to another - you have to go back. A large number of students disconnected from the modules because of “bad” structure. The students would like an easier approach when moving further to the next module, instead of going back to the menu. Young people are used to dynamic platforms these days - and quickly get impatient. Some students experienced trouble with the login procedure – not understanding the procedure with the confirmation e-mail. Another source of irritation and annoyance was the fact that in several cases you get “wrong” when you answered a question, even though you answered correctly.

### **Italy:**

No difficulties mentioned

### **Austria:**

#### **Austrian trainers faced challenges in supporting their learners to access and navigate the platform content in the light of technical errors.**

“A challenge was that I was alone in the group, and the youngsters had difficulties to use the platform by themselves, because it is not designed in a self-explaining way, so I had to explain step by step for everyone. Also the module names and the some parts of the exercises, e.g. true/false buttons are in English, and not all the kids know English well enough. This was not good for their motivation and commitment. I was quite stressful.

There was also quite a lot of clarification needs - sometimes something should be explained first instead of checked immediately. Not everything fits into a question form...

It was also challenging that we only could do the online exercises in a block for 2 modules (due to access to the computer room), and parts of reflection only on the next day. I think it would have been better to do it at least per module, or even per topic, this would make the reflection easier, more related to the just finished exercises.

The video in the unit on sexual integrity, with buttock and penis is not conveying the message you want – being able to say No. The kids were exchanging on their experiences with porno films, we were discussing about the impact of consuming pornos, and the difference between what is shown there and real life. I also had a (muslim) girl in the group that was not feeling well with the video and the reactions in the group, at all!

It took a while until all the participants found the German versions of the sections we were working with, as the module titles are displayed in English and the submodules in all languages, which was quite confusing.”

### **Cyprus:**

#### **Problems with the platform registration were challenging.**

„A technical challenge had to do with the invitation emails, sent automatically from the platform to participants’ mail box, during the registration phase. Most of the times this mail ended up to spam or recycle folder, but participants were still able to detect it using certain key-words at their mail providers search field.“

## Germany:

Also in Germany errors in the registration process caused difficulties.

„Nothing specific, mainly technical problems, like in the registration process.“

## **VI.V Suggestions on how to further improve the Health Points offers**

The following statements are quotes from the educators' experience reports.

### UK:

- The language may need to be simplified for disadvantaged groups of young people with limited literacy or language skills and other learning issues.
- The Platform was not always easy to access, those who had previously registered were not able to get back in again the following session!
- The games need to be more like games not just exercises.
- Module 4 the language was quite technical as this a complex issue and it would be great to have it simplified for use with wider number of users.
- Perhaps see what could be developed alongside the HPs platform to add to the experience, e.g incentives that make it real so the Talent Match group will be going to WAC to try out the interactive game, "Bare Peas" that was demonstrated at our multiplier and also going for lunch – what could other providers do to make the learning of Health Points a reality?

### Hungary:

- Measure the needs and previous knowledge of the group before starting a Health Points process.
- Prepare with accessibility of different kind of organization where the participants can go for help if they needed. (For example drug ambulance, free medical coaching, etc.)

### Denmark:

- The whole structure of the program should be more user-friendly and dynamic. You cannot easily go from one module to another - you have to go back. A large number of students disconnected from the modules because of "bad" structure. The students would like an easier approach when moving further to the next module, instead of going back to the menu. Young people are used to dynamic platforms these days - and quickly get impatient. Some students experienced trouble with the login procedure – not understanding the procedure with the confirmation e-mail.
- The fact that in several cases you get "wrong" when you answered a question, even though you answered correctly was source of irritation and annoyance.
- The fact that the text, when you open the program, is in English. It really gave a negative start for many of the learners.

According to what our students said during the piloting, these obstacles irritated them and took their focus from the contents. As one learner wrote: "There are so many technical mistakes that you lose your interest in the whole thing." And another learner: "I think that the language and the knowledge/information are of

high quality. The problems are related to the web design aspect. There are several mistakes related to texts that are cut or letters that are too small.”

### Italy:

- Improve the graphics – sometimes images do not fit very well.
- Improve the ability to navigate the platform – it is not very easy to understand how to move from section to section and the idea of home and dashboard can create confusion
- Accompany online activities with offline activities – I used activities of drawing the different part of the body and connect them to issues and illness that people have experienced in their life. I also did icebreaking activities in order to stimulate the group since the beginning. Due to the fact I have worked with disadvantaged migrants coming from difficult backgrounds and who do not know very well Italian language, I also used nonformal education activities to connect the Italian language to the health issues though the support of flipchart, images and little games such as “memory”.

### Austria:

- By our employer we are instructed to use only safe websites (https) – the Health Points Plattform is not. For future work we would need it in a safe version.
- Edit the platform so that the contents are visible only and fully in the language of the user.
- The sizes of the representations (texts, pictures) must be adapted. (see execution under overall feedback)
- Think about a sign system for indicating different challenge levels of the activities.
- The first thing we (the trainers) have recognised, that one can see all the personal data of all the users, which is a big problem. We have used dummy usernames for our kids, also for that reason.
- Make navigation more user friendly, the kids must be able to find their way through by themselves.
- Make it more diversified. At the moment is is somewhat boring for the kids after a while, always similiar features as drag&drop and gap text.
- Make less text, the kids tend to not read everything, if it is (too) much. Sometimes there is so much text that the check button is not displayed, e.g.
- Make more personal reference to the topic. This would be more involving.
- The assessment points have to be revised. Some of the kids were attracted by the rating system, but it was not clear and consistent, so there was a loss of motivation, respectively the focus was on these failures in the system in this moment, not on the content anymore. Sometimes there are no points despite a correct answer, e.g. There should also be a clear display with the sum of all points achieved.
- Offer everything in German, there are parts in English, not all kids do understand that.
- Not all the texts are gendered (addressing both female and male users)
- It should be pointed out somewhere that multiple answers to the questions are possible. Some kids didn't check this at the beginning and only checked 1 possibility at a time.
- Unit on factors influencing health, drag&drop: make text smaller, is much too big, covers pictures
- correct the programmed answers in module 1: In one example the answers are programmed the wrong way round.

- Unit on sexual integrity:  
Remove the video with the buttom and the penis!  
Some questions are pointless. It's like taking a German test instead of a technical test.
- The turning cards in module 2 are nice: couldn't there be a task on it? Without something to earn (points) the kids wouldn't/didn't read it.
- Unit on physical health: Knowing the advantages of sufficient exercise - very easy questions but motivating!
- Unit on sleep (2.5.):  
Gap texts cannot really be made properly and there are no resolutions. Also the answer that less than 5h sleep will suffice is rated as correct.  
There are only simple questions about the sleep behavior - no right or wrong. An enlightenment is missing (which sleep type are you? Do you sleep too much/too little?) We have discussed it, but it would be needed to make it part of the exercise! As it is now, it has no informational value for the learner because there is no resolution of the question answer.
- In 3.3. make less elements to choose here, elements are overlapping each other.
- The video on negative thoughts is very sad. I would use another music, and maybe display it with colours...
- Links should always open in new windows so that you don't lose the current status in the course, e.g. Module 3.4, slide 3.
- 4.1, slide 6: Here is a spelling mistake: Hunger (without "s")
- 4.1, slide 9: Here is a spelling mistake: "... sowohl für den/die Einzelne(n) ..."
- 4.1, slide 13/ 4.3: Offer videos in German, both topics would be relevant, and generally the kids like videos, would be a pity to not have that in the German version:
- Make Module 4.5 also displayed as the rest (comm. as H5P elements). It is irritating that it is a power point.

### Cyprus:

Taking into consideration remarks of our participants, they need more interactive content, closer to gamification perspective than puzzles based on some source of information (text, video or other) accompanied by some multiple choice questions as assessment method.

### Germany:

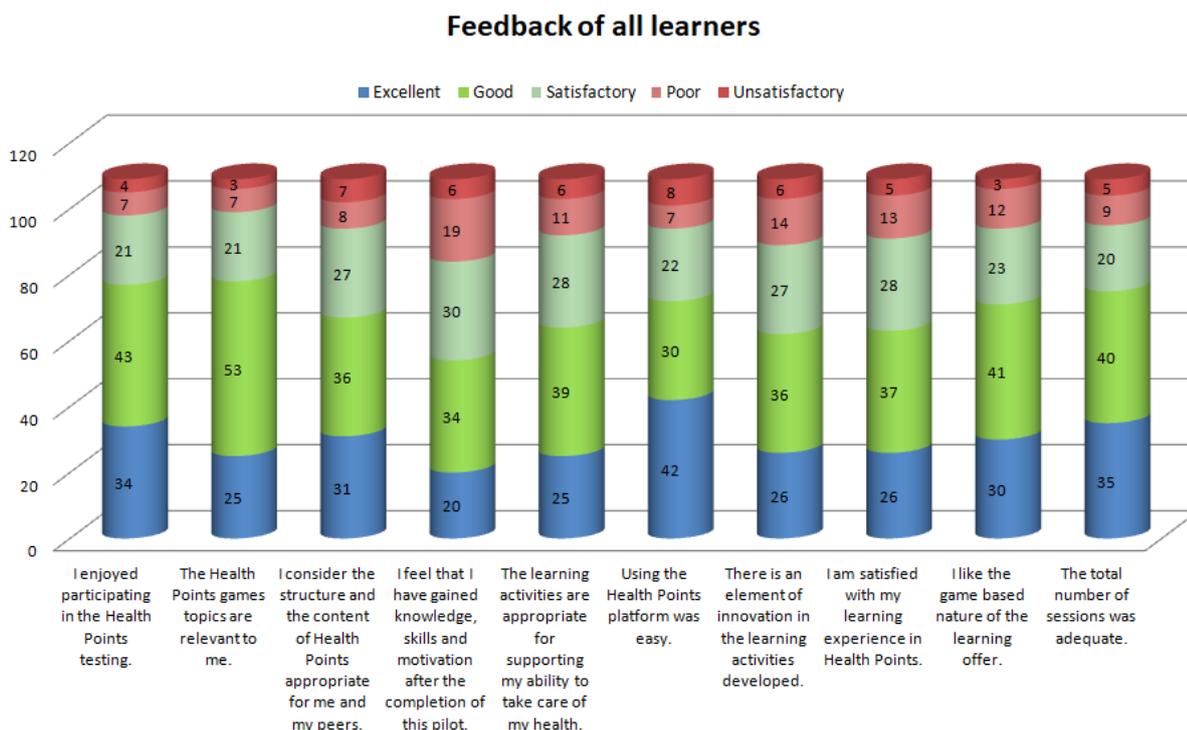
- Navigation and main interface should be in selected language
- Wrong functioning of the answer options – wrong marks for correct answers
- Registration problems
- More harmonised layout regarding fonts and sizes
- Scoring and progress bar should be visible on all platform levels, scoring system should be transparent
- Too much text in some modules, sometimes too abstract
- Supporting documents like trainer guide and platform guide should be available on the platform
- Content should be structured along levels of difficulty, as this varies very much. Some are too easy or for younger, some are too difficult. There should be more transparency. The user should be able to understand the different levels and how the scoring works
- Negative user experience should be improved by indication of challenge levels and transparent scoring system, as well as correct functioning of the activities

## VII. Learners Feedback

Following the trainers feedback, the next section gives an overview of the feedback received by the participating learners. Data was mainly gathered with a learner evaluation sheet that contained a similar questionnaire like in the trainers' evaluation, with a broader focus, addressing the platform, but also explores the perceived adequacy of the material and the experience of participating in the testing. Again open questions were asked to substantiate the quantitative ratings.

