Researcher BN: So yeah, are you happy to go ahead?

SP14: Yeah, yep.

Researcher BN: Great. So we'll just start with some basic demographics of your age, your gender, and your role at (name of organisation)?

SP14: Erm, I’m 56 years old. Erm, I'm one of the senior managers here at (name of organisation). I've been here, I’m the longest member of staff so I’ve been here 21 years.

Researcher BN: Ah right.

SP14: So I originally started on what was the original link worker programme.

Researcher BN: Right.

SP14: Way back in the days, and you’re in meetings

(disrupted by someone entering)

SP14: So when that, it’s quite interesting because, like over the last two years, everybody keeps saying we've got this lovely new programme, and we've got this link worker programme, and it's gonna be all new and wonderful and signposting and you think, I've been here too long because we did that like 20 years ago or 19 years ago, and it did work, peer-to-peer support does work.

Researcher BN: Yeah.

SP14: It does work, from a ground level. It ,it's, it's very interesting, because we've, we've always used the MECC approach at (name of organisation),

Researcher BN: Right.

SP14: ..and it's very interesting when we had, say the change for life champions, which were volunteers in the community. Where they were, we were empowering people to share those key messages. Eat well, move more, live longer, and they were sharing it with their friends in the local playgrounds. You know, when you're waiting for your kids to go into school, and they were having some lovely conversations with mums,

Researcher BN: Mm-hmm.

SP14: ..and other mums in the playground, that those mums potentially wouldn't have had with a professional.

Researcher BN: Ah right, yeah.

SP14: Do you know, and they were like, and they were, because it was on that level, they were saying to people, to their friends, erm, or to some of the team, I really am a little bit worried about me weight, but I don’t want to make a fuss of it.

Researcher BN: Yeah.

SP14: So you were able to give them that information in a very Low level

Researcher BN: Yeah.

SP14: ..and like top tips and, encouraging them and saying well, you know, we've got a healthy eating workshop, do you wanna come along and have a go and, just empowering them that way, because they didn't want to make a big thing because they didn't want any pressures from above and sometimes healthcare professionals they talk to you, not with you.

Researcher BN: Hrmm, yeah.

SP14: Do you know like, it's, it's pointless being the waggy finger people because people don't want it.

Researcher BN: Yeah.

SP14: But if you saying to them well look, what do you think the problem is? What is it we could do to help together? I'm not going to do it for you, because that's not what it's about. It's about empowering people and giving them the information, so they then feel confident enough, or know where to go to because we, we haven't got all the answers.

Researcher BN: Yeah.

SP14: I mean, it's, it's very much of, you've got the brief understanding, and you can signpost them and say you can go here, here, and here.

Researcher BN: Yeah.

SP14: Erm, so I mean at this moment in time, I run or er I oversee the nought to 19 service around erm, their food and education,

Researcher BN: Ah right.

SP14: ..erm, and we cover (name of location), erm, we have commissioned in (name of location) erm, (name of locations), and that's just the nought to nineteens.

Researcher BN: Right.

SP14: So inner, the (name of location) gets the, the full package as it were. So they would get the erm, the starting solid courses which was the weaning courses, erm, at the minute we're doing a very big push on food and fuel.

Researcher BN: Oh yeah.

SP14: Erm, so it's a six week program and erm, every week we will take a different piece of equipment because some people cannot afford to heat their big oven up.

Researcher BN: Mmm.

SP14: Or if they’re in a private Landlord and the oven doesn't work, they only have a microwave,

Researcher BN: Yeah.

SP14: ..or something like that. So, it's showing people that you don't need to have huge big fancy ovens. If you've got a microwave, you can cook a curry from scratch in a microwave in 12 minutes.

Researcher BN: Yeah.

SP14: You know, if you, if you wanted to make a pudding you could do, er, quite a healthy chocolate cake in the microwave in 2 and 1/2 minutes.

Researcher BN: Mm-hmm.

SP14: So it's empowering people and giving people that information. So, say over the six weeks they might do some halogen cooking one week, erm there might be a microwave cooking, and then there might be the electric pans, erm, we're going to do a week on air fryers because air fryers seem to be the big thing at the minute.

Researcher BN: Yeah, they are aren’t they (laughs).

SP14: They seem to be the big thing at the moment. Erm, we're going to take the soup kettles along because if you've got a soup kettle, you can throw your ingredients in, press the button and 25 minutes later it's cooked.

Researcher BN: Aye, yeah.

SP14: Yeah, and not everybody might have a soup kettle, but you can use the same principle in your pan.

Researcher BN: Mm-hmm.

SP14: And it's just to try and empower them and give them that information. Erm, we also offer erm, credited food hygiene courses through the Royal Society of Public Health. So we've had a lot of parents, erm, where they've come to be, like the change for life champions, or er, or Community cancer champions, and they come on board and you build their confidence up and, then they go and do a, say a food hygiene course or a level 2 allergy course which is what you want, but then they go and get a job (laughs). So, then you have to start again,

Researcher BN: Right.

SP14: ..because it's the outcome you want for them, but when you've got a really good cohort of people that are really, really good, and they wanna get involved in everything, it's like oh they’re going now, I have to start again.

Researcher BN: Aww!

SP14: Erm, but it’s really good so erm, we like, we do a lot around the holiday activity fund. Erm, so we, we would link in with other providers, erm, say like elite PE, er, JJ Sports, erm Zoom West, erm, and we would offer the food education part of their session because of, from the Holiday Activity fund, you've got to, er, provide so many hours over so many days, for so many weeks. But in those days, you've also got to erm, provide a hot meal,

Researcher BN: Mm-hmm.

SP14: ..erm, and you've gotta provide some food education, so, we would work with the, the fitness providers because that's not our expertise, but we would come along and we would bring the, the eat well guide, and we would do the food education, and we would cook with all of the kids, so say there's thirty kids in the group. You cannot cook with 30 kids. But if you're there for two days, we'll cook with 15 kids one day, but they would make enough for everybody so they could all sit and have their food together.

Researcher BN: Yeah.

SP14: And then the next day you'd swap your groups around, so everybody's having a go at doing it.

Researcher BN: Ah that’s good.

SP14: And everything's linked in with the school meals standards, so, you know, you're getting your protein, you're getting your calcium, you're getting your fruit and veg, because some people think providing a hot meal is a baked potato and a piece of cake, that's not a hot meal,

Researcher BN: Yeah.

SP14: ..and that's not food education,

Researcher BN: Yeah.

SP14: ..and it's about trying to get the kids involved and giving them the information in a fun way, when you're not in the classroom, because you don't need to be in the classroom to learn. I mean, we have pop-up kitchens where we’re in fields and football grounds and things,

Researcher BN: Oh wow!

SP14: And you know, you've got the portable gas hobs, and the kids will say I've never been camping but I bet it’s like this and, it's just to give them that experience,

Researcher BN: Yeah.

SP14: ..that, you know you don't need everything

Researcher BN: Mm-hmm.

SP14: ..in the world, materialistic things, to have a really good time and, and you can learn in different environments with different friends because they, these are kids that come together, erm, to these training courses, as it were, over the summer holidays, and over the Christmas, and over Easter. And they might be kids from other school that they've never met, so it builds confidence up and new friendships and it’s just so lovely.

Researcher BN: Yeah, oh that’s lovely. So your day to day role are you on the coal face, are you out there, out and about?

SP14: I manage, but I still deliver,

Researcher BN: Right, yeah.

SP14: I still, I still deliver, er, I probably don't deliver as much as what I have in the, over the, probably in the last three years I've delivered less, but I still, I still deliver. Because I, I believe that you should lead by example, and if you've got new stuff coming in, because it’s all about keeping your standard and keeping your reputation, so you want people to build on what's there.

Researcher BN: Yeah, yeah.

SP14: You don't wanna have to take a step back. And the team, I mean, I've had very little staff leaving in the team at all, since I've been here, we've got such a lovely core group of people, so we get, we're getting new people in now because people have left naturally. Erm, you know, like people have retired and things like that.

Researcher BN: Yeah.

SP14: Erm, so we're getting new people coming through, which is good, and the, the beauty of the holiday activity fund is, we haven't got staff capacity to, to deliver it, so over the holidays we would advertise short term contracts or bank staff.

Researcher BN: Yeah.

SP14: Erm, so, over the last four or five years we've had some fantastic students, university students.

Researcher BN: Oh yeah.

SP14: Erm, I mean, especially during lockdown, we had a drama student from York who lives in (name of location), and she was doing community drama, but she wasn't able to do any of the practical face to face during the lockdown.

Researcher BN: Yeah.

SP14: Because she couldn't get anywhere, so she came to us over the summer holidays, erm, and she was able to put her theory into practice

Researcher BN: Yeah.

SP14: ..with the kids in the schools and, showing them to do things in a different way and have little drama sessions. So for her, it was wonderful because she was able to put it into practice. It was great for us because we were adding as something, like an enhancement or an enrichment into our sessions that we couldn't do. I mean, if somebody said to me, (SP14), go and do something with the kids in the hall I’d be like right, we’ll play ringaringaroses,

Researcher BN: Yeah (laughs).

SP14: ..or simon says, but when you've got somebody that's got a little bit more knowledge about, well we could do this or talking them through that,

Researcher BN: Yeah.

SP14: ..it was lovely, but for her it was such, it was such a good way to put her theory into practice,

Researcher BN: Yeah, mutual benefit.

SP14: ..and whenever the students have come in, we always, we train them on our accredited food hygeine and food allergy, erm, so it means that when they go back to university, if they’re looking for a job, they've got an accredited qualification to go into, if they want to work in a bar or a restaurant or a cafe thing,

Researcher BN: Ah right, so it really is mutual, yeah.

SP14: ..so it's a two way, it's a two way process.

Researcher BN: Yeah, yeah.

SP14: Erm, so we had a group of three or four students, who were with us for three years, and then unfortunately they graduated, these things happen.

Researcher BN: (laughs) Yeah.

SP14: Erm, so this, this last summer erm, we've had a student that’s just done her degree in nutrition, and she's doing her masters in September. Erm, so she was with us all the way over the summer. And again, you’re putting your theory into practice. Erm, and we had an international student, and we had a sports and nutrition student with us, and the international student, erm, because she’s doing her masters in (name of location), she's ended up on the health improvement team on a temporary contract on 20 hours,

Researcher BN: Ah right, great.

SP14: Erm, which is great, and the sports and nutrition student, erm (name)’s on our team and he does 8 hours a week.

Researcher BN: Oh great.

SP14: And it helps because, it helps to put towards his dissertation as well.

Researcher BN: Yes, yes.

SP14: Because his dissertation is around erm, food education and sports, so he did so well over the summer, we sort of said look, we’ll give you 8 hours a week.

Researcher BN: Ahh, that’s great.

SP14: So it means you can get more put into his dissertation, but it’s a two-way process, it is a two-way process

Researcher BN: Yeah, yeah.

SP14: ..and you're looking for people who want to go out and talk to people, and they want to talk to the kids, because it's pointless just going to a session and saying there’s the ingredients, there’s the recipe get on with it. You’ve got to talk to them.

Researcher BN: yeah, yeah.

SP14: I know like, when we've had like year six students in, erm, or year five students in, we had one couple of, well a couple of lads, erm, in one of the sessions from one of the (name of location) schools and he was going I hate maths, I absolutely hate maths, I don't know why I've got to take maths, I absolutely hate it. I want to be a rapper and I'm going to be a musician, and everything, but one of the students was actually doing music at university,

Researcher BN: Ah yeah.

SP14: ..and he had said actually though, it's really good that you want to do that, but it's so important from a music point of view, and understanding the beats and things, that you have this education and your maths as well. So it was nice because it, it's nice to get it from somebody that is not that much older than you.