Almost all partners used the learner evaluation form to gather feedbacks from their participants. For the Italian case no evaluation sheets were used. This was decided with regard to the limited linguistic capacity of the learners, who have recently arrived in Italy and still struggle with understanding and speaking and are not yet prepared to cope with written assignments in Italian.

The following figures give an overview of the learners' ratings of the platform and the overall piloting procedure per country. These results are substantiated with the answers to the open questions. It must be said though that only few participants answered all of the open questions.



**Fig. 3: Feedback of all learners to aspects of Health Points platform and piloting**

The graph represents the answers of 109 learners from all partner countries except Italy. The results per country are presented in the complete learners' feedback in the annex to this report.

The qualities of the piloting groups were very diverse, in regard to age (from 16 to 32), to level of education and pre-knowledge. This has to be kept in mind for the following data interpretation.

Learners were asked to rate each statement of a scale from 1- excellent to 5- unsatisfactory.

The graph shows a generally high level of satisfaction with the piloting activities and the platform itself. The most critical ratings were given in Austria and Denmark, while in the other countries (with very few exceptions) all statements were rated with satisfactory at the lowest (c.f. country reports).

For the majority of learners the overall piloting experience was excellent to good and the topics covered relevant. Also the duration of the testing phase was seen as more than satisfactory by the majority. Content and structure of the platform were considered as appropriate (satisfactory or better) by about three quarters of the respondents.

Most participants liked the game based nature of the learning materials and found it easy to use the platform, while some were frustrated by technical problems and difficulties to navigate through the games.

The relatively lowest scores on average were given to the statement “I feel I have gained knowledge, skills and motivation after the piloting.”

This may be explained by the fact that in most cases the evaluation form was filled directly after the session, and apparently the learners didn’t have much time to digest the contents. Still about half of the learners concluded with excellent to good on this question. Even though the average score is lower compared to other statements, ratings on this statement evidence a considerable efficiency of the Health Points games used during the pilot activities.

This is underlined by almost two thirds who find that “the learning activities are appropriate to support their ability to take care of their health” are excellent or good.

A similar rating was given to “There is an element of innovation in the learning activities developed.” It is difficult to explain this statement, as innovation is a relative term with many connotations. Again the majority agrees on this, but it remains unclear which references for innovation participants had in mind when answering this question.

Additional qualitative feedback was given by learners on the questions “Which games/activities did you like the most and why?”, “Which games/activities have you liked the least and why”, “If you could change three things in the materials: what would that be and why?” and “Do you have any other comments that you would like to share?”

In the next section these answers are aggregated together with trainers’ responses. The full list of text answers from the learners’ feedback are annexed to this report.

## VIII. Issues that need review or improvement

Both trainers and learners delivered a number of useful recommendations for further improvements of the Health Points platform. In the following this is summarized in regard to technical aspects of the platform itself, general characteristics of the contents and aspects that relate to concrete games.

### Technical aspects

- Improve the platform navigation: navigation and main interface should be consistently displayed in the chosen language (now mixture of English and other)
- Structure and navigation of the program should be more user-friendly and dynamic
- In some cases wrong functioning of the activities – e.g. wrong marks for correct answers – need to be corrected
- Registration procedure needs to function reliably – many problems occurred during piloting.

- Representations are very different in size, some too small to read or recognize, others too large for the given boxes into which they have to be shifted, some pictures are distorted.
- Improve the graphics – sometimes images do not fit very well
- Make the website safe (https) and add data protection and processing statement
- Make user data invisible for other users,
- Revise scoring system: The assessment points have to be revised. Sometimes there are no points despite a correct answer, e.g. There should also be an explanation of the scoring system and a clear display with the sum of all points achieved, always visible to the learner.

### Content in general

- Reduce text in some modules and generally make sure to use easy language.
- Simplify some contents, as they are considered too abstract, e.g. Module 1 and 2. Add more personal reference to the topics. This would be more involving.
- Make sure text is gendered in those languages where this rule applies (e.g. German);
- Help users to identify their own challenge level and make them transparent
- Supporting documents like trainer guide and platform guide should be available on the platform
- Provide more substantial accompanying material and concrete contacts for help on finalised platform;
- Provide more supplementing material for classroom and group activities;
- Content should be structured along levels of difficulty, as this varies very much. Some are too easy or for younger, some are too difficult. There should be more transparency. The user should be able to understand the different levels and how the scoring works

### Specific Games

- The games need to be more like games not just exercises.
- Unit on factors influencing health, drag&drop: make text smaller, is much too big, covers pictures
- Correct the programmed answers in module 1: In one example the answers are programmed the wrong way round.
- The turning cards in module 2 are nice: couldn't there be a task on it? Without something to earn (points) the kids wouldn't/didn't read it.
- Unit on sleep (2.5.): Gap texts cannot really be made properly and there are no resolutions. Also the answer that less than 5h sleep will suffice is rated as correct.
- There are only simple questions about the sleep behavior - no right or wrong. An enlightenment is missing (which sleep type are you? Do you sleep too much/too little?) We have discussed it, but it would be needed to make it part of the exercise!
- In 3.3. make less elements to choose here, elements are overlapping each other.
- The video on negative thoughts is very sad. Use another music, and maybe display it with colours...
- Unit on sexual integrity: Remove the video with the buttoom and the penis! Some questions are pointless.

## IX. Impact on the learners

This section explores the impact of the Health Points testing on the participating learners. The findings are based on answers to respective questions in the educators' experience reports and statements of learners in the evaluation forms, if they were documented by the trainers.

In order to assess the impact several indicators were used:

Statements of trainers about:

- General learning outcomes for the group
- Outcomes in terms of changes in knowledge, skills and attitudes

Statements of learners about:

- Satisfaction with the pilot experience
- Individual changes in knowledge, skills and attitudes

In addition instruments for the assessment of learners' self-care competence were provided as supplementing material in the pilot guideline, but trainers didn't make use of them. Several reasons for this can be identified: a) it was a new assessment method (LEVEL5) trainers weren't familiar with, b) time constraints in the pilot courses, with no time available for extra activities, c) short duration and limited number of interactions in the piloting was insufficient for evidencing tangible changes.

### ***IX.I Trainers' statements about impact of Health Points pilot on their learners***

***What were the main learning outcomes for your learners after the testing phase?***

**UK:**

- How to take care of their personal mental well-being and what worked best for each individual to de-stress themselves.
- Introduction to Health Points, the pedagogy and theory behind the purpose of the platform for young people
- Greater awareness of the range of Mental health issues that can be experienced
- Having a mental health issue should not be a stigma it can happen to anyone
- Understanding Mental Health and specifics around addiction and how this affects our everyday lives
- Understanding Nutrition, Healthy Eating, Healthy lifestyle and Sexual awareness around healthy relationships and freedom of choice
- Better understanding of healthy options and why they should take exercise and keep active

**Hungary:**

"From my point of view, the most important outcome from the workshops was the common experiences that allowed participants to understand that they are deeply similar. Despite of every supposed and real difference, they are dealing with the same questions in their life."

**Denmark:**

"Many of the learners said that the program was ok, but it was not fitting for them but would work better for young teenagers (12 – 15/16 years). An interesting thing, which we had not expected, was that the learners before starting were very worried about three things: is somebody following me and getting

information about my lifestyle? Who can read my answer? Will I now receive many emails/spam mails about health and lifestyle?"

**Italy:**

"The results achieved have been different. First of all, a greater knowledge of the hospitable health system, the ability to learn new words and improve the Italian language. In addition, those who participated in the meetings also improved their knowledge on health prevention in the physical and mental field."

**Austria:**

"As the group of apprentices is also very different levels of outcomes, for some it seems it was a good learning experience and they could take some learning home from it, for others it was rather nothing new.

Raised awareness for health issues in a broader sense than we usually deal with it in our courses – new topics were

- the general issues of mental health (is only addressed in case of need individually by the psychosocial supporting coach) also deal with mental health.
- the issue of addictive behaviour and addictive substances."

"It was also relatively new to discuss the topics around nutrition and exercise in theory - the approach in our courses is very practical, we do, we cook together, we do various activities like walking or swimming etc.. So the Health Points offer could complement well to our overall training scheme.

In addition, I would say in the course of Health Points the youngsters had the chance to practice and improve self-reflection, which is very important."

**Cyprus:**

"Most of our participants reported some kind of stimulation regarding their awareness about health issue of their interest. Most of them deal with anxiety and stress."

**Germany:**

- Increased awareness for their own health status and role of self-care
- New ideas for interventions and perspectives on certain health aspects
- More familiarity with e-learning and digital learning tools in general, as asset for life long learning
- Increased motivation for self-care and learning about health

***In terms of knowledge, behaviors and attitudes: what changes have you observed in your group?***

**UK:**

"The knowledge base of the young people has definitely increased. Their understanding of how to access services, knowledge of their own health and general engagement with conversation around having healthy lifestyles and all facets of this.

The group seemed more open to talk about personal difficulties they were having in their life's by the end of delivery of Health Points and were more aware of what they need to do when looking after themselves. They had more knowledge about local support networks in their locality and gained a greater understanding of looking after themselves both physically and mentally."

**Hungary:**

“Considering the 3 ways of the possible effects (knowledge, behaviors and attitudes) I felt that the transformation of attitudes was the strongest. In both workshops the participants deeply involved themselves in an emotional level, so they got into an appropriate mood to work with their attitudes. They shared personal stories and feelings with each other, and they were able to give acceptance and pay attention between them.

If we would go further with these processes (as the pupils of Workshop2 will continue with their school psychologist) we could built a lot on the base of forming behavior and increasing knowledge.”

**Denmark:**

“Regarding impact on knowledge, skills and attitudes, it is not surprising that the majority of the learners are not ready to promise us that they will change their lifestyle from now on. Changes in attitudes and even more: changes in behavior, do not take place overnight – they take time. But we’re optimistic”

**Italy:**

“First of all, those who participated improved their language skills and learned new terms and methodologies. In addition, confidence in a health system, which is unknown to many, has grown. In addition to this, non-formal modes have generated enthusiasm and happiness among participants. This was an important achievement during the testing period. Participants understood the risks of a wrong diet and said they were more aware of the risks of buying junk foods.”

**Austria:**

“Without assessment this is not really easy to say. My impression is that the young people have definitely learnt something new, at least they could refresh what they had already forgotten, but many would not admit that they did not know. Here the module about different kind and substances of addiction raised most discussions and we could clarify together some aspects.

Even if only a small number of kids from the group have improved their knowledge or really will change some bad behaviors it was worth to do it. But I think the kids need more individual support and guidance in their everyday life to do things differently step by step, but there is a lack of resources (personal and time). We try to initiate peer support among them, but this is also often not sufficient.”

“According to the learner’s own feedbacks, some have received new or refreshed forgotten knowledge, only a few would like to change some behavioral patterns, none intends to change his/her attitude. But in the course of our longer term apprenticeship supporting measure we can reach impact also in terms of behavior and attitude, and I don't think it's possible to dissociate the Health Points intervention from the rest – it was part of the whole.”

**Cyprus:**

“In terms of knowledge, the best indicator is the questions that participants rose to each other during the testing. In many cases they asked one another if they were aware of this or the other fact that has just read.

In terms of behaviors, a clue might be the remarks of participants regarding the usefulness of the platform, as an additional resource of information.

In terms of attitudes, participants show more interest as soon as they admitted their lack of proper stimulation regarding health issues during their engagement with any sort of educational structure, fact that raised their interest in certain topics of the platform.”

### **Germany:**

“Based on the oral reflection along respective questions, we got the impression that mainly the affective and motivational side was stimulated. The platform gave reason to address health topics. Being invited to critically evaluate the contents, made it easier for the participants to express their views and practices, without being in the focus personally, but indirectly leading them to identify with the issues discussed.

The peer learning effects that took place in the group, who went abroad together after the first Health Points session were crucial that the participants kept on reflecting about health and well-being, which lead to actual new behaviours, like common cooking sessions.”

### **Conclusion**

From the trainers’ perspective impact could be achieved in all groups, but depending on setting and target group different aspects were in the foreground.

All reported about increases or update of knowledge in regard to certain topics, like mental health or addiction. Many trainers also highlighted the changes in their learners’ attitudes and motivations. They enjoyed reflecting on health issues together and came up with new ideas, shared personal stories became motivated to do something for their health.

Even in cases where the Health Points platform was perceived rather critical, like in Denmark, the testing served to make students aware of their own knowledge about health (as many stated they found the content too easy for them), and did give an impulse for self-reflection about own health practices.

The piloting has shown that the Health Points platform especially benefits younger audiences with little knowledge about health, and that the impact of the platform intensifies, if the materials are used in face to face training settings with supplementing exercises and further reflections. The number of interventions and the time span in which Health Points materials are used also play a decisive role.

### ***IX.II Learners observations on changes in knowledge, skills and attitudes***

Learners were asked to report **on** how far the Health Points experience has lead to changes in their knowledge, skills or attitudes. In the following paragraph some exemplary quotes from their answers are presented and summarised. The following examples represent positive statements, but of course there were critical views as well. The full answers from the learner evaluation can be found in the annex.

#### ***Have you gained new knowledge about maintaining and improving your health and wellbeing?***

Facts about stress, mental well-being, sleep and addictive behavior are most often mentioned in regard to having learned something new, but also the Module 5 about getting help and where to find it and facts about healthy nutrition were appreciated as new knowledge by many. Nevertheless there were a number of learners who bluntly rejected to have gained any new knowledge.

Some quotes:

- *“I realized that many things I already knew, got forgotten and need to be refreshed once in a while, e.g. how to deal well with stress. Without putting knowledge into action, nothing can change”.*
- *“I got some ideas for cooking. I will invite my friends this weekend.”*
- *“The game on addiction made me think, especially that not only substances but also behaviours can be harmful. I should spend less time with my playstation.”*
- *“Yes learn new things about health in general”*

- *"Yes, I will more keep an eye on calorie intake and be more aware what I am eating. Also I think now more about the importance of physical activities and the advantages of doing them"*
- *"Learn new things for sleeping habits"*
- *"Yes - that being negative is not a way to life"*
- *"Yes about nutrients and other food"*
- *"Learn new things about sleep, food"*
- *"Stress factors and how to recognize stress"*
- *"Sleeping habits, managing stress"*
- *"I learn about addiction and how to handle it"*
- *"Who to call in emergency"*
- *"Yes I have learned what you can do if you want to feel better mentally"*

### **Do you think you think you will change your behaviour in regard to your health and wellbeing?**

Regarding changes in behavior, most frequently expressed ideas relate to better nutrition, more physical exercise and active stress management:

- *"I want to ask my mother to show me how to cook healthy. I'm fed up with pizza and pasta."*
- *"Being a better friend to myself, is something I want to learn."*
- *"I definitively need more physical exercise. I will ask my neighbor if I can take out their dog once in a while."*
- *"Disconnect from my mobile"*
- *"I am not sure. May be little bit more at the gym and try to eat less junk"*
- *"List health related phone numbers"*
- *"It was something new to think about good and bad friends and to reflect on how everything came about. I will say goodbye to some people now". (comm. this was related to the discussion we had based on the online exercise on healthy relationships)*
- *"Yes. I have to do that: More exercise, less food."*

### **Has your attitude to care for your own health and wellbeing changed?**

For many participants their awareness for health and motivation to care for themselves and their health has increased. Some state this in general, others have very concrete ideas they would like to dedicate to. Nevertheless, a certain amount of learners didn't believe that Helth Points changed their attitude.

- *"Yes- I will be more health conscious I hope"*
- *"I will sleep better hours and in better conditions"*
- *"Know more, and have got a new impulse to think more about what to do different"*
- *"Yes, I will reflect more on what I eat. It gave me motivation to exercise more. To be more healthy and well"*
- *"I think I'll take better care of myself"*
- *"Be more aware of addictions in general"*

## **IX.III Conclusions on impact on learners**

Trainers have reported about learning outcomes in different areas, ranging from media literacy skills to critical reflection and new skills for self-care. Frequently mentioned was a change in attitude and motivation being triggered by the games and the discussions.

The individual statements of the learners underline trainers statements. The impact the piloting of the Health Points platform had on participants knowledge, skills and attitudes is diverse and very much individual, but in line with the impact described by the trainers, although much more concrete. Most gained new knowledge and previously existing knowledge was updated. Good intentions to change daily practice were expressed, e.g. to more often leave the mobile phone aside, or to get better sleep, and many reported about new motivation to handle health related issues differently.

Nevertheless a lot of criticism was expressed as well, and it can be assumed that the impact on learners could be stronger in the future, if the distortions caused by technical problems can be overcome.

Two main approaches were taken by partners to test Health Points games:

- a) A series of explicit health workshops/lessons centred around one specific pre-selected topic like “living free of addiction”, in which the online games were substantiated with group activities and reflections.
- b) Another approach partners took to test Health Points was to introduce learners to the philosophy of Health Points and to let learners choose the games which seem most interesting to them, mostly for one session only.

As seen from the results reported by the participating trainers, both scenarios led to more or less tangible effects on the learners. In all cases the approach to design lessons around specific games and to prepare additional inputs and reflective exercises, did lead to more impact on the side of the learners. A sequence of interventions not only intensified the learning about health, but also led to side effects like trust building in the group, increased language skills and IT literacy, peer-learning and empowerment through sharing knowledge and expertise in areas participants are particularly interested in and know more about.

Using Health Points in a series of interventions further allows trainers to dedicate time in the beginning to the assessment of hot topics and learning needs in the group, to more specifically prepare sessions and to deliver training that is actually relevant to the target groups.

This setting also allows to create assignments/activities on specific health topics and to follow how participants manage to implement them, and to see which barriers exist, and where additional support is needed. A good example of this is the “Croydon Talent Match’s Top 10 Stress Busters”. Based on the input on stress on the platform, participants created a set of ideas to reduce stress and applied it over time, and reflected on their successes with the group in each recurring session. This principle can be transferred easily to other topics and groups.

## **X. Impact on trainers**

Another point of interest was the impact of the Health Points piloting on the competences of the trainers to facilitate health education with digital tools for young adults. Some questions in the trainers experience report deliver evidence to answer this question. The answers trainers gave in this respect are presented below. In addition trainers were invited to carry out an optional LEVEL5 self-assessment to reflect their competence level before and after the piloting. The respective materials were also provided as part of the piloting guideline. Out of the 13 participating trainers, 6 took part in the LEVEL5assessment, also to get to know the approach in regard to future applications of the method with their learners. These 6 received LEVEL5 certificates, of which one is annexed to this report.

Read what trainers themselves wrote about their learning experience in Health Points:

***As a facilitator what did you learn from facilitating this learning? Did you learn something new? Could you improve or develop any competence(s) within your teaching practice?***

**UK:**

“That young people are in fact better informed in some aspects of their health than expected and more interested in the area of their wellbeing, they know quite a lot already but are often everwhelmed with too much choice and information and need to have this put into perspective by an educator.

One area of concern was the conversation we had about the importance of dental hygiene and how often you need to have a check-up. How bad oral hygiene can contribute to all other forms of ill health. We urged them all to go to the dentist especially if they are not earning as their treatment will be free!

I was reminded that learning of any kind can be fun and often the more fun people are having the less they realise they in classroom situation!”

“I really enjoyed delivering health points as it is an amazing tool to open up conversations that you might not otherwise have and the young adults participated well. I believe they felt safe within the group, as together we had developed the ground rules for the sessions and they took ownership of looking after each other.”

“I learnt that this group of young adults, all very different from each other but supported each other throughout the sessions for example: The participants who had difficulties with their literacy were supported on the platform by another who had good literacy skills. This was a pleasant enlightenment as we are presently smothered with negative media about our young adults in the UK . Being a part of the process was a pleasure and it highlighted the need to continue having these conversations with young adults and importance of giving them local advice on where they can get support with the topics raised.”

“I personally learnt that unless young people are specifically taught aspects of their own personal health and accessing services, then they are oblivious of what to do when things ‘do not go right’. I was an eye opener in terms of what they knew as opposed to what they did not. I feel it is vital that platforms like this are more commonplace and far more frequently used and from as young an age as possible. It seems inconceivable that a 22 year old does not know that it is important to visit the dentist at least once a year!”

“Also I really do appreciate the fact that health services help us with all aspects of our everyday lives.”

**Hungary:**

“In workshop 1 it was easy to provide enough time and place for every issue that emerged in the conversations due to the optimal group size. In workshop 2. it became much harder to deal with the given time and the frames of the workshop. In consequence, I got the chance to practise the ability of fast reaction for the needs of the group.

Dealing with hard emotions and making decisions under the pressure of time.”

**Denmark**

Two of the trainers worked with the Level 5 template after the piloting. They filled it in individually and then the three of us discussed it. In all aspects they put themselves on level 5 both before and after the piloting, probably due to the fact that they already know different learning theories and the connection between motivation, transfer and learning. They are able to switch between the different learning theories

and to adapt and adjust them. They know the background of the learners and they know how to meet their learning preconditions. In addition, they are used to work with learners having different levels of knowledge in the same group. They are used to be attentive to spot those learners who need help but who do not ask for it themselves. They are also used to constantly analyzing how they are performing in their teaching and reflecting on it.

They know they have to be good listeners, to be open-minded, to ask questions and to be appreciative. They are aware of the importance of the frames of the learning situation because they know the importance of having a safe learning environment

Both teachers are also familiar with the health topic and able to go into the depth with it, if necessary.

According to themselves: What they learned from the piloting was to be reminded how important it is to be patient and let people take their time. In addition, they realized that they should have been better prepared for the reaction of the learners on the structure of the platform, the mistakes in “wrong/right” and the opening site where the text is in English

The two teachers are not interested in the Level 5 certificate but actually, the discussion we had after the filling in the template was very good and useful

### **Italy:**

“I have certainly learned to manage, through non-formal activities, issues related to health prevention and education. I also learned that certain topics when they are treated with sensitive targets need the right kind of facilitation. For instance, the topic of mental health and stress is a very sensitive topic and nowadays many migrants from reception centres are suffering for stress condition due to many reasons (uncertainty of their future, housing conditions, documents etc..) therefore is important to be very prepared.

Moreover it is important for the sessions to be structured and not run overtime, but to still give space for questions, doubts, perplexities.

I have increased and improved the following capabilities:

- listening skills
- understanding of the learning needs of the participants
- sharing emotions
- communication skills”

### **Austria:**

“This was the first time I have implemented a blended learning offer, I would say it went well, but would have been better to have less participants or a co-trainer for the online parts, cause lot individual support and answering of questions was needed, which caused quite some waiting time for the youngsters, and this is challenging. “

### **Cyprus:**

„All participants’ reactions towards elements of the paltform were valuable in terms of how I should design and implement similar training schemes.

The multitasking during training. During this pilot test our group consisted of people from different educational and ethnic backgrounds so it was important to follow everyone’s pace. Furthermore due to

technical issues, some participants accessed the platform while others still struggle with registration procedure, so it was crucial to keep them all at the same page and keep their level of interest high enough.”