Researcher BN: Yeah.

SP14: But has got enough experience to reflect, to say actually, you do really need to have that,

Researcher BN: Yeah.

SP14: Whereas if we said you need to do your maths, they’d be thinking ah, she’s like a teacher isn’t she, whereas if it comes from like a mentor, it’s different like that.

Researcher BN: Yeah, so again, I suppose it's like those volunteers out with the mams, like you said before,

SP14: Yeah.

Researcher BN: ..someone more on their level.

SP14: Them conversations, little conversations

Researcher BN: Yeah, yeah.

SP14: I know the drama student, erm, because obviously they do an element of safeguarding as well before they go out, erm, and I mean, cause they go out in teams so there would be three in a team going out together, erm, and she was talking to this little girl, erm and just chatting away and chatting away, and the little girl was saying that her brother was going away and she was chatting, nice open questions, and then all of a sudden, this little girl broke down in tears and said my little brothers are getting adopted and I'm never gonna see them again, and that was the first time she’d disclosed.

Researcher BN: Ah wow.

SP14: And it was conversations.

Researcher BN: Yeah.

SP14: Little conversations. Obviously (name) went straight to (name), the little girl’s support worker, explained and the support worker took her away because she was more qualified to have those next level conversations,

Researcher BN: Yeah.

SP14: ..but sometimes it’s being in the right place at the right time, and asking the right questions. That can make a difference.

Researcher BN: Yeah.

SP14: That can make a difference. Erm, so the other half of me team which is totally different to the nought to 19s, is erm I, I’m funded through Northern Cancer Alliance, and I run the Community Cancer Awareness programme.

Researcher BN: Ah right, yeah.

SP14: Erm, and we cover (name of four locations around the area).

Researcher BN: Right.

SP14: And again, very much a MECC approach. Erm, we offer erm, awareness stores, so we would go in erm, say events into supermarket, into school staff rooms, erm, into companies and organisations. Have an information stall, lots of leaflets and lots of props. And we talk to people and we'll say, you know, are you up to date with your screening, erm, you know, do you know screening’s there for healthy people. And, to put it crudely, your screening appointment is only as good as it is on the day, like a car, So if you've had your, say cervical screening, and then six months later, or 12 months later, you start to notice signs and symptoms, and maybe discharges that you're worried about, don't be thinking well me cervical screening test was clear I’m fine, because your body's changing all the time. So at that point you should then go back to your GP, because the screening’s there for people with no symptoms. So, once you start to become symptomatic and have symptoms, you need to go. So we would talk to people about what different signs and symptoms are. Erm, you know, ask them do they know how to check themselves, because you can be in a room full of people and you'll say to people, do you check yourself? And everybody will put their hands up, and I’ll go do you know what to look for? And half the hands go down because people don't know. They don't know. Erm, so we would just have those really nice, gentle, friendly conversations. Depending where we are, the stores set up, set up differently. So we've done freshers week quite a few times. Erm, students don’t particularly want to come and talk to you about boobs and cancer and things,

Researcher BN: Yeah (laughs)

SP14: But we’ve took along erm, some lovely cupcakes because one of the teams is really, one of the members of me teams is a really good baker, and she did these cupcakes, and she had like 2 Jelly tots in for an extra nipple. Erm, she had sunken cakes for a sunken nipple,

Researcher BN: Ah yeah.

SP14: ..she had crusty space dust for a crusty nipple. She had red laces for a raised vein.

Researcher BN: Oh amazing!

SP14: So she had all these lovely different cupcakes, erm, to show the different signs and symptoms of potential breast cancer. So when the people, the students were coming over and saying, ahh, can we have one of your cupcakes, yes, if you talk to us.

Researcher BN: (laughs) If you learn first.

SP14: So, it’s a way just to try to think, right, how can we engage with these people? Because for some people it's a very, very hard and sensitive subject to talk about,

Researcher BN: Yeah. Uhumm.

SP14: ..but it's a subject that should be talked about. You know, if we reflect and look at COVID, pre COVID, who knew what an R number was, social distancing, and social isolation. You know, and all this space, face, hands and things, we didn't have a clue, but because we were getting these news flashes everyday, everybody knew about it because COVID kills, and it's killed an awful, awful lot of people. But cancer kills equally the same, if not more people, but we don't talk about it. But why don't we talk about it?

Researcher BN: Yeah.

SP14: Because if we talked about it more, or we were more open about it, then people would go to the doctor's earlier. They would go on the pathway earlier. It would save the NHS time and the money, and the outcome for the person would be better, it would be totally better.

Researcher BN: Yeah. So do you see that Cancer elements like the screening and the checks, do you see that kind of advice as part of the MECC approach or different to?

SP14: Yeah, as part of the MECC, we try to do that make, because, I mean I can give you a couple of examples because that, that's the cancer awareness and we can do awareness talks as well. Erm, if somebody told me 3 and 1/2 years ago, four years ago, that I would be in a room with 16 builders talking about prostate cancer and testicular cancer, I would say you're having a laugh, that can’t be done.

Researcher BN: (laughs) Yeah.

SP14: You know what it is, they engage so, so well, and will, they will ask questions, but it's because it's not a medical, because we're not medical professionals, we’re community development workers, but we have been trained by Northern Cancer Alliance and Cancer Research UK, so we have knowledge. But we have enough knowledge to empower people, but for the next level up, you've gotta go to your GP because we're not medical professionals.

Researcher BN: Yeah.

SP14: So, alongside the cancer awareness, we also run the cancer champions course,

Researcher BN: Right.

SP14: The community cancer champions course. It's very much based on what we’re changed for life cancer champions, er, community champions were, er, where we engage with people from the local community, businesses, erm, we've got supermarket cancer champions. Anybody, schools, nurseries, anybody who wants to learn more about cancer and how to help reduce, erm, the cancer rates and spread the awareness can come onto the course. It's a free, it's a free course.

Researcher BN: Ah right.

SP14: Erm, they're not our volunteers. Erm, we offer training, we offer regular updates, and we have catch ups and erm, over the Christmas we linked up with urban green and we did wreath making is (name of location) so our cancer champions came, there was about 12 of them came along from, some of them would never, didn't know each other, and they were making the wreaths, and they were chatting about what they’d done, and eee well I was talking to this person and she said that, which is lovely. It's really, really nice. So these, these local people, erm, to their communities will come along and they will erm, talk to them about what, what is cancer, erm, very much in layman's terms. Erm, who can get cancer. We look at lifestyle choices, because if you’re making the correct lifestyle choices which is where your MECC approach can really come in, erm, if you’re making the right, the right lifestyle choices, it will reduce your risk of getting cancer. We're not saying you're not going to get it, but it will reduce your risk of getting cancer. Erm, then we look at specific tumor groups, erm, so we'd look at the screening cancers, you know your bowel, your breast, your cervical, but Northern Cancer Alliance will ask us to look at specific tumour groups as well. So during COVID we were looking, doing a lot of work around erm, lung cancer, because if you look across the UK, breast cancer is the highest rate, highest cancer rate, unless you come to the like Newcastle and Gateshead, the North East, and it’s lung cancer.

Researcher BN: Right.

SP14: Not by a huge amount, but it does tip the scales.

Researcher BN: Right.

SP14: Erm, so we do a lot of work around erm, lung cancer, and the signs and symptoms. So if we've got a group of er, champions in the room, we'll give, we'll put them into pairs and we'll give everybody a cancer, and we'll say right, there’s a cancer, tell me what the signs and symptoms are and then they’ve got to share that with group and then we can go over well, that's great, but you might, you've got this, this, and this as well, and ‘ah we didn't know about that’. Erm, and then we look at myth busting.

Researcher BN: Right.

SP14: Right. You know, if you stand in front of your microwave you're not gonna get cancer, it's, it really doesn't happen. You know, if, if you use your mobile phone all the time, you're not gonna get cancer. If you, if you put your mobile phone in your bra which a lot of, especially the Romanian ladies do, they’ll store it in their bra because they won't, might not have bags and things so they will just pop it there. You're not going to get cancer. And it's very much, having those conversations around erm, what the perception is to what it actually is. Erm, you know, can stress cause cancer? Stress cannot cause cancer but cancer can potentially cause stress, especially to members of your household as well. And what's your, what's your mechanisms for your reducing your stress? If you've got good mechanisms, that's good. But if you haven't, your stress bucket or your stress container is gonna get fuller and fuller, you know. And if you're maybe having 4 bottles of wine every night to help get rid of any thoughts and stresses to wind you down, and that's happening over a prolonged, a prolonged length of time, then that's not good from a risk factor point of view.

Researcher BN: Yeah.

SP14: So we talk about that. Erm, and we ask them to make a pledge.

Researcher BN: Ah right.

SP14: So erm, a proper true fluffy, community development. I have a lovely wooden tree. And we have little pledge tickets, and they just put their date on and their initial, and write a pledge, and it could be something personal to them. Or it could be something very generic so erm, it might be that erm, they work in a primary school and they’re gonna erm, put leaflets up in the staff room. And they’re gonna put a notice board up in the staff room. Or it could be that they’re gonna do a coffee morning and they’re gonna have a coffee morning, and they’re gonna just have the leaflets out and just have informal chats. Er, we've had erm, one gentleman actually off a construction site, and he openly shared his pledge, and he said, when I get home tonight, because we'd done the cancer champions talk with them, he said, when I go home tonight I'm gonna say it wor lass, stop saying you can't get through to the doctors to book that bloody smear thing. And you, because, if you, if you say to a woman are you up to date with your cervical screening, ah I got the letter, erm, and I put it in the drawer and I forgot about it, don’t put it in the drawer. Or they’ll say I couldn't get through, or I haven't got 10, or I'll do it later.

Researcher BN: Yeah.

SP14: And this gentleman actually said, I'm going to go home and I’m gonna get wor lass to phone. And he did, and he fed back, erm, so we ask them to do, we ask them to do that, erm, we've probably got about 10 champions, because the Champions come and go,

Researcher BN: Mm-hmm.

SP14: It depends where they are in their life, whether they're still at that toddler group, or they’re still in that school, or they still accessing that community group, have they gone on and gained employment. It could be that they’re at work or have they gone to a different department with a different organisation. Erm, so we've got about 10 champions that have been with us since the start.

Researcher BN: Wow so that’s a good sign.

SP14: erm, one of our, probably our most successful champions is a er construction site manager for weights construction,

Researcher BN: Ah right.

SP14: And because he moves around the country, we can only technically access him when he's in our area. But, with the development of teams, erm he was saying things like erm, ah well I wanna do a teams talk on prostate cancer, erm, if I'm in the room will you zoom in? Not a problem (name) because we're still in (name of location). You know, we're still in (name of location). So we've had, but now he's back up in (name of location) and he’s going back, he's, he's running the (name of location) plant for the Nissan Battery plant. Erm, I mean the last time we were there we had 16 people in the room, and we had 37 people teams in.

Researcher BN: Ah right, so like a hybrid.

SP14: So, yeah, yeah because you can be, you can be zoom on in the room really, so it's, it really is opening up, erm, and because you had people in the room, you were still getting those conversations because what we found during lockdown is, we were still delivering, but you weren't having the conversations probably as well as what you would have had face to face, especially the Champions is over 2 weeks, so you give it's, it's like when you do the mental health courses you, you split them into sessions. Erm, you know, you're talking to them in the first week, and people will either hang around at the end your session, or they'll be there early at the start of your next session to ask you the questions.

Researcher BN: Yeah.

SP14: But it’s giving them that time to think, and it's same with the cancer champions, it gives them that time to think about actually, I should have asked this, or I should have asked that, because you get the opportunity.

Researcher BN: Yeah.