**Germany:**

„We did get a new view on the potentials of blended learning in long-term courses. If we had used the platform content only, without being embedded into reflections and group activities, I think the effects would have been hardly detectable. The common reflections did stimulate a lot of thinking and motivation to deal with and exchange about health. This effect of talking about one's personal health, which created trust and empathy in the group, was interesting to detect and methods based on storytelling about health are worth further exploration.

We improved our competences regarding the facilitation of blended learning and the success of the indirect approach (platform evaluation) to reflect on personal issues.

The positive experience of integrating storytelling methods as additional impulses for learning created new ideas and perspectives for future teaching.”

## XI. Case studies of what went well and examples of good practice

The last section contains short cases and examples of good practice partners highlight as result of the Health Points piloting.

### UK

**18-year-old Male, Mixed white and Black Caribbean heritage:** The Participant has been engaging in Talent Match programme for the past year, currently attends college and is doing a Level 2 Sports Science BTEC. He has a diagnosis for ASD and as such requires academic support. He was extremely engaged with the HPs programme and attends sessions weekly. He is a highly motivated individual and has high aspirations for the future.

He attended all three sessions of the HPs piloting program and completed three modules (2, 3 & 4). He has been enthused by Health Points and has noted that he learnt a lot during the three sessions. A highlight for him was module 2 as he was able to give lots of insight into healthy eating and nutrition, as this is a particular area of knowledge for him. Not only due to the course that they are currently studying in college, but due to the fact that he is an avid sports person and participates in numerous high level sports in his spare time. The participant also particularly enjoyed the open discussions around healthy relationships and the ability to make well informed choices. He showed a real level of maturity in comparison to some of the other participants.

**Example of what went well:** During module 3 (Taking care of your mental well-being) – the participants developed their own list of “CroydonTalent Match’s Top 10 stress busters”. At the start of Module 4 the following week we recapped over the previous week and the young people discussed whether they had used any of their stress busters. One participant had gone for a massage as he had felt pressured and stressed about an exam he was due to take. Another participant had been given some bad news about having to move back to an area where he did not want to live and he was worried about his belongings, so he shared his worries with a friend who offered to store his belongings until he felt more settled. Another participant used deep breathing throughout the previous week when he was feeling challenged with life or situations.

So creating “Croydon Talent Match’s Top 10 Stress Busters” was good practice and we will continue to use them at the beginning of each session we have with this group of young adults. This will enhance their awareness of themselves and their needs when taking care of their mental health, plus it will continue to develop their bonding as a group and taking care of each other.



**Fig. 4: Croydon Talent Match Participants holding their Health Points Certificates**

### **Hungary:**

“One of the pupils of workshop 2 came to me after the workshop. He and his brothers live with their alcoholic father what makes their everyday life hard for them. This pupil uses drugs too to manage his feelings. After the Health Points program, he said to me that finally he understood something from the mechanism of addiction that will help him to find other ways than his father. In the rest of the school year he will get support from the school psychologist.”

### **Denmark:**

“In the first of two piloting sessions, the class had a sharp and dedicated focus on the piloting. As the session went along, several students, independent of each other, addressed the issue that some of the games, especially the games dealing with sexual health and drug addiction, in their opinion were targeting a younger audience than the one of the project (18-29). The students elaborated on the issue, explaining, that good or bad habits of sexuality or drug addiction are often founded at an early age, the teenage years often. Thus, the issues of healthy sexual habits and awareness of drug addiction should be targeted at that age in relevant learning institutions such as high school or similar institutions.

The students liked the material/information in the games but found it far more appropriate and important for a younger audience. Therefore, even though they provided critical feedback, they elaborated orally on the issue to a degree where the feedback was useful for me as a trainer and subsequently for the evaluation of the project.”

### **Italy:**

2A success story concerns a Nigerian girl who lives in a reception center who had always refused to participate in any kind of educational activity. Her linguistic, communicative and relational skills were getting worse and worse. When Health Points started piloting the resources, by chance, the girl was near the piloting room. Intrigued by the movement of the people in the room she started participating in the session. The girl improved her relational skills and started to interact with the group. She was also able to have fun and learn new terminologies related to health issues.

Therefore, she was attracted by the good atmosphere created by the non-formal activities and icebreaking activities. Indeed, we started all the sessions with funny and fast activities in order to warm up and have fun since the beginning.”

**Austria:**

“With what we know we cannot really formulate a case study, it is to vague indicators of behavioral change. The sessions on health with the platform were an impulse, at least for some of the kids. They were reminded, above all, on their good intentions, especially in relation to healthy eating and physical activities.

A concrete example of good practice is the case of a young woman in the course that decided to make an appointment with a doctor. The situation was that she did not have a general practitioner, yet, the last doctor she was a pediatrician. So we searched for a good doctor for her, and also exchanged good addresses in the group. She found a doctor, called there and made an appointment. We also discussed what are her questions to be clarified at the appointment (health check-up, vaccinations status check, referral to an allergy center for allergy testing). Before, she also had to ask her parents for her insurance card and vaccination pass. This was the first step into “coming of age” in that area, and taking over self-responsibility for her own health.”

**Cyprus:**

“A participant approached me during a short brake, asking me specific information about a topic. Then asked me if what other topics might be pilot tested in the future and if could participate in those tests. I think that the general **raise of awareness regarding the outcomes of Erasmus+ projects** serves not only the needs of this particular test, but also the active involvement of European citizens in European educational projects and procedures.”

**Germany:**

“Shortly after the first workshop, where we went through the platform and discussed the issues covered, the group went abroad to Malta for a 4-week internship. Even though they had perceived the HP platform positively, the impression I got after the first evaluation round was that it would be quickly forgotten. But on Malta, and as they all shared a flat together, had to work every day and stand on their own feet (some for the first time in their lives), the group continued to deal with health and well-being, but this time in a much more practical way on every day level. They organised common meals, reminded each other to go to bed early enough, and gave advice and support to each other to deal with stress, home sickness and to stay well in general.

It was amazing how the rather mild impulse from our workshop unfolded over time, and hopefully they will maintain that back in their old lives in Germany.”

## XII. Annex

### Annex1: Learner evaluation sheet

## Health Points Evaluation Sheet

**Number of pilot sessions you have attended:**

**Estimate how much time you spent on the Health Points platform:**

**Which activities and games have you reviewed? Please list them below.**

|  |
|--|
|  |
|  |
|  |
|  |

|     | EVALUATION OF THE HEALTH POINTS GAMES AND ACTIVITIES   | 😊😊                       | 😊                        | 😐                        | 😞                        | 😞😞                       |
|-----|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1.  | I enjoyed participating in the Health Points testing.  | <input type="checkbox"/> |
| 2.  | The Health Points games topics are relevant to me.   | <input type="checkbox"/> |
| 3.  | I consider the structure and the content of Health Points appropriate for me and my peers.     | <input type="checkbox"/> |
| 4.  | I feel that I have gained knowledge, skills and motivation after the completion of this pilot. | <input type="checkbox"/> |
| 5.  | The learning activities are appropriate for supporting my ability to take care of my health.   | <input type="checkbox"/> |
| 6.  | Using the Health Points platform was easy.   | <input type="checkbox"/> |
| 7.  | There is an element of innovation in the learning activities developed.                        | <input type="checkbox"/> |
| 8.  | I am satisfied with my learning experience in Health Points.                                   | <input type="checkbox"/> |
| 9.  | I like the game based learning nature of the learning offer.                                   | <input type="checkbox"/> |
| 10. | The total number of sessions was adequate.   | <input type="checkbox"/> |

**We would appreciate your feedback on the following questions as well:**

**Which games/activities did you like the most and why?**

**Which games/activities have you liked the least and why:**

**If you could change three things in the materials: what would that be and why?**

**Do you have any other comments that you would like to share?**

**Finally, please reflect on the impact of the Health Points activities on yourself:**

**Have you gained new knowledge about maintaining and improving your health and wellbeing? If so, can you give an example?**

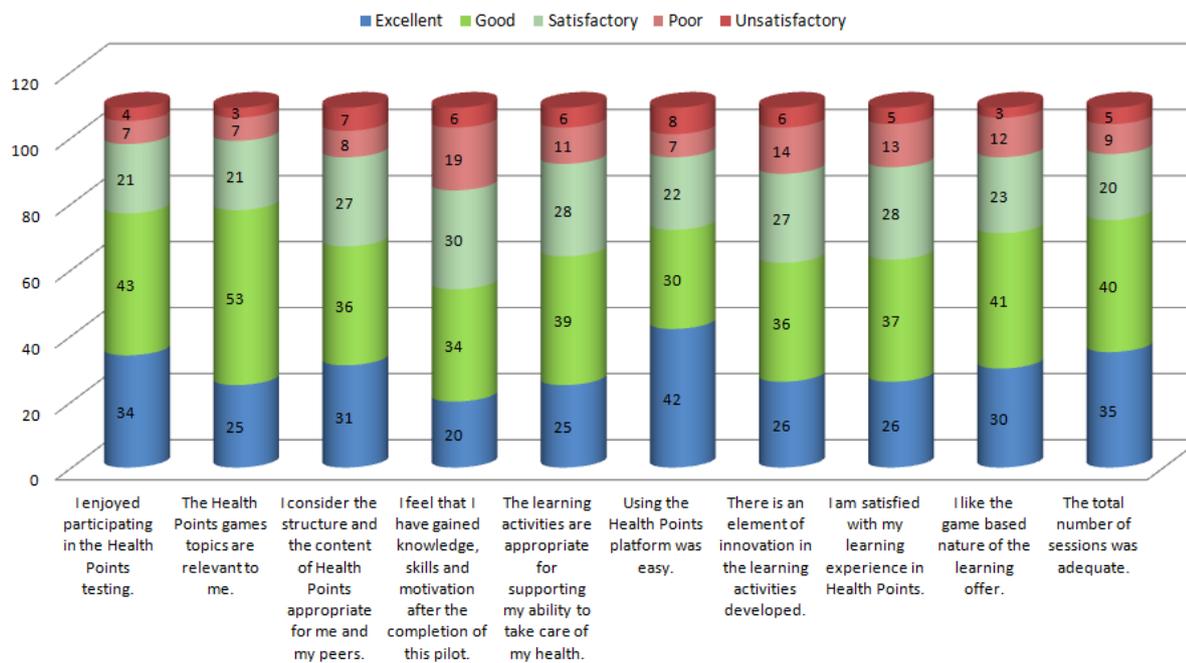
**Do you think you think you will change your behaviour in regard to your health and wellbeing? If so how?**

**Has your attitude to care for your own health and wellbeing changed? If so how?**

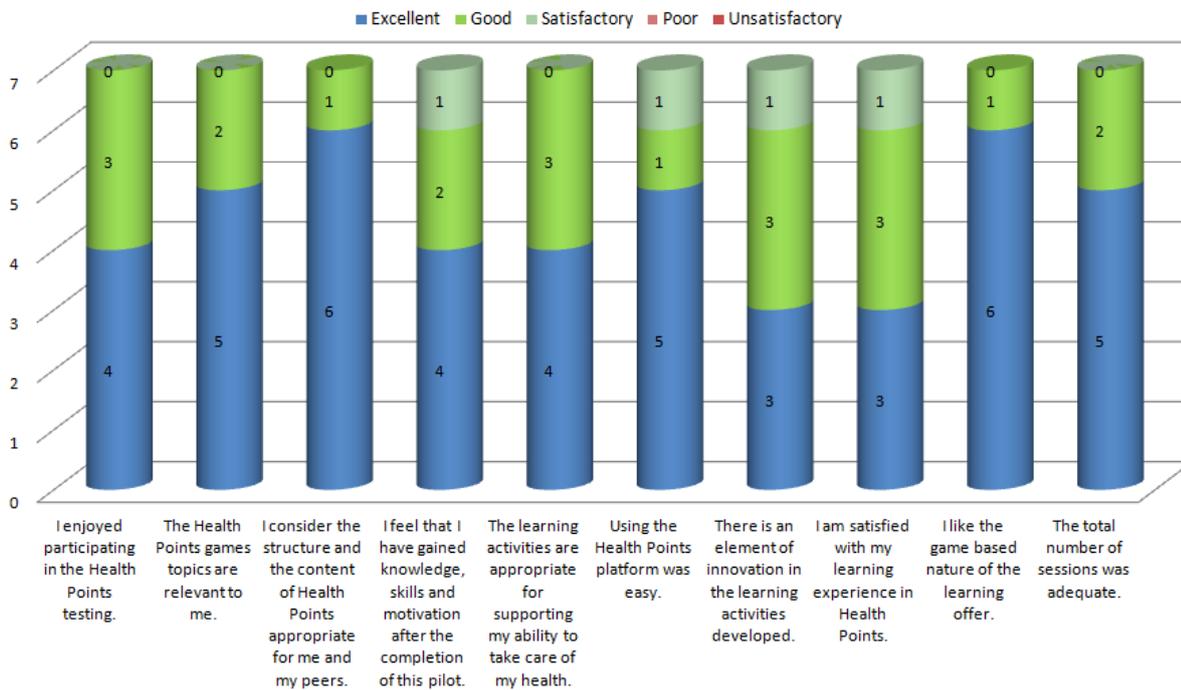
## Annex 2: Results of learner evaluation

The following diagrams give an overview of learners' ratings on different statements regarding various aspects of the Health Points piloting and platform, firstly for all learners and then divided by country.

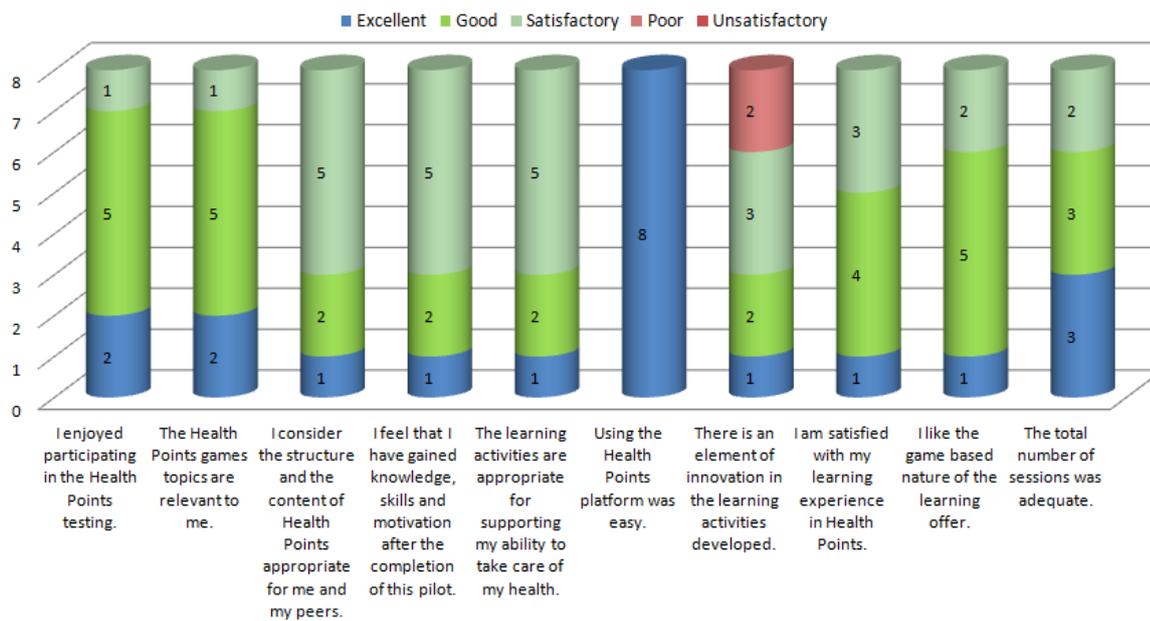
### Feedback of all learners



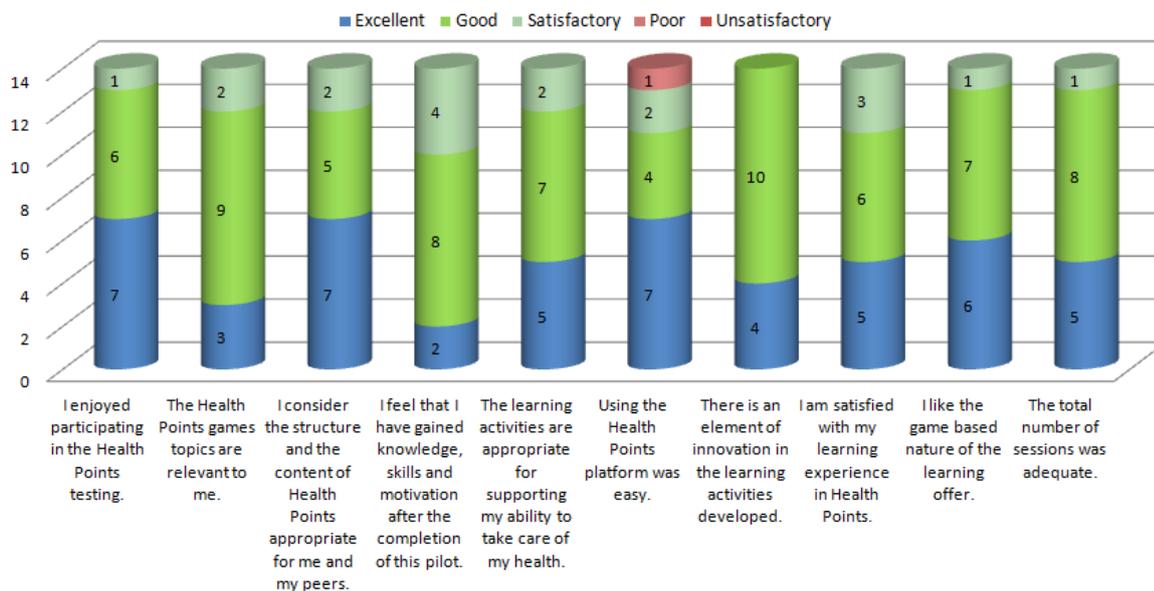
### Feedback of UK learners



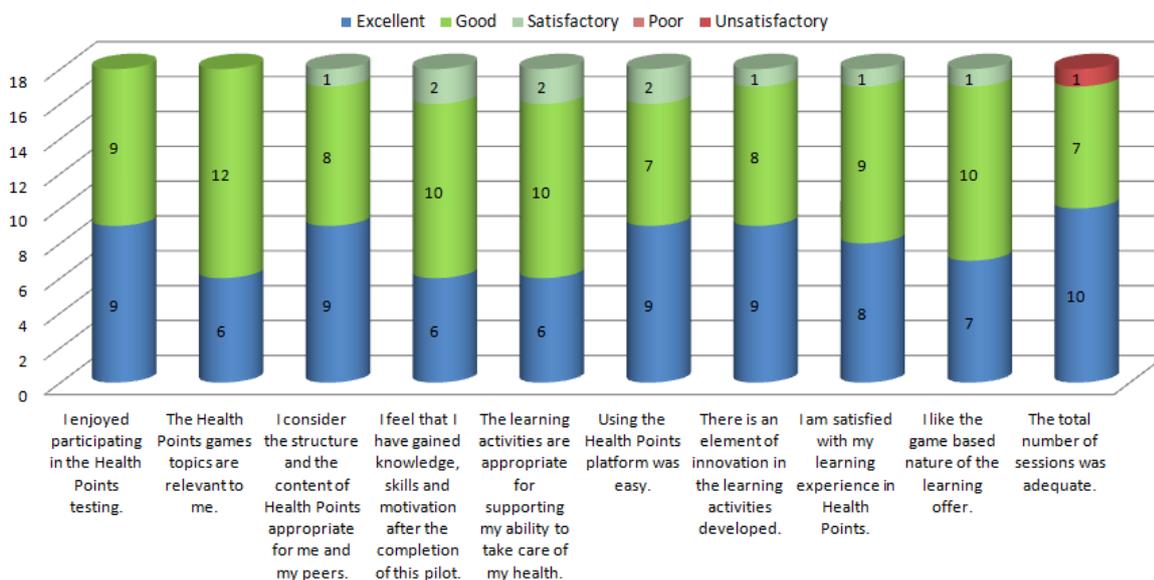
### Feedback of German learners



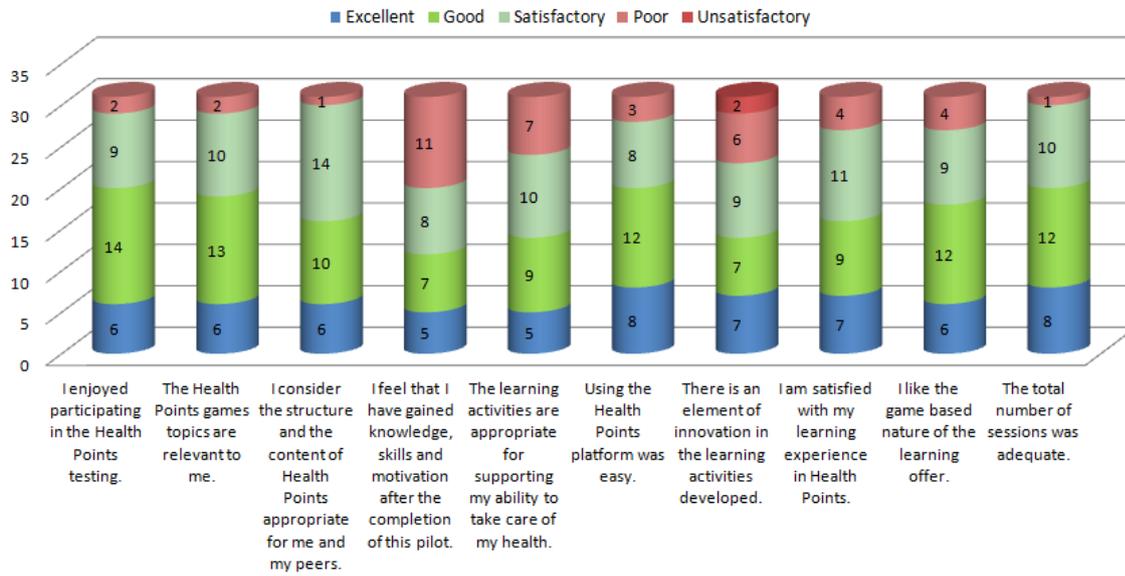
### Feedback of Cypriot learners



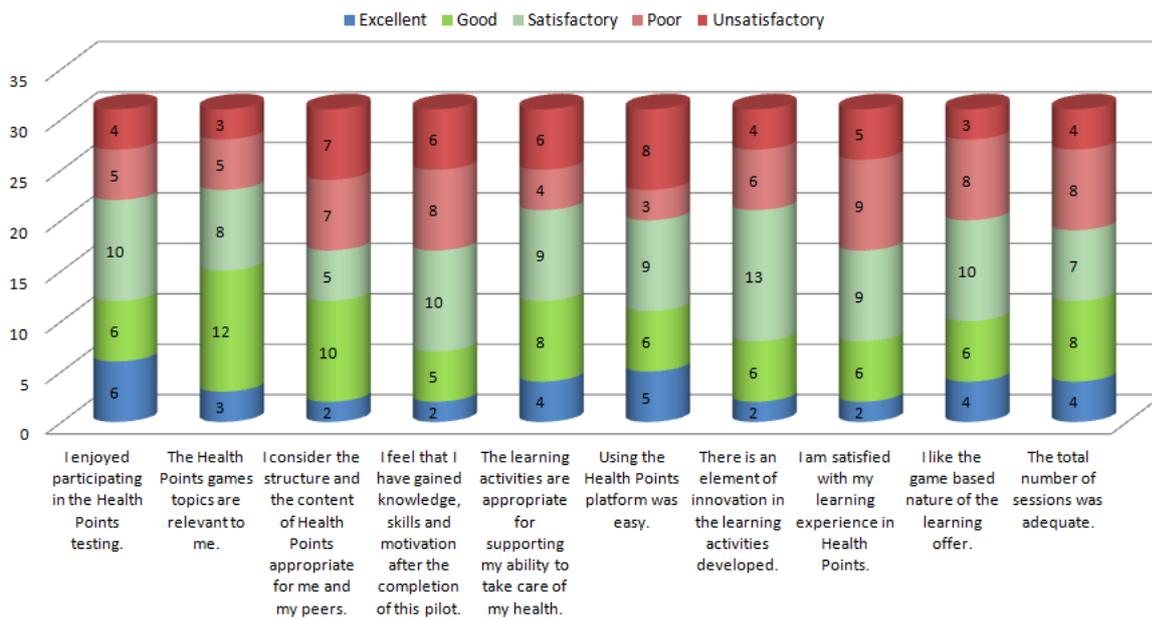
### Feedback of Hungarian learners



### Feedback of Austrian learners



### Feedback of Danish learners



### Overall Feedback/ Which games and activities did you like the most?

|    |  |
|----|--|
| DE | <ul style="list-style-type: none"> <li>- The concept and materials are comprehensive – relevant health topics are addressed through interactive formats</li> <li>- Informative, nicely designed and illustrated, clear structure and navigation</li> </ul> |
|----|--|

|    |  |
|----|--|
|    | <ul style="list-style-type: none"> <li>- Sometimes information and games too simple, nothing new</li> <li>- Sometimes unclear instructions</li> <li>- Platform looks nice and doing the activities is fun.</li> <li>- E-learning is cool</li> <li>- The mental health module was most interesting for me. It gave me a new perspective to think about my problems in relationships</li> <li>- I liked the games about stress and how to deal with it. Learning to deal with stress is like a puzzle we all need to put together for ourselves.</li> </ul>  |
| CY | <p>4.1 Understanding mechanisms of addiction Interactive Content</p> <p>3.2 Being able to apply prevention measures in order to avoid circles of negative thoughts</p> <p>3.3 Identify and assess resources for mental well-being</p> <p>Very interactive games</p> <p>2.5 Sleep</p> <p>1.3 Lifestyle and Health Behaviour</p> <p>3.2 Being able to apply prevention measures in order to avoid circles of negative thoughts</p> <p>5.2 Knowing where to seek support and guidance for health issues</p> <p>Interactive Content</p> <p>Learn new things</p> <p>4.3. Be aware of media addiction risks</p> <p>Learn some new things about those topics</p> <p>1.1 Introduction: What do "being healthy" and "health" actually mean?</p> <p>1.3 Lifestyle and Health Behaviour</p> <p>3.2 Being able to apply prevention measures in order to avoid circles of negative thoughts</p> <p>3.3 Identify and assess resources for mental well-being Interactive Content</p> <p>Practical examples</p> <p>4.4 Understanding the benefits of living without being addicted</p> <p>4.3. Be aware of media addiction risks</p> <p>4.1 Understanding mechanisms of addiction</p> <p>5.2 Knowing where to seek support and guidance for health issues</p> <p>Interactive Content</p> <p>2.2 Taking part in physical activities</p> <p>3.1 Understanding and managing stress</p> <p>4.3. Be aware of media addiction risks</p> <p>Interesting games, learn new things</p> <p>2.3 The importance of healthy nutrition</p> <p>Not interesting a have heard that before</p> <p>Interactive video in 4.3 Be aware of media addiction risks</p> <p>3.1 Understanding and managing stress</p> <p>3.4 Healthy relationships in a modern world</p> <p>3.4 Healthy relationships in a modern world</p> |

|    |  |
|----|--|
|    | <p>3.3 Identify and assess resources for mental well-being</p> <p>3.1 Understanding and managing stress</p> <p>1.2 Factors Influencing our health</p> <p>3.1 Understanding and managing stress</p> <p>5.2 Knowing where to seek support and guidance for health issues</p> <p>3.1 Understanding and managing stress</p> <p>4.3. Be aware of media addiction risks Interactive</p> <p>4.4 Understanding the benefits of living without being addicted</p> <p>1.1 Introduction: What do "being healthy" and "health" actually mean?</p> <p>1.2 Factors Influencing our health Interactive</p> <p>1.3 Lifestyle and Health Behaviour</p> <p>4.1 Understanding mechanisms of addiction</p> <p>4.2 Knowing basic facts about relevant addictive substances-</p> <p>4.3. Be aware of media addiction risks</p> <p>5.1 Is it an emergency?</p> <p>4.2 Knowing basic facts about relevant addictive substances</p> <p>4.1 Understanding mechanisms of addiction</p> <p>It was fun and I learn something</p> <p>3.1 Understanding and managing stress</p> <p>3.2 Being able to apply prevention measures in order to avoid circles of negative thoughts</p> <p>3.3 Identify and assess resources for mental well-being</p> <p>3.4 Healthy relationships in a modern world</p> <p>1.1 Introduction: What do "being healthy" and "health" actually mean?</p> <p>I am concerned about stress</p> |
| AT | <ul style="list-style-type: none"> <li>- Exercise on sleep – especially the false and right quiz (3x)</li> <li>- Quiz on factors that influence health, because it is informative and a funny quiz</li> <li>- The video in the school with the quiz questions (comm. 3.2.), because it is not so boring as quizzes without a video</li> <li>- Exercise 1.3. – drag and drop, which health topic is described, because it is educational and not too easy to solve</li> <li>- Video and true/false quiz on drugs, the video is cool (comm. 4.1.) (2x)</li> <li>- Our discussion on addiction</li> </ul> <p>All equal (4x)</p> <p>For 3.1.:</p> <ul style="list-style-type: none"> <li>- 5 x quiz on slide 1 (John at home)</li> <li>- 5 x quiz on slide 2 (John at the job)</li> <li>- 10 x quiz on slide 4 (false, correct) (related comments: because very simple; because now I know what to do)</li> <li>- 8 x quiz on slide 5 (false/correct)</li> </ul> <p>For 5.1.:</p> <hr/> <ul style="list-style-type: none"> <li>- 8 x slide 1 (professions) (related comments: because simple;</li> </ul>   |