SP14: Whereas in, on teams or zoom, sometimes people to want to ask because everybody is focusing on you whereas in your room you might be in the corner.

Researcher BN: Yeah, yeah.

SP14: You know, making a cup of tea and you can quietly ask. You cannot queitly ask a question on team (laughs).

Researcher BN: (laughs) No, everybody sees everything.

SP14: Yeah, you cannot questly ask a question on Teams. So we'll try to use a erm, a lot of lived experiences. Erm, we've got case studies from champions where they've been involved with people, erm, and they've given us their case studies to share, we'll share them anonymously, but they want us to share, erm, probably the most recent one, erm, is we were at a health event, and we were doing a stall, erm, an awareness stall. And we had, you had, for the health event it was in Newcastle Civic centre. You had to donate a prize, a raffle prize,

Researcher BN: Mm-hmm.

SP14: So everybody who attended would get a raffle ticket, erm, and you went up and you could pick a prize. So we had made this bath bomb set in a basket. Put leaflets in like Copperfeel leaflet and er, oddballs testicular fitting, like just the, the smaller leaflets that didn’t, so the baskets will look pretty. Erm, and this lady who was on the stall next to the girls who were there, erm, she was a, an ex-Nurse and she was manning the stall voluntary, and she'd won a prize and she said I'm a great believer, I don't ever believe in fate, because she'd emailed is, she'd said I don't ever believe in fate, but I really wanna tell you this, she says I attended the event and I got a raffle ticket, and she said erm, it's a free raffle ticket and she said, and I won. And you could pick anything on the, on the table, and she says I picked, I picked your box, basket of bath bombs up, and she says, and I took it home, and I put it on the bench and under the, the cellophane and things and was looking at the leaflet, and her fourteen year old son came down.

Researcher BN: Mm-hmm.

SP14: And he picked up the little leaflet with the testicular, the oddballs testicular cancer, and she said erm he went upstairs, and after half an hour he came downstairs and he sat on the chair, and he burst into tears and he said mam I've got a problem. And she says what you talking about? And he says I've got this, you need to take me to the doctors. And she said, I'm from a nursing background, and I've always been very open about signs and symptoms. But, a 14 year old boys probably never looked at another 14 year olds balls have they.

Researcher BN: Mmmm, yeah.

SP14: Erm, so erm, she calmed him down and she said right okay, you'll have to let me have a look. And she says right well, we need to get you to the doctors, and went to the doctors, and had to be referred erm, for further investigations and treatment. And she actually emailed and she said, if it wasn’t, she said I don't believe in fate, but I was meant to get the raffle ticket, I was meant to pick that prize. And as a family, we feel as though having that leaflet in there, has potentially saved us so much heartache.

Researcher BN: Wow.

SP14: Because she would have never, she said, I would have never said to him, can I look at your balls?

Researcher BN: Yeah, yeah.

SP14: And that one little leaflet, because she said, I presumed he knew what to look for, but they’re only fourteen.

Researcher BN: Wow, so that was so powerful.

SP14: Ohh, it's just, it's lovely.

Researcher BN: Yeah.

SP14: And it's lovely because sometimes, especially when you work in the community, you, you do all of these things and sometimes you never hear.

Researcher BN: Mmmm yeah. Uhuhh.

SP14: And it’s very hard to measure because you, you haven't got any facts and figures. I mean, we work very closely with the PCNs and the GP practices, erm, and we use the fingertips data. So we would look at GP practices that were below the standard level, and if they’re below the level then we would get in touch with that practice and say we can do some work in your community around this, would you be interested? But more importantly, have you got the capacity? Because it's pointless us saying, you need a bit of help to get your screening up, do you want me to do some cervical screening campaign, or even not engaging with the GP practices, and us doing a big push in the community, to say go and get your cervical screening, and then they might not have the sample takers.

Researcher BN: Yeah, yeah.

SP14: They might not have the available appointments. So you’re sending somebody in to hit the brick wall with it straight away. And when they go back.

Researcher BN: Yeah.

SP14: You know, so it's very much a two way thing where we're trying to push the people into the GP practices and we’re wanting them to pull them in. Erm, so it does work, it really, it really does work. It works really well, and that's probably the time when we can see if the figures have gone up.

Researcher BN: Yeah.

SP14: Because, if we’re working with the practice, because they can say, well actually, they might have had an extra 10 or fifteen ladies through, which might not sound much, but that’s 10 or 15 ladies that have gone through the system rather than not have gone through the system, erm, we’re doing a lot of work at the minute with erm (name of college), (name of school) sixth form, around, you know, spreading the awareness around north east youth where we're going and having little informal conversations, doing like little myth busting games with them, just to start that drip drip approach in now, because if you get them to know what their body feels like when they've got, when they're in puberty, and they do the regular checks from them, they’ll notice if there’s a change in their body.

Researcher BN: Yeah.

SP14: Whereas if they wait until they’re 25 when they start to get their cervical screening, erm you know if you think testicular cancer can be starting in kids as low as fifteen, so they need to be aware of, it's not, it's not wrong to check your boobs and your balls when you’re in the shower.

Researcher BN: Yeah.

SP14: Erm, they need to know that men can get breast cancer. You know, I mean, we had a, a very big long discussion, it was when we were volunteering on the Great North run, it was one of the security guards at one of the baggage handling tents who was saying it’s an absolutely physical impossibility for a man to have breast cancer because he doesn't provide milk. No, you still have the tissues there.

Researcher BN: (laughs) Yeah.

SP14: They’re still there, honestly, but it's good to, to like have those conversations with people in a very informal way. Erm, we had a cancer charity in during COVID, who’s father wasn't very well and the rest of the family was saying he had the COVID cough, and we've done a lot around lung cancer, and she was saying I don't think it is, and she encouraged her dad to go to the GP, and he got picked up with stage one lung cancer.

Researcher BN: Oh wow so it was early at least.

SP14: Yeah, and from a lung cancer point of view to pick it up at stage one rather than presenting with stage three and stage four, your chances of survival are so, so much, and getting better are so much better.

Researcher BN: Yeah.

SP14: And she had said do you know, yous have saved my dad's life. Just by having conversations, so it does work.

Researcher BN: Yeah.

SP14: And it is the MECC approach. You know, you, you, you, it's like the Ask, Act, Assist, and, you know, people might not want to do it at that moment in time, but if they've come forward enough to talk to you, and they're willing to listen to you, they might not be ready to do the next step, say from a smoking point of view, but you can say when you're ready, this is who you need to phone. So, and (name of organisation participant works for) offer a stop smoking service so we can say, you know, go along to the health resource centre, go along to (location), you know, the team will help you, or ring this number and ask for this lady, they’ll help you.

Researcher BN: Right, yeah.

SP14L Because it's got rid of a barrier straight away, and it's the same over at (name of location), er, (name) from (name of location), she gives us a list of erm, the stop smoking services at (name of location), and I think nearly every pharmacy in (name of location) was, other than one, erm, had stop smoking services and advisers.

Researcher BN: Ah that’s good.

SP14: Erm, and she would tell me the dates they were in so if we had somebody from (name of location) we could say well actually if you go to (name of location) on a Tuesday, this lady might be in, should be in, so if you go in and ask for her, and she may be able to help you. Other than saying well just go to any pharmacy, because it will be, they might build up the courage to call in at the pharmacy, they might walk in the door and they say to the girl or the man behind the counter, I’m interested in stop smoking, ‘(name), she wants to stop smoking. (name)’s not in today? She’s not in today pet, she might be in..’, they’re not probably gonna come in the door, so if you can give them as much information as you can to get rid of those barriers, and if you've already started those conversations, it makes all, it makes all the difference.

Researcher BN: Yeah.

SP14: Makes all the difference. We've had so many lovely stories where people have had concerns and worries, after we've had the chats, erm, and they've come and spoke to us, and they have gone to the GP, and something has been found. But equally so, we've had people with worries and concerns and gone to the GP with their worries and concerns, and been checked, and it's been absolutely fine, which is equally as good an outcome.

Researcher BN: Yeah, they’ve put their worries at ease.

SP14: Yes, but you know especially from a mental health and stress and anxiety point of view, it's just so much better, rather than burying it in the sand.

Researcher BN: Yeah.

SP14: Which, you know, which a lot of guys do, when they think well it’s just going to go away. Well sometimes it doesn't just go away.

Researcher BN: Yeah, yeah.

SP14: Sometimes it doesn't just go away, and it's so important that you spot your signs and symptoms early and you know what they are, go to your GP, but write them down, so when you go to your GP you say look, this is what's the matter. Otherwise, you'll go in and you’ll sit down with the GP, and the GP will say how can I help you, I’ve got a cough, and everything else will go out the window, because they'll just forget so, and if you can give the GP a clearer picture, they'll have a, the, the GP will know what to do better, because if you go in with one thing, he might think, well actually, you may just have a tickly cough, but if you haven't said well actually, I've got, I'm coughing more, I used to always be able to run up and down the stairs, now I’m having to stop at the top of the stairs, I'm really out of breath when I'm hoovering, erm, I can hardly carry the shopping bags, there's something else going on there.

Researcher BN: Yeah.

SP14: And that's the difference between saying I've just got a cough, or actually I've noticed this, this, this and this.

Researcher BN: And then they can join the dots. Yeah, yeah.

SP14: Yes. Because it is a join the dots thing really.

Researcher BN: Yeah, so what motivated you to work in this role, had you worked in the voluntary and community sector before?

SP14: No, my background, I was a supermarket manager for (name of supermarket) for 12 years.

Researcher BN: Ah right.

SP14: Erm, and then I went, I did me advanced food hygiene and me train the trainer at night school. Because I wanted to be a trainer, a food hygiene trainer, and I left (name of supermarket) and moved from an organisation in (name of location) as their fresh food area manager and trainer, and then went to Manchester for three years, and did a similar role down there as an area manager, erm and then I met me husband and had me son and wanted to come back home because my family’s, I’ve grew up in the (name of location) and my family lives around Newcastle, erm so came back and then (name) went to nursery at 2 and a half, so I used to volunteer and I was a governor in the nurseries, in the nursery, and er the head teacher said have you seen these jobs? And I says what, says this link worker, she says that would you be you ideally. And I’m going ah I couldn't do that, I said I'm going to go back into retail, she says but you're doing it (SP14), you're doing it, so I literally applied, and then four weeks later, I was getting paid for what I was doing as a volunteer.

Researcher BN: Ohh wow. That’s amazing.

SP14: So, and I’ve done nutrition at university so I'm more, was foodie background, food and food hygiene background, erm, and so came on board with, as the link worker, and then when, I only came on as a six month temporary contract, but then SureStart came, erm, so I used to a lot of work linking with (name of organization) and SureStart around the food, you know your five a day, you know your key messages, and portion sizes, and healthy eating, and sort of developed since then. So I’ve done some fabulous stuff erm, around, like because I’m their food hygiene trainer and their food nutrition trainer, erm but like I've done a lot of work around Diabetes, and, very much similar on the ground, kind of, because obviously you've got Desmond which sits at the diabetes Centre, which is a fantastic programme. Erm, but Desmond is very much a classroom based programme,

Researcher BN: Right.

SP14: ..with handouts and things like that. Some people want more practical stuff, so we worked in a, as a pilot for two years, with er several of other organisations across the country, and it was more hands on with erm, practical cooking, linking in with the diabetes and what you could eat, not what you couldn't eat.

Researcher BN: Right, yeah.