|    |   |
|----|---|
|    | <p>because important to refresh knowledge)</p> <ul style="list-style-type: none"> <li>- 3 x slide 3 (before, during, after)</li> <li>- 2 x slide 5 (emergency)</li> <li>- 2 x slide 6 (ambulance)</li> </ul> <hr/> <p>3 x slide 7 (true/false)</p>  |
| DK | <ul style="list-style-type: none"> <li>- I liked to answer questions</li> <li>- It is good to use the knowledge you have achieved, immediately after you have it. Then you remember it better</li> <li>- No 2.1 2,2 and 2.3, because they give me knowledge and inspires me to become - and stay – healthy</li> <li>- Physical activities</li> <li>- I liked the “sexual part”. But I think it fits better for a group of age 12-16 years</li> <li>- I liked the most the drag and drop games</li> <li>- I liked the most where you put the words in the right place</li> <li>- None, because I did not understand it”</li> <li>- Course 3 about stress because I got new useful information about it</li> <li>- I liked physical and mental health</li> <li>- Drag and Drop</li> <li>- The one about stress</li> <li>- Drag and drop and reading</li> <li>- I like “Taking care of your wellbeing” and “Living free of addiction”</li> <li>- Drag and drop because I have more options and use logic</li> <li>- Course 3 was exiting</li> <li>- The interactivity is a good idea but it did not really work</li> </ul> <p>The first ones in course 2</p> |

**Which games/activities have you liked the least and why:**

|    |  |
|----|--|
| DE | <ul style="list-style-type: none"> <li>- Sexuality (2.5) was inadequate for our age group, suits better for younger.</li> <li>- Physical activities – I had expected something different</li> <li>- The “build your own gym” was stupid. All information was only in English. After the part on benefits of functional training, I would have liked to find instructions for this.</li> </ul>  |
| CY | <p>2.3 The importance of healthy nutrition</p> <p>2.4 Nutrition and healthy lifestyles</p> <p>Not fun, less interactive games</p> <p>3.4 Healthy relationships in a modern world</p> <p>5.1 Is it an emergency?</p> <p>Didn't understand what to do</p> <p>2.3 The importance of healthy nutrition</p> <p>2.4 Nutrition and healthy lifestyles</p> <p>2.3 The importance of healthy nutrition</p> <p>Too theoretical, can not see how to apply in practice</p> |

|    |  |
|----|--|
|    | <p>2.3 The importance of healthy nutrition</p> <p>2.4 Nutrition and healthy lifestyles</p> <p>Repeating, not interesting</p> <p>2.2 Taking part in physical activities</p> <p>2.4 Nutrition and healthy lifestyles</p> <p>Not interesting</p> <p>2.4 Nutrition and healthy lifestyles</p> <p>2.3 The importance of healthy nutrition</p> <p>2.3 The importance of healthy nutrition</p> <p>2.1 Knowing the benefits of sufficient physical activities</p> <p>3.4 Healthy relationships in a modern world Interactive Content</p> <p>2.3 The importance of healthy nutrition Interactive</p> <p>2.4 Nutrition and healthy lifestyles</p> <p>Too long</p> <p>3.1 Understanding and managing stress</p> <p>Not very interesting</p> <p>5.1 Is it an emergency?</p> <p>5.2 Knowing where to seek support and guidance for health issues</p>  |
| AT | <ul style="list-style-type: none"> <li>- Exercise 2.3. the gap text is too difficult, I could not solve it and also do not understand the solution. (comm. raised by one, approved by the majority)</li> <li>- The online exercise on healthy relationships was very boring (but the discussion was good) – (comm. raised by one, approved by the majority)</li> <li>- All exercises where you cannot earn points – just reading (comm: raised by one, approved by some)</li> </ul> <p>For 3.1:</p> <ul style="list-style-type: none"> <li>- 2 x slide 1 (John at home)</li> <li>- 3 x slide 2 (John at work)</li> <li>- 1 x slide 4 (correct/wrong)</li> <li>- 1 x slide 5 (correct/wrong)</li> </ul> <p>For 5.1:</p> <hr/> <ul style="list-style-type: none"> <li>- 2 x slide 1 (professions) (related comments: because too simple)</li> <li>- 4 x slide 3 (before, during, after) (related comments: because I got confused at that task)</li> <li>- 4 x slide 4 (before, during, after)</li> <li>- 1 x slide 6 (case of illness)</li> <li>- 5 x slide 7 (correct/wrong) (related comment: too complicated; I didn't know anything)</li> </ul> |
| DK | <ul style="list-style-type: none"> <li>- No 2.3 seems very messy to me</li> <li>- No 2.4: there is something wrong: if you answer correctly, it says you are wrong</li> <li>- Very irritating that you get "wrong" when you answer correctly</li> </ul>  |

|  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>- There wasn't anything I did not like</li> <li>- The videos where you have to answer afterwards</li> <li>- I did not understand the whole thing and therefor it was boring to me</li> <li>- The questions related to sleep</li> <li>- No. 2.6 because It fits to a younger target group and not us</li> <li>- Don't think the program was so relevant for me</li> <li>- There are too many mistakes</li> <li>- The web sites – too much text</li> <li>- Half of the time, the games did not work</li> <li>- The last ones in course 2</li> </ul> <p>You get "wrong" for right answer (<i>mentioned by several learners</i>)</p> |
|--|---|