SP14: And about getting the balance, and you know, it's all about getting your balance right, erm, to help with your sugar levels, but using like demonstrations about how the blood goes and what the testing shows, and asking them to keep diaries and things. But again, some wonderful conversations, I had this gentleman came in, and he looked so down and depressed, and he came in to the session and he was in before anybody else had came in, and he sat down and he said er, I says ‘ah are you alright, do you want a cup of tea?’ And he says oh I’m just feeling so terrible, he says erm I saw my doctor four months ago, he says I've been diagnosed with diabetes. He's told us to stop smoking, to stop drinking, to stop taking sugar in me tea, and start exercising, he says I'm trying to do it all and it's killing us. I said you’re doing too much.

Researcher BN: Yeah.

SP14: You're doing too much. Let's do, you need to just concentrate on little achievable steps, went in probably cold turkey, no wonder he’s hit a brick wall! You know, everything you ever loved, and because unfortunately, the things we like in life, if we have too much of them, cause us issues and problems later on in life. Erm, so it's about trying to educate people so say right, little changes, erm, so we had another lady who couldn’t understand, me sugar levels are going everywhere, can’t understand it, me diet’s, I try to eat well, and I don't have too much sugary fatty things on my plate or anything. I said ah right, and I said so do you drink tea or coffee? And said ahh, I love a cup of tea. She said I have 8 cups of tea a day. ‘Right, OK, right, do you take sugar in your tea?’ She says well I take 3 sugars. And I says right and she says and I do like a biscuit. I says a chocolate biscuit? She says yeah, I said what you're saying there is, you have 8 cups of tea in a day, with three sugars. But you having say a chocolate biscuit, so say it's 2 sugars, so you’re having five teaspoons of sugar, 8 times a day, which is 40 teaspoons of sugar. She said but that doesn't count because it's not in me food.

Researcher BN: Ohhh wow, yeah.

SP14: It’s not in me food. Because a lot of people think, if you've got to control you diet, it's your breakfast, it's your lunch, it's your dinner. But it's what you're eating and drinking all the way through the day. So we like worked with this lady and she went oh. And we said right what we need to do is just try to reduce it a little bit, and it took about a year, but she was, she got down to 2 teaspoons of sugar, but only about 6 cups of tea a day.

Researcher BN: Right.

SP14: And she wasn't having a chocolate biscuit, she was having a plain biscuit, but she was only having that a couple of times a day. So over the year, even though some to people they think well that she’s hardly done anything with that has it, but times that by 12 months, by over that year, she's done a massive change on how much sugar she's taking in, by just doing those little tweaks, and it's about, and that's much more achievable than going stopping everything, because eventually she did get down quite well, but it was a long, long process, and it didn't, doesn't seem much to some people, but to that person that's a massive achievement.

Researcher BN: Yeah.

SP14: It’s a massive achievement.

Researcher BN: Ohh yeah, absolutely.

SP14: We, we had erm, because the champions, we often get asked to do focus groups, erm you know like researchers will come in and say can you pull a focus group together? And we did this lovely focus group, er, was from, for north of the tyne, and it's what you like living, why you like living in the north of the tyne.

Researcher BN: Ohh yeah.

SP14: Erm, so we had about 12, we had 12 people in, and we're asking them what they like living, and one of the last questions was if you could change anything, where you live, or how you live, what would it be? And it could be anything, so we had, because we had some cancer champions there, we had other people as well, so the cancer champions said find a cure for cancer. You know, erm, there was somebody else was you know, get rid of child food poverty, give every child free school meals all the way through year, all the way through the years, things like that, and one of the, one of the, one of the post-stick notes right Beth, right, said ‘to stop the fly tipping where I live’.

Researcher BN: Awww.

SP14: And like cause they'd all gone and there was like three of us had been delivering and were going what a strange thing to write because this person's going to cure cancer.

Researcher BN: Yeah, these big goals.

SP14: But this person wanted to, wanted to do, get rid of the fly tipping where she lives. But when you unpicked it, where she lived was at the end of a lane, where the communal bin was, which was outside her, really outside her gate, her back gate. And everybody was just fly tipping or they were going into the black bins and throwing rubbish everywhere. And they were having problems with rats and things, so to her and to her life.

Researcher BN: That was huge. Uhuhh.

SP14: Yes, yeah. Whereas everybody else was going how can we solve world poverty and everything but this one person wanted to sort that out, because to her, that was her priority, and that would have made a difference to her life.

Researcher BN: Yeah, ohh wow.

SP14: And it's just, it's, it's interesting when you look at how people think and erm, look at things.

Researcher BN: Oh yeah, definitely.

SP14: Yeah. So we've been doing work with behavioral science around head and neck cancers.

Researcher BN: Right.

SP14: So we've done a behavioral science masterclass about what makes it really, really interesting, and we've been doing work with head and neck cancers because we've, we've been, we've probably been well into our second year now because their designers are nearly ready to launch the poster er locally, erm and for years and years we've all been getting drip fed with cervical screening, breast screening, bowl screening, etcetera. Nobody ever says anything about the head and neck cancer. So think like when you go to the dentist, people think the dentist is just looking at your teeth, they’re not just looking at their teeth, they’re looking at their tongue, and they’re looking at their gums, and they’re looking for signs and symptoms of any oral cancers, and the difference between the head and neck cancer and say bowel cancer or breast cancer is you can cover up if you've had your breast removed, or you can have an implant, er, you could hide your bag. If you've had facial surgery and your face has been altered or changed, or your eye has been removed. You cannot cover that up, it’s in that the public view. Erm, so we've been doing a lot of work around these posters and things. Erm, and chatting to people about head and neck cancers. And you'd be surprised how many people didn't know you could get a head and neck cancer. Erm, I think they, they won't realise that the HPV vaccination is linked with cancer, erm and it's linked with cervical cancer, erm, but it's also linked with head and neck cancers because of oral sex and things like that.

Researcher BN: Right, yeah.

SP14: Erm, and obviously HPV vaccinations is now ruled out to boys in schools, but we've had a number of parents have said, why is my son getting an HPV vaccine? He cannot get pregnant, no he cannot get pregnant, but he can pass the virus on to people, so it's about raising that awareness of, explaining to people you know, you can do a 2 minute check, erm, you know yourself at home, little 2 minute check, erm, just for say any signs and symptoms. Erm, sometimes we've been to pubs and bookies and everything, talking to people with the pilot posters and asking them what they thought and what they think about. And I had one, one gentleman in particular, it was in the (name of pub) in Newcastle, and there was a couple of us there, we were talking to them, erm and he said you were chatting about head and neck cancers and lifestyle choices and things like that, and he says look pet, I’m 72, I smoke and I drink. I'm not going to stop smoking or drinking for you, absolutely not. I says that is, that is absolutely fine, but just make me a promise. If you see any of these signs and symptoms, that I was just chatting to you about and are on this leaflet, you promise me you'll go straight and see your doctor, because he;s not, he’s not at any point in the cycle of change to change anything, but he’s still entitled to have the information to say, if you notice this, this, and this you need to get it checked, because sometimes those are the people that you need to talk to. Erm, I was talking to some healthcare professionals over in (name of location) and they were going to have a lovely big health event. And they were chatting, they were chatting to say erm, would (name f organization) be involved and things like that, oh God yeah yeah, we'll bring this, we’ll bring the stall, and we're gonna have a health event. And we’re I going to target the people from like the bookies and this this and this, I’m like OK, that's great, that's great. Where are you having the health event? Well in the health centre. I says they’re not gonna come, if they’re not gonna come to the health centre now, they’re not gonna come to the health centre if you go and have a health event, if you wanna do promotion, health promotion, you have to, if they're not gonna go to you, you've gotta go talk to them, and their local community centre is an environment where they feel safe and secure, and they're happy to talk to you. They're not gonna go out to the health centre there, they're not gonna do it.

Researcher BN: Yeah, yeah.

SP14: They’re so not gonna do it. Which again is where MECC comes in because you can have these little conversations with people, erm, and hopefully erm, if not compel them enough to do something about it there and then, just plant that little seed. Because sometimes just planting that little seed and giving them a little leaflet is enough.

Researcher BN: Yeah.

SP14: It is enough.

Researcher BN: And how regularly do you think that happens, those kind of MECC conversations would you say?

SP14: I think, if you, if you look even at say our reception staff, I think the, the first MECC conversations has gotta be as first, as soon as they come through that door, because how they’re welcomed and how they’re greeted will make all the difference between whether they come back or not. So I think a lot of people have these MECC conversations day and they don't even know they’re having them.

Researcher BN: Yeah.

SP14: Because MECC shouldn't be something extra. MECC should be something that's built into you're, what you're doing now really, that approach should just be built in. So erm, I work, we've done a lot of work with trans B, trans er B north and communities, and went and B north came and said look we want you to do the Community cancer champions with some of our clients, would that be possible? And we said yeah, absolutely yes, not a problem. And I said but look, I want yous, a couple of yous to come to us, we will go through our presentation with you, because if you look at the presentation now Beth, to when we made it it’s like 4 and a half years ago you’d probably think what on earth were we thinking about. Like, because it evolves and it changes,

Researcher BN: Awww, yeah, yeah.

SP14: ..and it's fluid, erm, and not one shoe fits all, you've gotta be different approaches and things like that. So er two of the trans B board came, and me and (name) erm, who are both been in community development for years so, and you think I am alright with trans terminology, I’m fine, honestly Beth, we were there for two hours. We took them through the slides and we literally said, whenever you think we've said it wrong, or the image is wrong, or you think it would be offensive, erm, or it should be changed to make it better, just stop us. And we can discuss it, we'll make a note, and we'll take it forward. 2 hours, 2 and 1/2 hours Beth, I learned more from them in 2 and 1/2 hours, and I thought I was quite OK with it. But honestly, it's one of the best 2 and 1/2 hours we ever had, and even moving forward since then, when we do the presentations, say around prostate cancer, we will now not say a white man with a prostate could get cancer, could potentially get prostate cancer over 50, or a black man with prostate would get, could get cancer potentially the risk increases over the age of 45, we would say a black person with a prostate gland, or a white person with a prostate gland. Because if you've transgendered from male to female, you’re still gonna have your prostate.

Researcher BN: Yeah, yeah.

SP14: But, what (name) was saying from trans B was, sometimes even just saying a white person with a prostate gland, for to that person who has transgendered, can be quite, trigger off a lot of thoughts and feelings, like deep feelings to them.

Researcher BN: Right.

SP14: Because they might have blocked that away. But it was really interesting, even things like, (name) was saying about some of their clients, they've got an 18 year old, 80 year old client and he's never been in a swimming pool since he was like in his early 20s, and I says ah I know, I says it’s difficult that isn’t it (name), he says what I says to deciding, you know which changing room to go into I said it would be much better, remember the old swimming baths, the rectangular ones with changing rooms around the sides, and the little cubicles, I says, and it wasn't male or female and you could just go into a little cubicle, and you got changed and come out, and so he didn't have to make the choice, that's much better isn’t it. He says what you talking about (SP14)? I said well, the changing rooms, he says it's got nothing to do with the change rooms (SP14), he says if they’ve transgendered from a female to male they might have had surgery. Erm, if they haven't had surgery, they might have the restriction bands and everything on, and it was all those things and I suddenly thought god that's so obvious, how stupid am I, I’m thinking changing rooms, and he’s saying like body images and things like that. And even when there was, when we were saying we were talking about erm healthy eating and things, he said we need to be very very generic about it because in some cases, if a female’s transgendered to a male, they may want to put a lot of weight on to hide that female shape.

Researcher BN: Uhumm, yeah.

SP14: And it's very much about how body image, and how they feel, and it could go the other way if they’ve transformed from male to female. So it was really, really interesting.

Researcher BN: Yeah I bet.