**If you could change three things in the materials: what would that be and why?**

|    |   |
|----|---|
| DE | <ul style="list-style-type: none"> <li>- Login procedure should work properly, ideal to allow access via single-sign on through social media.</li> <li>- Design should be more youth oriented, looks like from the 90ies. This would make platform more interesting.</li> <li>- The circle of addiction could be more elaborated; generally more impulses for reflection would be nice.</li> <li>- Uneven text sizes, sometimes too big to be fully displayed, sometimes very small, translation in some parts not complete</li> <li>- Videos should be available in national languages</li> <li>- Ratings should be correct. There was one exercise where my correct answers were marked wrong</li> <li>- Do the navigation in German and hide all other languages. That was confusing.</li> </ul> |
| CY | <ul style="list-style-type: none"> <li>☑ More games</li> <li>☑ More interaction</li> <li>More interaction</li> <li>Less pictures on the background, gets confusing</li> <li>less text</li> <li>More pictures</li> <li>☑ less text</li> <li>☑ more fun games</li> <li>More games</li> <li>interaction</li> <li>Less theory, more practice</li> <li>I would like to have more games that are interactive and interesting</li> <li>Less text, more relevant with my interests</li> <li>True/false questions not very interesting</li> <li>Design and colors</li> <li>More interactive content</li> <li>Colours on the background, less slides, more content with games that</li> </ul>   |

|    |  |
|----|--|
|    | <p>address practical issues</p> <p>I would add real-life problems, less text, more videos</p> <p>I would add more video, pictures</p> <p>More games, more types bigger screen</p> <p>Smart questions, colors, not too much text, more interactive games</p> <p>I would change the long videos</p> <p>More content that concerns me, less text, more interactive</p>  |
| AT | <ul style="list-style-type: none"> <li>- More questions related to the topic</li> <li>- More unusual questions</li> </ul> <p>Simpler expression</p> <ul style="list-style-type: none"> <li>- exercise 2.3. (and others): more questions after the info cards</li> <li>- the video with the different food where you have to say which one has more calories (comm. 2.4.)</li> <li>- I think it would be cool to have an exercise with a list of ingredients where you can make a healthy meal, or a daily plan with a calculator for a good proportion of protein, fat and carbohydrates and not too many calories, that would be great for practicing</li> </ul> <p>In a discussion on the level of difficulty of the exercises it turned out the group is divided: About half prefer easier questions (and simpler texts), while the other half prefer more complex questions. The current exercises are different in terms of level of difficulty. Maybe it would be better to have more levels.</p>  |
| DK | <ul style="list-style-type: none"> <li>- Mistake in 2.3 picture 4 (you cannot see the whole text)</li> <li>- Mistake in 2.3 picture 5; it is said you should drag the words – but here are no words!</li> <li>- Mistake in 2.3 picture 6: I do not know what to click</li> <li>- Mistake in 2.3 picture 8: text is too small. That counts for all the “cards”</li> <li>- Games/quizzes: Technically, there is a problem: The construction: If we answer correctly, it says it is wrong and vice versa (for instance quiz 2.4). But it is nice with the health teaching all along”</li> <li>- It is not easy to get an overview. Problem with the structure in the link”</li> <li>- It is necessary to improve the technical part and also there are some mistakes in translation</li> <li>- The platform is too complicated to navigate on</li> <li>- The part about sexual matters is more for the group 14-16 years old. It says “wrong” when you answer correctly</li> <li>- More options when it comes to answer to the questions</li> <li>- When you open the platform, the text should be in Danish – not English. You have chosen Danish as the language you will use!</li> <li>- There were spelling mistakes</li> <li>- It should be mentioned for which target group it is, in the beginning</li> <li>- It fits better for young teenagers</li> <li>- The whole structure should be changed</li> <li>- The colors on the website – it is boring</li> </ul> |

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|--|---|
|  | <ul style="list-style-type: none"> <li>- There should be less text</li> <li>- Everything should be in Danish – especially the opening page</li> <li>- It should be easier to navigate</li> <li>- The interface – it is not transparent and looks like something from 1998</li> <li>- The sex section is for a younger audience</li> <li>- It fits for a younger target group</li> </ul> |
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**Do you have any other comments that you would like to share?**

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|----|--|
| DE | <ul style="list-style-type: none"> <li>- Nice idea, but implementation not yet satisfying. Personally I prefer to look up specific information directly from the internet.</li> <li>- Looks nice, but not relevant for me personally.</li> <li>- Nice idea to deliver Health Education on gamified platform</li> <li>- Relevant topic for age and target group</li> <li>- Interesting to see how the idea was implemented</li> </ul>   |
| CY | <ul style="list-style-type: none"> <li>- In general a useful product, interesting too, was good to try the platform</li> <li>- I would like to have more interactive content</li> <li>- Great tool</li> <li>- Had fun during training, simple instructions</li> <li>- I liked the games</li> <li>- I will visit platform again</li> </ul>  |
| AT | It is more fun to have some online exercises, in comparison to pure theoretical presentations and discussions.   |
| DK | <ul style="list-style-type: none"> <li>- I think that the language and the knowledge/information are of high quality. The problems are related to the web design aspect. There are several mistakes related to texts that are cut or letters that are too small.</li> <li>- The questions in the quizzes are fine and it gives us knowledge – the problem with the program is a technical one</li> <li>- There are good topics but the technical mistakes should be done something about, so that the platform becomes easy to navigate on and to overview</li> <li>- Improve the structure. For instance make it possible to be sent directly to next exercise/ assignment with a small box saying “next” and then you should click there</li> <li>- At some places, there is English text – mixed up with the Danish one.</li> <li>- Text is sometimes too small</li> <li>- Textbox missing at some places</li> <li>- Two pictures on top of each other – confusing</li> <li>- I think that the Health Points platform was not yet ready for testing – there are so many technical mistakes that you lose your interest in the whole thing.</li> <li>- Too many mistakes and sometimes things are in English. The games are not ready</li> <li>- In 2.5, question 13 and 14 there are mistakes in the answer</li> <li>- No 2.6 is addressing wrong age group – it fits to young teenagers</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>- I think the program should be used in primary school</li> <li>- Good initiative</li> <li>- There is too much text – it becomes boring</li> <li>- It should be made scalable to tablets and smartphones</li> <li>- It should be possible to delete your data – you do not feel confident</li> </ul> <p>There should be a Support contact</p> |
|--|--|

**Have you gained new knowledge about maintaining and improving your health and wellbeing? If so, can you give an example?**

|    |   |
|----|---|
| DE | <ul style="list-style-type: none"> <li>- I realized that many things I already knew, got forgotten and need to be refreshed once in a while, e.g. how to deal well with stress. Without putting knowledge into action, nothing can change.</li> <li>- I got some ideas for cooking. I will invite my friends this weekend.</li> <li>- The game on addiction made me think, especially that not only substances but also behaviours can be harmful. I should spend less time with my playstation.</li> </ul>   |
| CY | <ul style="list-style-type: none"> <li>- Yes learn new things about health in general</li> <li>- Learn new things for sleeping habits</li> <li>- Yes about nutrients and other food</li> <li>- Learn new things about sleep, food</li> <li>- Stress factors and how to recognize stress</li> <li>- Yes, I learned about stress</li> <li>- Sleeping habits, managing stress</li> <li>- I learn some things about stress</li> <li>- I learn about addiction and how to handle it</li> <li>- Information about health</li> <li>- Many things about stress</li> <li>- Learn about how to take care of me</li> <li>- Who to call in emergency</li> </ul> |
| AT | <p>Comm. The kids were asked to complete the sentence: “I know now more about ...”</p> <ul style="list-style-type: none"> <li>- Health</li> <li>- sleep</li> <li>- drugs</li> <li>- I know the Nike app now, will try to do some exercises regularly</li> </ul> <p>(comm. each statement was approved by some)</p> <p>For 3.1.:<br/>Yes: 7 x                      No: 9 x</p> <p>For 5.1.:<br/>Yes: 11 x (related comments: to visit the doctor more often)                      No: 5 x</p>  |
| DK | <ul style="list-style-type: none"> <li>- It was very refreshing for me</li> </ul>   |

|  |  |
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|  | <ul style="list-style-type: none"> <li>- Yes, I will more keep an eye on calorie intake and be more aware what I am eating. Also I think now more about the importance of physical activities and the advantages of doing them</li> <li>- Yes, I did not know much about calories in food. From now on I'll take more care when I eat</li> <li>- No, because I'm already doing sport</li> <li>- Yes, about stress and lifestyle"-</li> <li>- No</li> <li>- Yes - that being negative is not a way to life</li> <li>- No, because I have learned it her at the college</li> <li>- Yes I have learned what you can do if you want to feel better mentally</li> </ul> |
|--|--|

**Do you think you think you will change your behaviour in regard to your health and wellbeing? If so how?**

|    |  |
|----|--|
| DE | <ul style="list-style-type: none"> <li>- I would like to, but I know that I easily get distracted from my plans.</li> <li>- I want to ask my mother to show me how to cook healthy. I'm fed up with pizza and pasta.</li> <li>- Being a better friend to myself, is something I want to learn.</li> <li>- Not sure, probably not.</li> <li>- I feel well and healthy anyway. No need to change.</li> <li>- I definitively need more physical exercise. I will ask my neighbor if I can take out their dog once in a while.</li> </ul>  |
| CY | <p>I am not sure. May be little bit more at the gym and try to eat less junk</p> <p>I will try to use what I learn in practice</p> <p>I will start eating healthier</p> <p>I'll eat healthier and try to rest better</p> <p>I will try to help myself adopting healthier profile</p> <p>I will live with less stress from now on</p> <p>Disconnect from my mobile</p> <p>I will try to manage my stress</p> <p>List health related phone numbers</p> <p>Close my mobile when it's not needed</p> <p>Take more care of myself</p> <p>To do some of the things I learn</p> <p>What to do in emergency</p> <p>How to deal with stress</p> |
| AT | <ul style="list-style-type: none"> <li>- Maybe eat less sweets</li> <li>- I know that I have to eat more healthy, anyway, I don't know if I will change anything only because of the session we had on this.</li> <li>- It was something new to think about good and bad friends and to reflect on how everything came about. I will say goodbye to some people now. (comm. this was related to the discussion we had</li> </ul>   |

|    |   |
|----|---|
|    | <p>based on the online exercise on healthy relationships)<br/> “say no to sex” (comm.: laughter – not clear how this was meant, if it was a serious statement or just fun...)</p> <p>For 3.1.:<br/> Yes: 3 x                      No: 6 x</p> <p>For 5.1.:<br/> Yes: 2 x (related comment: to eat less sweets)                      No: 14 x</p>  |
| DK | <ul style="list-style-type: none"> <li>- No, I have already recently started to develop on this</li> <li>- Yes, starting with keeping an eye with what I eat. Will start doing physical exercises</li> <li>- Yes. I have to do that: More exercise, less food.</li> <li>- You should definitely change your lifestyle , more sleep, exercise and more wellbeing</li> <li>- I don't know</li> <li>- Maybe I'll think more about the thinks in my everyday life</li> <li>- No, because I have not understood the whole thing</li> <li>- No</li> <li>- No</li> <li>- No I already have a healthy life style</li> <li>- Yes, I will be more relaxed</li> <li>- Yes, but I'm not sure it is because of the games</li> <li>- A little</li> <li>- Maybe</li> </ul> |