SP14: We've done a lot of work with er, the trans community, erm because again, if you look on the government website, they've, they've got a lovely paper about screening erm, for the trans and non- binary community. Lovely image on the front, press on it, it's a 25 page back-to-back white paper, you’re thinking, you're gonna look at the first page and you’ve lost them. You know, you need to think, they need to think about like health literacy and how less is more.

Researcher BN: Yeah, for accessibility, yeah.

SP14: And it's more powerful rather than…

Researcher BN: Yeah. So what's the, what's your favorite part of your role, would you say?

SP14: Ohh it’s gotta be the cancer stuff.

Researcher BN: Ohh really, ah OK.

SP14: Yeah yeah, I just, I, I love it. I love, I love going to talk, I love going to talk to people and sharing that information. And one of, one of my cancer champions er, cause I've co-delivered erm with (name) a few times. Erm, he’s, we were at an event and I was presenting, and (name) was joining in at the presentation at the end. Erm, and one of my favorite things that er, (name) often says is, he'll, he wants to get that elephant out of the room and talk about things, but he'll always see this leaflet, this not an information leaflet I'm giving you, this is a chance for me to save your life. He says I'm giving you a gift. And it's just right and, and it's like when you’re, when you’re talking to groups, it's like that pebble effect, you know when you drop a pebble into a pool and it ripples out, this is what it's like in the community, if you talk to one person, they talk to one person, and then all of a sudden you do get the ripple effect and people are starting to talk about it because that's what we want, it's all about empowering people to talk about cancer, and be more open about it.

Researcher BN: Yeah.

SP14: Because if we talk about it more, a bit like COVID, it will get better.

Researcher BN: Yeah.

SP14: It will, and it is getting better. It is getting better.

Researcher BN: Yeah, that’s positive. And what would you say is the most challenging part of your role?

SP14: Sometimes some of the groups erm, we delivered is session in Middlesbrough, and it was a team session. It went very very well and it was very very good, erm, but sometimes you can get men that think a female shouldn't be talking to them about prostate cancer.

Researcher BN: Right.

SP14: Why not? Who else is talking to you about it? Have I missed something? Erm, and, I mean one particular bit of feedback he said, we had like 30 odd people on the call, erm, and this one particular gentleman had literally said erm, he felt as though it should have been a man.

Researcher BN: Right.

SP14: But although the facilitators were very knowledgeable, erm and had loads of information, health and helpful information etcetera, but I do feel women are much better, er, to talk over a cookery class or bake a cake. And I thought, I’m not even gonna respond, no. And we just laughed as a team. But you’re thinking with him, why does he feel so bad that he needs to write that?

Researcher BN: Yeah, yeah, it's coming from somewhere, a place of hate.

SP14: Yeah, I mean do you know, it would have been interesting to have a face to face conversation with him because then you could challenge and say, you know, why do tou feel like that?

Researcher BN: Yeah.

SP14: You know, is there a reason why you feel like that, you know, women don’t need to be in the kitchen cooking cakes, I mean as it is, we don’t know how old he is, so he could be, he could be in his late 60s, early 70s. And he might have those views, cause that might be how he's, where he’s grown up in.

Researcher BN: Yeah, the gender norms, yeah, yeah.

SP14: Yeah. But sometimes erm, sometimes you, you can go in with, you can go in with your agenda. So say if I take the Slovak Czech community. And we're going to talk to them erm, about cervical screening, erm and we went in to start talk about cervical screening, we always mention the HPV vaccine. We spent 2 and 1/2 hours talking about HPV, and the vaccine and why their sons should be getting it, because they shouldn't be having children. But then they couldn't move on from that, because obviously they've come from other countries,

Researcher BN: Yeah.

SP14: ..they needed to get their head around that before they were ever ready to go onto the next part, which is what we were, so sometimes you've sort of gotta go round the houses, or change what you want to do, to get to the same endpoint.

Researcher BN: Destination. Yeah, yeah.

SP14: Yeah. And it's just finding actually, you know, and it's reading into your room thinking this isn’t working, we need to do something else. So you have got to be, I mean, it you’ll probably be the same, you, you’ve sort of got to think on your feet. So, I mean I’ve delivered a food hygiene course in (name of school) with some of their, some of the lads there, and they’ve been excluded from all these schools, and they're in (name of school), and I went in to do their food hygiene and I always take me PowerPoint and everything with us, and there was only five of them in the group, and I thought I’m never going to put the PowerPoint on.

Researcher BN: Yeah, yeah.

SP14: Just don't go there. And do you know we had, some, we had three lovely sessions and they really got engaged, and we went around things in a totally different way, and they learned so much. And they all passed their exam. But they didn't want to show their friends the certificate because they’d never had a certificate before, and, and I was going you should be thrilled, you should be telling everybody, but erm, it is, you know it can be challenging at times, sometimes in groups erm, and you can have the person, and I think we've all been in a situation where you've had, you've got that person that doesn’t want to shut up, or they always know better than everybody else.

Researcher BN: Yeah, yeah.

SP14: Or if you've had three cars they've had 10. And it's about trying to, you know to, keep it even for the whole group. And not just about one person, I mean, especially when you're doing things like the MECC for mental health, it’s not a counselling session for you.

Researcher BN: Yeah, yeah.

SP14: Do you know, and it, and it's about trying to say that at the beginning. You know, we’re here to talk about this and talk about mental health, but this isn’t a Therapy session, because we're not Therapists.

Researcher BN: Yeah.

SP14: You know, we’re here to help, for your like, engaging with people, you know, trying to make it as welcoming and trying to have those nice conversations, or those difficult conversations, but also knowing where you need to signpost because there's nothing worse than opening a can of worms, because once the can of worms is open and you can't put the lid back on it, not for that person, so you need to know where you can signpost them to, and who can help.

Researcher BN: Yeah, yeah. Yeah definitely, yeah. So how often of your role is having chats with people where MECC potentially could come in?

SP14: Ah all the time.

Researcher BN: Yeah.

SP14: Supermarkets. Bus stops.

Researcher BN: Yeah.

SP14: Yeah, it's absolutely, sometimes I mean, I can be, I can be at the supermarket, and my son especially will say mother you’re not at work, you know I’ll be just two minutes, just two minutes. And sometimes especially if you've got people who feel a little bit vulnerable, erm and they’ve been to your sessions, erm and then you see them out, out in the street and things like that, and you chat to them, it does, they think actually she's remembered me, or you know, or you, they've mentioned something and you’ve said ‘ah how’s such and such, and did you get that sorted?’ And sometimes just for that person, even, even, I mean people have bad days, just saying hello to people that you've had on your courses can make all the difference to that person, cause you dont know what sort of day they're having.

Researcher BN: Yeah, yeah.

SP14: I mean, I've had a conversation with some young mothers, and one particular young mum she's, she's got five kids, erm and she said, you know, I'm absolutely useless. I can't, she'd been in a very difficult relationship, and she, we were chatting, and she said I'm absolutely useless. I can't do anything. I'll never be able to do anything at all, I'm just gonna be stuck, and like I say she had had a difficult relationship previously, and I said how are you useless? And she says well I don't do anything. I say’s how don’t you do anything? She says well I just take the kids to school. I said you just take the kids to school, I says you've got five children, do you think about your organisational skills to get your kids up on time for school, you give them breakfast, their homework’s done, their PE kit’s done, you’re getting them to school on time, you’re going home, you're doing your housework, you sort your tea out and everything, how on earth are you useless? You have got so many transferable skills, and what you're doing that could potentially lead on employment and everything, but sometimes when you're stuck in that situation, you don't see that,

Researcher BN: Yeah.

SP14: You just see, if somebody's been telling you you're a useless mother all this time, then you will then believe you are a useless mother, no matter what you’re doing.

Researcher BN: Yeah, yeah.

SP14: And it's about getting people to think in a different way, to think no you’re not, look at what you, look at what you can do you. I've got one child and I struggled. You know, but even just saying something like that, you know god one child, that was a struggle, yet you're doing it with five, my god I take my hat off to you, you must be super organized.

Researcher BN: Yeah.

SP14: And it’s just trying to build their confidence up, and encourage them. Erm, we had one lady on a cooking session, and it, and it was a budget, a cooking on a budget session, and all she, because we asked what would you like to do? What cooking would you like to do most, erm if you could save money in your budget? And she says I want to take my kids on holiday I said do you, I says where would you want to go, I want to go to sandy bay in a caravan. She didn’t want to go abroad,

Researcher BN: Yeah.

SP14: ..she wanted to go to sandy bay in a caravan. I says right, she says I've never been able to take them on a caravan holiday, but I really, really, really, really want to take them on a caravan holiday, but she says I can't afford it, and I said OK, right. So we’re talking, and we’re talking about takeaways, and erm, we gave everybody a takeaway leaflet, and she says well I normally have pizza so I gave her a pizza takeaway leaflet. And I says right, write down there what you would normally pick. And how often do you order take away? So she was going to the takeaway three times a week, and she was spending £30, so she’s spending 90 pound a week on pizza,

Researcher BN: Yeah.

SP14: So that's £180, that's £360 a month, which is what, £3600. So it would be well over 3 or 4 thousand.

Researcher BN: Enough for a caravan holiday! (laughs)

SP14: So we were saying well you know, if you made these at home, and did this at home, it would half the amount of money if not more, and get the kids involved so they’ll, cause she said the kids won’t eat it, that's why they get the takeaway, I said they’ll eat it if they’ve made it, if you get them involved and have pizza nights, erm, and make them feel a little bit special, and it’ll save you your money. And you can guarantee by the end of the year you’ll be able to get your caravan holiday. And when we worked all the costs out she was in tears, because she said all this time I could have been taking them on holiday. Bit it, and it’s just sometimes it’s just that little thing.

Researcher BN: Yeah.

SP14: It's like stop smoking, if you see somebody who talks about stop smoking, you think well how many do you smoke a day they say a pack. I say well from my math that's £10, I don’t know how much they are now, £10 so that's £70 a week, so that's £280 a month, so it’s well over £3000 by the end of the year. So by 10 years you've spent well over £30000 on nothing and you've got nothing to show for it. And sometimes it's that that tips people over. Because they realise how much, because if they always say well I need to keep 10 pound for me cigarettes, and that's their habit,

Researcher BN: Yeah.

SP14: It’s not until somebody else comes along and says, well, actually, if you reduced, if you stop smoking you know, you’ll save £70 a week, and over 10 years that would be, because if you think over 10 years I’ve spent £35,000 on nothing.

Researcher BN: Yeah, yeah.

SP14: Absolutely nothing, as well as the health implications.

Researcher BN: Yeah, so how do you think those conversations tend to go about like health and wellbeing?

SP14: Most of the time they go very well. I mean I’ve mentioned you know that guy who said there's no way I'm going to give up smoking and things, and sometimes people are like that, erm, but it's just trying to give them that information, even if they don’t want to act on it there and then, if you give them it to take away and you say, give is a ring you know, if you want any more help just give us a ring, you know, absolutely fine, or when you’re passing just pop in and have a chat, if we’re here I says not a problem, because you wouldn't, we can signpost you and we can introduce you properly, because again, it's about those barriers isn’t it?

Researcher BN: Yeah.

SP14: Which some people want to change, and some people, you've got to be in the right position to change. But most of the time, the MECC conversations, because the way they go, because it's a lot easier in a MECC conversation, because you're not saying to somebody, I'm going to sit you down and talk about such and such, MECC conversations can happen quite gently, naturally in a conversation.

Researcher BN: Yeah.

SP14: And sometimes that person does really, if, once they feel comfortable and confident, so say like if you're cooking, you often find if you're doing a cooking group, people will chat to you about what's happening at home. Or, when I was link worker we used to do walking groups, people used to tell you everything when you went on a walking group.

Researcher BN: Yeah.

SP14: Because they, they were more relaxed and at ease and they would open up about things. And that's when you're able to say well, you've opened up, have you thought about doing this? Have you been there? You know, that's supposed to be really good, do you want me to get you the information?

Researcher BN: Yeah.

SP14: You know, and most of the time people will say yeah, some people say well no not yet, well you know where we are, when you're ready just come back, and it's just keeping that door open and keeping that conversation open, erm (name) one of the teams she was doing a erm, a cancer awareness stall, and it was with the props group, erm drug, drug and drug and alcohol er, survivors, and she was at the stall, and there was a young girl, and she kept looking over (name), (name) said she didn't come across, and she kept looking all the while, and she was getting a bit nearer, and (name) had not long done the MECC course, erm, and she was just like wondering and (name) said eee hello, are you alright? And she went ah yeah, yeah, yeah, and (name) had said erm, and (name) said it, and she’s used this as a case study, she would have never ever done this if she hadn't done the MECC, (name) said to her, erm, so are you up to date with your screening? Which is what we normally ask people, and the girl said no no, and so (name) said oh, well can I ask why? Would you like to talk about it? And (name) said she would have never have said that, she would have just said are you up to date with your screening and if she said no, she would say right. But she said,

Researcher BN: Right.

SP14: ..can I ask why, would you like to talk about it, and it all came out that this particular girl had been abused by her brother, ended up having a baby. Erm, ended up in the care system and things, erm and never ever ever had the courage to go to even think about screening because she was so far away from it.

Researcher BN: Yeah, yeah.

SP14: Erm, so (name) had said erm, would you like me to get you your support so we can have talk, and she said no I don't think so. And (name) said are your sure, and aye she says well if you do I’ll sit with you, and (name) was with her about an hour, and the support worker they'd come over, erm and the girl was telling the support worker what happened, and she did actually have worries and concerns, and she was having signs and symptoms, but she didn't know who to tell, or what to do or anything, erm, so the support worker took over the lady, and then about four or five months later, (name) was there again, because we tend to drop in and out, erm and the girl came over and she said erm, me support worker too us, erm, and I did have a little bit of a problem, but it's sorted now.

Researcher BN: Oh Wow!

SP14: And so, if we hadn’t been there she might not have done it.

Researcher BN: Yeah yeah.

SP14: We, we've had a guy on the building, on the building site who wasn't even in the talk, and we were putting leaflets in our relaxation area and their canteen area and this lad had came over and he said erm, can I ask you a question, I said go on, ask away, we might not know but if you ask and it we don't know we'll find out for you. He said eee I’ve been on holiday recently, I said ooo where’ve you been, he said Cyprus, I said was it hot, was it nice, he said ah it was lovely I said what sun factor did you use? Baby oil. I said well what you need to do is take my leaflet on staying safe in the sun,

Researcher BN: Oh yeah.

SP14: ..and the next time you go away, you look at the leaflet, you need to get the right sun protection, the right sun factor to keep you safe, keep you covered up. Erm, especially if you’re taking kiddies, set a good example. He says ee well what I've really come in for he says erm, I've got a cluster of moles come up on me back, should I be concerned? And I said look, if you’ve come to me you're asking us, and we don't even know you, then you're already know you’re concerned.

Researcher BN: Yeah, yeah.

SP14: You know, and I said we’re not healthcare professionals. But what I suggest you do is, book an appointment with your GP, erm, the GP will have a look at it, and if they need to refer you, they’ll put you on the two week pathway, it could potentially be nothing, but it's better to get it checked now when you've just noticed it, erm, and you know, and let's hope it all goes well. And (name) was the champion when he was the site manager of the site it was when they were at (name of location). Erm, and I was telling (name) I said this lad, one of your, one of your subbies has come over and said he's got moles and he says right can you remember who it was, I went yeah yeah, so I had told him who it was, he said I’ll keep an eye on him, I said okay just give him a nudge if he hasn't been, and would you believe he went, er and he had skin cancer. And he got the treatment, and he’d got the treatment and everything and went back to work, and actually caught up with (name) and he said to (name) erm, if you hadn't arranged that cancer awareness, well I would never have went.

Researcher BN: Wow, that’s amazing, yeah.

SP14: So it does, it does happen. These little conversations can make a huge difference.

Researcher BN: Yeah, yeah.

SP14: I mean it, it's very different, you know, as an organization we were, we were, we were trying to, we, because we're busy trying to record MECC conversations, but it's very difficult to record everybody's MECC conversations, because some people won’t know they’re having a MECC conversation, when really they are. Even, sometimes like say if a mum comes in, and she’s wanting to go to a local baby group and, even just saying, well actually it's not, it's not on here, but here’s the programme, this is where it's on, this is the date, and this is the time, and this is where you go. That's a MECC conversation, you know, because you, you’re giving that person and you're helping that person, and you're signposting that person.

Researcher BN: Yeah, yeah.

SP14: So I think sometimes people have them and they don't realise they're having the conversations.

Researcher BN: Yeah.

SP14: Yeah, but no it’s good.

Researcher BN: Ah Amazing. So, hold on where am I up to, erm how much of the time, of conversations you have, would you say go into MECC conversations?

SP14: Probably, I would say a good 80%.

Researcher BN: Really?

SP14: Yeah, yeah.

Researcher BN: Ohh wow.

SP14: Especially if you've got a group of people, you can often end up signposting people to lots of different things, or sharing information because sometimes I think, even just sharing information, is the signposting, because you’re giving them those, that information.

Researcher BN: Yeah.

SP14: So normally, if we do a session, somebody in that session, or at least half of the people in that session, will go away with something else to do, so say if you're doing a food hygiene course, you, you may be doing, doing a food hygiene, but when you're talking about, say the the allergy part of the course, people say actually erm, where do I find out more information about that? Then you can say well, there's an online, there's an online allergy course, it's free, this is the website, there's the link, it’ll only take you about 45 minutes, once you complete it and you answer the little questions and you'll get a certificate, and then that will give you the underpinning knowledge you need initially, to go hand in hand with your food hygiene, and it will give you a little bit more information than what we give, because we're more food hygiene, than food allergen. So even that in itself, you’re empowering them to go and do something else.

Researcher BN: Yeah, yeah.

SP14: So there's lots of things you, you can do and support. I mean, we've had some lovely, lovely examples where we've, say we've met, I mean the girl who works for us now, the lady who works for part of my team now where, two years ago she was coming with her little boy to the stay and play session at (name of location), then she started to do cooking on a budget sessions, so she did that course, then she did her Level 2 food hygiene course, er, she did her cancer champion course, erm, and she’s done loads of volunteering, she was working as a travel agent on a weekend, erm, and then a job opportunity came up, she applied for it, and we give we gave, the people who applied we gave them a task to do. Erm, and we said to them, we want you to tell us how you would plan, a baby sensory, how would you plan it? What would you do to plan it? And bare in mind Beth, there was, we interviewed eight people, three of these people were university degree students.

Researcher BN: Yeah.

SP14: You know erm, and they came in and they just talked about it. This, this mum, who was a travel agent and never worked in community development before, came in with a role of flip chart right, erm, and loads of notes. Because we've always said to people, if you want to bring notes, you bring if notes if you want to, bring notes because there's nothing worse than getting interviewed and writing all your stuff down, and then forgetting it because, you know, cause I remember when I used to get interviewed years ago you could never take notes in.

Researcher BN: Yeah, yeah.

SP14: You couldn’t take them in. It had to all be in your head where, whereas we always say you know, if you need to refer to your notes, refer your notes, because there's nothing, if you haven't had an interview for years, it's a, it's a horrible experience,

Researcher BN: Yeah, yeah.

SP14: Erm, so she brought notes with her. Erm, and so we got to the question, erm, where she had to, I mean, she, the first three questions, the first two questions she was great. The third question, she was nearly practically in tears because she, she says now, totally out me depth. I just, I was panicking because she took a leap of faith, she’d been working in the travel industry for years, and this is a totally, and it is a leap of faith. And sometimes you've gotta take the leap of faith. Because if you don't take it, you might always wonder what if?

Researcher BN: Yeah.

SP14: And we said right, we’ll get you a drink of water, we’ll get you some tissues, take your time. Right, okay, right. Erm, we’ve asked you to talk about how to do, how would you plan the baby sensory session, and out came these two flipcharts, she’d mapped it all, she’d colour-coded it in felt tip pen. And I mean this is, I mean this particular girl didn't even have a computer to do her application form, she was the only application form we hand that was written out in long hand.

Researcher BN: Ohh yeah.

SP14: And she did, and you could see she had tried so hard Beth. About, you know, how she was going to target people and how she was going to talk to people, what she would be like when she came into the group, er, what the group would be like, how she would change the themes, and it took her ages, and do you know what it is, and this is a person that hasn't got a degree, who's really gone into it where, two or three of them it was just a question.

Researcher BN: Yeah.

SP14: Whereas that was a question that you could have really took, and really sold and shone through with it.

Researcher BN: Like she did, yeah.

SP14: Yes, yes.

Researcher BN: Yeah. Oh wow.

SP14: And, and I mean, she's started on the team on the (date). And I mean I had her supervision with her last week, end of last week, and she said, it's been one of the best things she’s ever done.

Researcher BN: Ohh, that's great.

SP14: Because she said, I've always wanted to work in the community and help people and help families and, talk to people, and talk to kids and things, but I never thought I could do it. Sometimes people that, people can when they get the opportunity, but it's like say you, you've got to take that leap of faith.

Researcher BN: Yeah, ah yeah, absolutely.

SP14: Erm, but a lot of the staff we've had are, I mean, I've got at least another two people on my team were change for life volunteers, and now they’ve worked for the organization for 12 years. And you know and they do really well, and you know they’re local people, they’re from the local community. They know the local area, and they've got the knowledge, they've got the networks.

Researcher BN: Yeah.

SP14: And do you know, they've just really grown, erm, one of the girls, I mean when I, when she first came, she was on the naught to nineteen and she moved over to the cancer team, and I mean prior to COVID, if I had said to (name), I want you on the team, they'll be 25 people, cancer awareness alright? (name) will keep an an eye on your chat box for you, she would have died. Now, she can stand up in front of 50 people and talk.

Researcher BN: Oh, that's great.

SP14: And to see, to see how people have progressed in their confidence is just absolutely, it's just lovely.

Researcher BN: Yeah, aww I bet, yeah.

SP14: It’s so nice, it's so nice. And we have such a lovely team cause they’re so supportive of each other, and they've really gelled, they’ve really gelled it’s nice.

Researcher BN: Ah that’ good. So the people you tend to speak to day-to-day, so you see the same people again and again, or like these MECC conversations, is it someone you see once and never again?

SP14: No, sometimes, sometimes it will be, like the guy with the skin, with the skin cancer, erm, I only ever seen him once, but got the outcome via the champion, because he went back to the champion.

Researcher BN: Right.

SP14: Erm, other champions have fed back to us, and will feed back you know, if they've helped or encouraged people, which is really good, erm, the 0 to 19 team, they do regularly see people because, say erm, baby sensor, you can go up to baby sensory until you're one, but when you're when you're one you're too old, that’s not right, you’re one and you’re too old, you can't be in the group anymore. But then they would move up to like boogie bairns.

Researcher BN: Yeah.

SP14: So like when the, the girls are delivering the 0 to 19 service, the boogie bairns, the baby sensory, er, the cook play and learn. They do tend to see them because they can repeat, or even baby touch, the baby massage course, (name) will see the, the ladies and the babies for say six weeks. Erm, so she is able to build that conversation up.

Researcher BN: Right.