**Has your attitude to care for your own health and wellbeing changed? If so how?**

|    |  |
|----|--|
| DE | <ul style="list-style-type: none"> <li>- Not really, I found it important before.</li> <li>- I am a bit more motivated to do something for myself.</li> <li>- I never considered sex a health issue. But it's true, it can mess with your mind.</li> <li>- That was clear anyway.</li> <li>- No</li> <li>- Well, somehow. I have a dentists appointment now...</li> </ul>  |
| CY | <p>Yes- I will be more health conscious I hope</p> <p>I will sleep better hours and in better conditions</p> <p>Yes against food consumption of not good sources</p> <p>Yes, keep scheduled meals and be in better condition</p> <p>No</p> <p>Yes, been concerned about stress and its factors</p> <p>Yes, been aware about addiction</p> <p>Yes be more aware about health issues</p> <p>Living healthier</p> <p>Be more aware of addictions in general</p> <p>Yes start exercise some more</p> |

|    |  |
|----|--|
|    | <p>Having regular check-ups</p> <p>Yes, been more interested about stress</p>  |
| AT | <ul style="list-style-type: none"> <li>- Know more, and have got a new impulse to think more about what to do different</li> <li>- Not really (approved by the majority)</li> </ul> <p>For 3.1.:</p> <p>Yes: 3 x                      No: 13 x</p> <p>For 5.1.:</p> <p>Yes: 2 x                      No: 14 x</p>  |
| DK | <ul style="list-style-type: none"> <li>- Not really.</li> <li>- Yes, I will reflect more on what I eat. It gave me motivation to exercise more. To be more healthy and well</li> <li>- I think I'll take better care of myself"</li> <li>- No</li> <li>- Yes, especially my mental health</li> <li>- No I have my own program I'm running</li> <li>- I do not need that because I am already interested in my health</li> <li>- Sometimes</li> <li>- Yes, because you learned new things you did not know about</li> <li>- I'm not thinking so much about it</li> <li>- Not really</li> <li>- Yes</li> </ul> |

### Annex 3: Pilot report template

## IO5 Health Points Pilot Report Template

The objective of this document is to provide the results of the pilots. All partners are required to produce a Pilot Report that should be approximately be 5-8 pages long, written in narrative style.

This report should consider/evaluate the usability and feasibility, as well as the attractiveness of the Health Points Platform and learning materials and provide indicators for further improvement. More specifically, partners should explain in detail the learning context and the profile of their learners, the games/activities they used, what was the feedback from the participants and how learning through Health Points impacted them in regard to their knowledge, skills and attitudes.

**Deadline for submission: 7<sup>th</sup> June 2019. Send your reports to [jbusche@bupnet.de](mailto:jbusche@bupnet.de)**

|  |  |
|--|--|
| Your name:   |  |
| Your gender:   |  |
| Name of organisation:  |  |
| Location:  |  |
| How many years have you been working as a trainer?   |  |
| 0-2 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> more than 6 years <input type="checkbox"/> |  |
| Please give a brief description of your training experience and background:                                      |  |
|  |  |

Information about the learning context in which you implemented Health Points:

Mode of learning/teaching:

- Lesson/lecture
- Individual coaching/mentoring
- Workshop
- Blended learning
- Other: \_\_\_\_\_

Please describe the setting in which Health Points was tested in your organisation. (e.g. Was it a single activity or recurring course, a single workshop, recurring meetings, regular/irregular?)

|   |
|---|
| Please describe the time frame in which you tested Health Points (Start/End of activities, number of sessions, amount of teaching and self-study hours) |
|   |
| What was the overall subject of the training/course? Was it stand-alone training on health and wellbeing or was it embedded in other training schemes?  |
|   |

Information about the learners:

|  |
|--|
| No. of learners participating in the testing:  |
|  |
| Please write a few words about the characteristics of your learners and the composition of the group, e.g. their social/cultural background: |
|  |

Feedback on the Health Points offers and the piloting experience

Please rate the following aspects on a scale from 1 (excellent) to 5 (unsatisfactory)

|   | 1 Excellent | 2 Very good | 3 Satisfactory | 4 Poor | 5 Unsatisfactory |
|---|-------------|-------------|----------------|--------|------------------|
| Usefulness of the training materials  |             |             |                |        |                  |
| Usability of the learning platform  |             |             |                |        |                  |
| Attractiveness of the platform and material   |             |             |                |        |                  |
| Practicality/applicability of the Health Points platform and materials for the target group |             |             |                |        |                  |
| Clarity of the approach and the materials   |             |             |                |        |                  |
| Relevance of the materials for the target group   |             |             |                |        |                  |

|   |
|---|
| What is your overall feedback on the Health Points games and training materials and the options to use it further?                                  |
|   |
| How many Health Points units/activities did you use? Which ones did you use?  |
|   |
| Were there any units and activities you didn't like to use? Which ones? Why?  |
|   |
| How do you rate the outcomes of the piloting in regard to your initially aspired goals?   |
|   |
| What are the main learning outcomes for your learners after the testing phase?  |
|   |
| In terms of knowledge, behaviors and attitudes: what changes have you observed in your group? Please summarise the outcomes and give some examples. |
|   |
| What was positive during the implementation phase? Did you experience any surprises? Please describe:   |
|   |
| Did you experience any difficulties/challenges during the implementation of the piloting? Please describe them below:                               |
|   |
| Do you have suggestions on how to further improve the Health Points offers? Please share your ideas:  |
|   |
| As a facilitator what did you learn from facilitating this learning? Did you learn something new?   |
|   |
| Could you improve or develop any competence(s) within your teaching practice? Please describe:  |
|   |
| And finally: Please write a short case study, e.g. of what went well, or an example of good practice, or a participant who became motivated.        |

**Thank you for your participation.**

**Annex 4: LEVEL5 reference systems for competence assessments and exemplary LEVEL5 certificate**

**LEVEL5 Reference System for learners: Health Care**

| KNOWLEDGE   |   | SKILLS                               |   | ATTITUDES                     |   |
|-------------|---|--------------------------------------|---|-------------------------------|---|
| Level Title | Level description   | Level Title                          | Level description   | Level Title                   | Level description   |
| 5           | Knowing where else (knowledge transfer)<br>Transferring knowledge on health, self-care and how to sustain health and well-being to various areas of life.   | Developing/constructing/transferring | Developing and applying comprehensive health care concepts. Continuously expanding scope of own health care activities. | Incorporation/internalisation | Having internalised to care for own health with a multitude of activities, adequately applied according to present state of being.            |
| 4           | Knowing when (implicit understanding)<br>Knowledge about spectrum of influencing factors and possibilities to improve health and well-being in specific areas. Knowing when and how to intervene appropriately in response to different conditions. | Discovering/acting independently     | Expanding health care skills. Researching new health care activities and to improve own health and evaluating these.    | Self-regulation/determination | Being determined to improve own health-care competence, setting priorities and adapting one's own behaviour to achieve a healthier lifestyle. |
| 3           | Knowing how<br>Some knowledge of the effects of diet and exercise on health (e.g. prevention of cardiovascular diseases, diabetes etc.) and how to use this knowledge to improve own well being.  | Deciding/selecting                   | Selecting and implementing activities to care for own health from set of known approaches.                              | Motivation/appreciation       | Valuing health. Being motivated to actively take care of own health and to learn about it.  |
| 2           | Knowing why (understanding)<br>Basic knowledge of physiological relationship between exercise, nutrition and health.  | Using/imitating                      | Taking care of own health with specific activities as being instructed to, or by imitating others.                      | Perspective taking/interest   | Being interested in health issues and in becoming better in taking care of own health (still with some inner distance)                        |
| 1           | Knowing what/ knowing that<br>Knowing that exercise and nutrition positively affect health and well-being.  | Perceiving                           | Perceiving and recognizing health care activities and the need for health care in general without taking action.        | Self-orientation              | Not taking into consideration to relate well being and health care needs to oneself.  |

### LEVEL5 Reference System for trainers: Facilitating learning processes to promote health awareness

|   | KNOWLEDGE                               |  | SKILLS                               |  | ATTITUDES                     |   |
|---|---|--|--------------------------------------|--|-------------------------------|---|
| L | Level Title                             | Level description  | Level Title                          | Level description  | Level Title                   | Level description   |
| 5 | Knowing where else (knowledge transfer) | Having a large knowledge background in using different methods and tools for facilitating vitality interventions and knowing how to transfer this to other areas of life.                        | Developing/constructing/transferring | Further developing own expertise in facilitating health education and creating new approaches to promote health awareness among migrants.  | Incorporation/internalisation | Having internalised to facilitate health education using various learning methods and communication styles. Inspiring others to develop their competence.             |
| 4 | Knowing when (implicit understanding)   | Knowing when and how to facilitate health education activities for migrants with different objectives and contexts. Knowing how to assess and improve the effectiveness of the learning process. | Discovering/acting independently     | Facilitating health education with a variety of tools and methods for different contexts and competence developments. Supporting each learner to define their own learning strategy. Being able to optimise existing concepts. | Self-regulation/determination | Being determined to improve own competence to facilitate health education in theory and practice. Finding it important to be pro-active and creative in this respect. |
| 3 | Knowing how                             | Knowing how to facilitate health education activities in a group. Knowing ways and methods how to support migrant learners in applying what was learned.   | Deciding/selecting                   | Selecting appropriate methods and communication styles for facilitating health education. Monitoring the impact on individual learners in regard to objectives.  | Motivation/appreciation       | Valuing health education for migrants. Being motivated to improve own competence to facilitate health education with migrants.  |
| 2 | Knowing why (understanding)             | Knowing the benefits of health education for migrants, e.g. that it can improve well being, self-care capacities and autonomy of the learners.   | Using/imitating                      | Applying methods and communication styles as instructed or imitated by others for facilitating health education.   | Perspective taking/interest   | Being interested in improving own competence to facilitate health education for migrants.   |
| 1 | Knowing what/ knowing that              | Knowing that support of a facilitator for health education increases awareness and learning impact for learners.   | Perceiving                           | Perceiving that facilitating health education requires a specific set of training skills and contents.   | Self-orientation              | Feeling that leading learners to more health awareness can be beneficial, without considering to do it.   |

## LEVEL5 Reference System for trainers: Motivate learners

| KNOWLEDGE   |   | SKILLS                               |   | ATTITUDES                     |  |
|-------------|---|--------------------------------------|---|-------------------------------|--|
| Level Title | Level description                       | Level Title                          | Level description   | Level Title                   | Level description  |
| 5           | Knowing where else (knowledge transfer) | Developing/constructing/transferring | Developing or transferring motivation methods and techniques into different situations and with different types of learners.                | Incorporation/internalisation | Having internalised the aim to inspire learners in a way that they are motivated in their learning process.              |
| 4           | Knowing when (implicit understanding)   | Discovering/acting independently     | Researching and testing motivation methods and techniques for different purposes.   | Self-regulation/determination | Being determined to apply various motivation techniques and methods for learners and to improve own competence to do so. |
| 3           | Knowing how                             | Deciding/selecting                   | Selecting methods and techniques to motivate learners to stimulate and empower them in the learning situation from set of given approaches. | Motivation/appreciation       | Being motivated to use appropriate methods to motivate learners and to improve own competence to do so.                  |
| 2           | Knowing why (understanding)             | Using/imitating                      | Applying motivation techniques as suggested/planned by others, or by imitating others.  | Perspective taking/interest   | Being interested in improving own competence to motivate learners.   |
| 1           | Knowing what/ knowing that              | Perceiving                           | Recognising motivation or de-motivation among learners and its impact.  | Self-orientation              | Feeling that it is important to motivate learners without relating this need to own role.                                |