SP14: Er, we're in the process of looking at a kind of a loyalty system, a loyalty card system, where erm, we can offer free gym membership for a month. SO say if you’ve, if you've done a half term and you've been to the sessions, then we'll give Mum or Dad or Gran a gym pass that will say you can come to the gym pass for a month, as a thank you or a reward for coming, because then at least that's getting them to engage in the service in another way.

Researcher BN: Yeah.

SP14: Erm, and it's encouraging them, you know, to make themselves a little bit fitter. Plus, if you're a new your mum right, a lot of young mums want their body back to shape quite quickly. Now, if you're on maternity pay you might not have the money to go to your local trendy gym.

Researcher BN: Yeah.

SP14: Do you know like what's gonna cost you a lot of money, whereas our gym membership, you’re only looking at 15 pound a month, which is nothing, erm, and they’re open from 8 till 8. So really, you haven't got to think about childcare, because you could work in with your partners or child, other child, if buddy up with another mum, well if I have half an hour, erm, and then we'll swap over and you have half an hour.

Researcher BN: Yeah, yeah.

SP14: And it’s about building those lovely relationships.

Researcher BN: Yeah, so it depends which area you’re in as to how many times you see someone, yeah.

SP14: Yeah, yeah. Erm, so that's something as a senior management team that was sort of said actually, that could be a lovely add on to what we're doing.

Researcher BN: Yeah.

SP14: And the gyms are here, so it's not technically, wouldn't cost as a charity very much to try and look at, erm, because the gyms are here. The air cons on, the lighting is on, the heating’s on and things.

Researcher BN: Already, yeah, yeah.

SP14: Yeah, so yeah, it increases the foot fall into the buildings as well, and once people get confident about coming into the buildings, that's when they maybe start and look at other things. Plus, they might think actually I really like going there, I'm gonna just keep going there, rather than going to me 30 or £40 a month gym through, down the road.

Researcher BN: Yes, yeah. So I know you mentioned the, the woman about the caravanning holiday, but do you talk much about like the social determinants of health of with people, so like housing, finance, employment, do any of those things come up?

SP14: Yeah, we tend, if somebody, we do a lot of signposting so we would, we're part of the, the (location) Community Partnership, so we would link in to say the family partners, and intense family support and things like that, early help plans and things like that, so if anybody came to us with a worry or a concern, or they were, just wanted a bit of help and advice, the team know who to signpost to.

Researcher BN: Right.

SP14: So it's a case of, you can have those all round conversations, we might not have all the answers, but we will be able to either signpost you, or if, say if somebody wanted somebody to come in from the job centre, we often link in with, link with (name) from the job centre, and we'll say to (name), ah we’re running group, erm, a few of them have said they’re interested in, about further information from the jobs, would you come in? So you're not specifically targeting a person.

Researcher BN: Yeah.

SP14: Er, you're doing it as the whole group. It's the same as like a national energy action team. Erm, we've had some fab successes, er, through NEA, er, where people have had problems or increased debts with their energy supplier, or, or there are lots of other issues, and we've got, we've been aware of it from the person, erm, and we've got energy action to come in and do a group talk.

Researcher BN: Ah right, yeah.

SP14: And then we've introduced them quietly to that person.

Researcher BN: Yeah.

SP14: And then they've picked up that and helped them sorts their problems out. They've had thousands of pound wrote off Beth.

Researcher BN: Ah really, oh wow.

SP14: Yeah, even when you get the benefits advice people in, or the welfare rights people in, or Citizens Advice, where you can get people to come in and talk to your groups, sometimes people don't know what they can or cannot claim, because nobody's told, nobody's told them. But you get the other people saying well you didn't ask. But sometimes if you don't, if you don't know what to ask for, how do you ask for it?

Researcher BN: Yeah, yeah.

SP14: Erm, so it is, you know, you, you can have some quite interesting conversations, and we do not have all the answers, erm, but we can signpost people, or try and engage to get organisations to come in, if that person, because some people do not want to be singled out, as a group.

Researcher BN: Yeah, yeah.

SP14: So we'll say, well right, OK, right. What can we do to try and help this? And we can try to get other people in. And if they can't attend we can say, can you e-mail us some general information over, and when we have we’re little group talk, we’ll just talk about, that’ll be out topic for this week. So you’re, your’re addressing it without putting that person on the spot.

Researcher BN: Yeah, yeah, that's good.

SP14: Erm, and then they can come to you afterwards. Erm, so things like, erm on the construction sites erm, we have, they have toolbox talks.

Researcher BN: Alright.

SP14: I know, I know. So when I first heard about these toolbox talks I’m saying to (name), like (name) said, I've got like 250 guys on site (SP14) I says alright, he says well will you help with the toolbox talks, I said I don’t know anything about their tool boxes! He says what you talking about. I says do they not know about their tool box? (laughs) He says (SP14) do you not know what a tool box talk is, I’m thinking no, no no you’ve got is on that one, and I have to say he did take the mic out of is for ages, but the toolbox talk is once a week, they'll get, and the site stops, so say if it's a Friday at 20 past 10, the site will stop, and they will be given a, the subcontractor managers, will be given a topic to talk to their sub contractors about.

Researcher BN: Oh wow.

SP14: Erm, and because obviously (name) is our cancer champion, so we put together erm like 6 toolbox talks. So it's like this is what you'll cover, this is what you say, this is the supporting leaflet, any other help and advice come back to (name), so he had like 250 people on site, all talking about say prostate cancer at the same time.

Researcher BN: Ah that’s amazing.

SP14: But they’ve done it with stop smoking, they've done it with testicular cancer, they’ve done it with all sorts. Through these toolbox talks.

Researcher BN: Yeah. Oh, that's fab.

SP14: Erm, which is, which is amazing because, yeah.

Researcher BN: Wow.

SP14: But honestly Beth, if you've ever been on a construction site before

Researcher BN: It’s really evolved, that’s amazing!

SP14: Honestly, (name of organization) construction site, the one at (name of location), I was there when they first, I went when they first broke the ground and only had two cabins. Now they've got like 3 office blocks, their restroom, pool table, football table, relaxation area, microwaves, drying rooms, shower rooms, and this is on a construction site.

Researcher BN: (laughs) Wow!

SP14: Lovely outdoor seating area, plants, we've done mocktail sessions, healthy breakfast sessions, everything with them.

Researcher BN: Ohh that's great.

SP14: And it's just honestly, I keep saying are you sure? Their site at (name of location), I've never been in such a tidy building site in all my life. I’m saying, should there not be things lying around. No, health and safety.

Researcher BN: Yeah, wow.

SP14: No but er, it's really good. So, things like on the, like on (name of organization)’s site we've got the odd balls cushions as well

Researcher BN: Yeah, yeah.

SP14: Erm, and they have them on their sofas.

Researcher BN: Ah that’s canny, that’s good.

SP14: So it's, it's a bit like back to behavioral science, it's like having posters on the back of the door when they're on the, when they're on the loo, and they’re reading it. We had a gentleman in here who got diagnosed, he was a gym user, erm, he was prompted to go to the doctors for his prostate by the prostate poster we had on the toilet door.

Researcher BN: Ohh excellent.

SP14: Erm, and he, he has got prostate cancer.

Researcher BN: Right.

SP14: Erm, but he noticed the signs and symptoms when he was reading it, he was like I've got those signs and symptoms. But then on the other hand, we had a lovely lady whose husband was diagnosed with prostate cancer, and she'd been onto the community cancer champions course, and she noticed his pee, she had an en suite bathroom, and she noticed his peeing had changed on a night time, and she was going, you’re not peeing the same. And he’s going don’t be stupid. She saying it's not as forceful as it was. And he’s going you’re being stupid, she says I’m not, you need to get to the doctors, and he got to the doctors and he, he did have prostate cancer. And she, but he hadn't noticed because if a change is sneaking up on you, you might not notice, but she noticed the difference.

Researcher BN: Someone else will, yeah. Wow, so who do you tend to find initiates the conversations, so both I suppose with MECC conversations and the wireless social determinants, how, who starts that conversation, how does that go?

SP14: Sometimes when you're just talking to like say like mums and things, and you're having a cup of tea and you'll say, eee how's it going, are you all right? Oh yeah, are you sure you’re alright because you’re not, you can normally tell because you've always got to ask twice. Because if you’re, if you're gonna say to somebody are you alright, they're gonna say yes.

Researcher BN: Yeah, yeah, uhuhh.

SP14: They're gonna say yes. Erm, but sometimes it's that asking twice. It's nearly you giving them permission to say well you can talk about it.

Researcher BN: Yeah.

SP14: Erm, so you know, they do tend to, they do tend to open up, erm, a lot of the times, if you've got something in common, so like my little boy, he's 22 now, like I'll often say when they’re talking about their kids, and they'll be chatting about their kids, I’ll say well my little boy used to do that, and this that and the other, and because you've got something in common, they tend to talk to you and open a little bit more. Like I say, when you're cooking and things and you're doing an activity, give a group of parents a colouring book and a pack of pencils, they’ll sit there for hours, they really will.

Researcher BN: (laughs) Yeah.

SP14: You know and tou think that was for the kids, I’ll get you another one, but once they're quite, once they’re relaxed and once you've engage with them, they do seem, they do seem alright, they’re alright, I mean, I'm always very much, if people are coming into the room, into a, into a group session or anything, I think it's really, really important to acknowledge that person straight away, and even if it's, if you're not ready set up, you can just say eee hi, I'm just getting set up, if you just wait 5 minutes I'll come and get you. Rather than just blanking them and ignoring them, because once you've made your eye contact and you've engaged with them, it ends on a more positive note, doesn't it?

Researcher BN: Ah yeah definitely, yeah.

SP14: You know, than it just being very negative, and like ignoring them because it could have took them ages to get through the door I mean I've mentioned trans B earlier, but (name) was saying, one of their clients, transgendered from female to male, erm, and this was prior to COVID and the lockdowns, and so the GP surgery was really busy and really really full. Erm, and there was a young girl on reception, screens obviously weren't up then so voices carry, erm, and he'd gone in and he’d said, and the problem if you've transgendered from female to male, if you register with your GP as male, because you want to be known as male, you won't get your cervical screening letters.

Researcher BN: Yeah.

SP14: So but, you might still well have your cervix, so he’d gone into this GP practice to book his cervical screening, and the young girl on the reception looked up and said, you don't need to have a cervical screening because you're a bloke. Well he never went back.

Researcher BN: Oh yeah, yeah.

SP14: He never went back when really, you know, they, they should be offering maybe screening for trans, trans people, erm, maybe first thing in the surgery when it's very quiet or later on in the day when it's quiet, so there's not as many people there.

Researcher BN: Yeah.

SP14: But I mean, if you think it's probably took him an awful lot of guts and courage to go in there and try and book it in any cases. The chances of you actually going back into that practice to book it, way down the line, way down.

Researcher BN: Ah absolutely yeah. Yeah, yeah. Have, so have you noticed before, during, and after COVID, the changes in the types of MECC and social determinants of health conversations you’ve had?

SP14: There’s, I think they changed during, they change during COVID and during lockdown, erm, we did try to do a lot of still face to face, but they were garden fate.

Researcher BN: Right yeah.

SP14: SO, and you were finding, I'm not gonna say you were getting tasked with different, with things, but there was different issues and problems coming out during COVID. I mean especially say, if you've got say, I mean we, we always call them Garden Gate visits, but if you, if you're living in an upstairs flat and you haven't got an outdoor space, and you've got two kids stuck in that, in the flat, that's very, very difficult to get rid of their energy and stuff like that. So when we, we used to do garden gates or visits, but then we used to always follow it up erm, with teams or zooms.

Researcher BN: Right.

SP14: Erm, so if you noticed, if you were talking to parents and they were saying, well they did, they couldn't do this this and this because they haven’t got this this and this, we would be thinking right OK as a team, what could we do to help them, so we would do like little physical, physical activity challenges with, with the kids.

Researcher BN: Yeah.

SP14: So it would be, I want you to go, go and find three pairs of socks. Or, run around and find a newspaper, do five star jumps, and it was trying to model to, to mum, or to parents, right, you don't need to have fancy equipment. Yes, you haven't got outdoor space, but have you thought about doing this, this and this, to get rid of that, to get rid of that energy. Because if you think, I mean lockdown lifted and then the holiday activity fund came in again, and it was all about the kids can come back out again and yeah, we had to have social distancing still and place, but it meant a lot to these kids because they'd been knocked down, but what did we really offer Mum, who was trying to home school, was stuck in the house, you know, sometimes I think we did do a lot of, so, when we used to do our sessions, we tried to focus, do stuff for mum as well now.

Researcher BN: Ah that’s nice yeah.

SP14: Do you know, just because it was, it was difficult for everybody, and it really was. But if you think, if you've got two kids and you’re home schooling as well, then that brings up other challenges. So, we were doing things like signposting to little, erm, little thinkpads, erm and linking in with charities that could support with that, er, we did a lot of referrals for that, we did a lot of referrals around Internet connection. Because if you've got Mum, who's only got a mobile phone and little ones have got to do these digital onlines, or you haven't got a printer, because it’s easy to say to somebody download and print that off. But if you've got £5 to feed your family you're not gonna have a printer or afford to pay for printing are you?

Researcher BN: No.

SP14: Erm, so there was a lot of that. Erm, during, I mean not so much this Christmas, but last Christmas, we had a lot of calls for gifts and presents for kids.

Researcher BN: Yeah.

SP14: Like books and things, and we were lucky that we knew where to go to access, and we've got a very, very good relationship with erm, the National Literacy Trust, who were very supportive, erm, during the lockdowns, for getting us a range of books, not just for toddlers, but for older kids as well. One of the books that they, they gave us is like a happiness journal, and erm, it was, like give it to the older children, erm, probably about year 5-6 ish, and it was, it gave you little tasks to do, and you could write down what you, it would like, smile at somebody and say hello to somebody who you don't normally say at. And if what, you know, look out the window, what can you see? How did it make you feel? And things like that. And it was just to help them because it was a difficult time for everybody.

Researcher BN: Yes, yes.

SP14: It was for everybody, but definitely different things came out. But, I definitely think during COVID, we picked up a level of people that would have never accessed our centres.

Researcher BN: Right.

SP14: Who would access online and Facebook, because we did Facebook challenges as well

Researcher BN: Right.

SP14: So like we would do a cooking challenge erm, and they had to post a picture on the, on our, they had to post their picture. Erm, so it would be like, make spaghetti Bolognese or, you've got a tin or, you've got a can of chickpeas, what are you gonna make? And people were sending their photos to us and we were posting those.

Researcher BN: Yeah.

SP14: So that was really quite good to get people involved in things. Erm, we had parents taking photographs of what they had in their cupboard and saying I don’t know what to do with this, how can I make a meal out of this? Erm, so, but a lot of different things were coming out, and they were MECC conversations but in a different way. Because it was done digitally.

Researcher BN: Yeah.

SP14: But there was definitely a layer with people that we engaged, and still have engaged with because we still do some online stuff and face to face stuff, because it's, it's good to have that mix.

Researcher BN: Mmm, yeah, oh so that's, that's quite positive then I suppose of COVID, yeah.

SP14: Yeah yeah.

Researcher BN: So if we go onto the MECC training now, how long ago did you do your MECC training?

SP14: Erm, probably, I did the MEC for mental health about two years ago. And then I did the MECC last year.

Researcher BN: Ah right, so is that the first time you’d done MECC before?

SP14: I’ve done it years and years ago, erm, but then we got offered the, the MECC for mental health via (name) and then from Royal Society of Public Health.

Researcher BN: Right, yeah.

SP14: So we did that again erm, and there was myself and another team member, and we did it straight away to our team. So, we did the MECC for mental health with them straight away. They got a lot out of it, especially erm, with some of MECC videos that we were using, they were like the Aces video, and the Brene brown videos and things, they’re all lovely, erm, and since then, we've done the breastfeeding, the breastfeeding support team, because the breast, we at (name of organization) run the breastfeeding support team right across Newcastle and they link in with the (name of hospital) maternity unit. So mum gets discharged, and they have to make contact with mum within so many hours, I think it’s either 24 to 48 hours, and they help to support, and they, the Breastfeeding team found it really, really good.

Researcher BN: Ah right.

SP14: Er, really interesting, because obviously they do have difficult conversations, erm, because if mum's having problems breastfeeding you know you've got her anxieties and worries. But it's how you engage with mum and trying to help and support her to get her over that.

Researcher BN: Yeah, yeah. So can you remember what the, so the MECC for mental health, was that in person, was it online, (illegible)?

SP14: It was online yeah. Although they said you could do it face to face, erm (name) and I, you've done 4 face to face courses, and we've done two online. The face to face are better. They’re better.

Researcher BN: Yeah, yeah. So online was it self-paced online, or was it still as a group on teams or something?

SP14: It was still as a group, it was still as a group, but we would give them pre-learning, and we would give them pre learning to do before they come on, and we would send over the book. So, and we would say, if you haven't, if you, if you can't access it digitally, we'll post it out to you. So you've gotta paper copy, and the good thing with the MECC training books was, if you do it, because a couple of my team have actually gone back to do it. Leave it for six or seven months and re-do it again. You'll find your answer different.

Researcher BN: Ah right, yeah.

SP14: Yeah. And then I think it's because you've spent a little bit of time doing it, so if it's the first time you've done MECC you’ll look at it like that, but re, the workbooks are really good for a refresher.

Researcher BN: Yeah, yeah.

SP14: Have you seen the workbooks? Do you want is to send them over?

Researcher BN: Ohh yeah, is it online is it? Is it like a..?

SP14: I can, we've got them on the system, I can just send it over.

Researcher BN: Oh yeah, that'll be useful. Thank you. So was the one you did, the general MECC one, was that in-person though, that one.

SP14: Yeah, yeah.

Researcher BN: Right.

SP14: Yeah, I mean when we do the MECC for mental health, we would always send them the link to do the online one for even just MECC module one, which, it says what is MECC. Because if people don't know what it is, because you've gotta know what it is. Once you know what it is, you do think that's what you do all the time. Because in any case, like if you go, if you go to somebody and say I want you to do the MECC approach now from tomorrow, they’re gonna be thinking they’re giving is another job to do, when really it's not about having another task to do. It's about having, doing the same job, but understanding like why and what we're saying, and why we want you to say that.

Researcher BN: Yeah, yeah.

SP14: If that makes sense.

Researcher BN: Yeah. So did you find it useful the training?

SP14: Yeah, og god yeah yeah yeah. Erm, I've just done the erm, Northumberland, no, the Northumberland healthcare and Newcastle City Council Council did a MECC alcohol awareness last week session,

Researcher BN: Ah right, yeah.

SP14: I can send you that presentation over.

Researcher BN: Ah thanks.

SP14: Er, that was only on Wednesday I did that.

Researcher BN: Ah okay. So how did the training sessions differ when it's like for alcohol, or for mental health, how is it different?

SP14: Erm, the information they were sharing was different, erm, they did do the, cause what I found is all the MECC stuff we've done, we've always had a bit of an interactive game. So they did like a couple of online games, which you'll see in the presentation, and the game was to share, and they did like a quiz like how many units of alcohol is in here, and how many units of alcohol is in there. And then they did how many calories, erm, and they started off, the warm up question was erm, what's the government recommendations of alcohol units for a man?

Researcher BN: Ohh yeah.

SP14: Then for a woman, and then for driving.

Researcher BN: Yeah.

SP14: Because the government recommend, because, and loads of people were putting in for driving, ah it’s two, it’s three, the government recommendation for driving is 0.

Researcher BN: Because it's the recommendation not the legal, the law. Yeah, uhuhh.

SP14: Yeah. So, it was like 14 14 and zero, erm you know so, and that was quite interesting, but then, I mean one lady did challenge dry January, erm, because we'd just gone over, if you've done the quiz, and if you've scored higher than 15 on the quiz, it means you potentially could be alcohol dependent, and it would be dangerous to stop.

Researcher BN: Yeah.

SP14: Erm, but then their next slide was dry January, so what this lady was saying is, you're saying dry January, and you should stop and be dry in January, but you've just said if you stop straight away you could potentially cause a heart attack or a stroke or whatever. But dry January is telling people to go dry straight away.

Researcher BN: Ah so was the course encouraging dry January?

SP14: Yeah, they were saying, they were promoting dry January.

Researcher BN: Ah right, so did that start a bit of a debate?

SP14: So that starts, and that started a different conversation around, we’re telling people you should really, if you are alcohol dependent and you want to stop, you need to get specialist advice or go to your GP, because dry January probably isn't for them. You know if you look at the dry January campaign, it's all about being dry in January. Would it not be better to be dryer all year around?

Researcher BN: Yeah yeah.

SP14: You know, or just being purely dry in January because if you have been alcohol dependent, I mean it would be interesting to see if there was, if anybody has done any figures or surverys to see if any, if there's been any increases of sudden illnesses related to going to dry January if you've been a dependent.

Researcher BN: Yeah, yeah.

SP14: But that's a totally different thing, isn't it?

Researcher BN: Ah so that started a bit of a, was there a discussions as part of the training?

SP14: Yeah, yeah. So then, like people were sort of yeah we can see that, and then somebody else said well, it's, it's their campaign, isn't it, it's balance’s campaign, and it'll probably, does get them an income.

Researcher BN: Yeah.

SP14: And if they haven't got the income, then they cannot do the work. And if they cannot do the work to raise the awareness then that could be worse. So it's like, it’s like a wheel isn’t it?

Researcher BN: Yeah, yeah.

SP14: It’s like a wheel. I mean what we, er, (name) and I tend to do, on ours as an ice breaker, we would do a circle of connection, and the circle of connection is that, it's, it's, whereas some people with Ice Breakers, they don't want to be on the spot. Have you done a circle of connection Beth?

Researcher BN: No, I don’t think I’ve done that!

SP14: A circle of connection is, you see yes, because ideally if you're gonna be training or doing something like that, you really don’t wanna have desk and things cause it's a barrier.

Researcher BN: Yeah.

SP14: But a circle of connection is, say if I'm gonna start, I'll say something and pass a comment, and if it connects with somebody else, anybody in the group or in the room can then join in, and then somebody else can join in, so when, when we did our first MECC, I said to (name) I'll start the circle of connection. Because I know where it wants to go, but I wouldn't tell (name) what it was, because the idea with the circle of connection its not a planned thing.

Researcher BN: Right. It just goes where it goes.

SP14: Yeah. You have, you don't have to join in the circle of connection, so it's putting more pressure on anybody to join in, but you end up hopefully, with a connection of the whole group.

Researcher BN: Yeah. That’s nice.

SP14: But a natural connection. So my connection, my circle of connection was, and this is a, this is a true fact, my circle of connection was, when I was 23 I climbed to the top of Ben Nevis, erm, it raised money for cystic fibrosis, but nobody would go and do it with is, so I applied to do it by myself, and I ended up sharing a hotel room with a Barclays Bank Manager from Newcastle, and she was lovely. So in my head, my connection was gonna be hill climbing, fields, nice outdoor nature, right. And then someone said I can connect with that. When I was 25, and she was only about 29 now, when I was 25 I went to Amsterdam with my mate, with my mate, erm, and we were sharing and we booked into a youth Hostel and we shared a room, a bunk room, with six lads from Germany who couldn't speak any English. And so we went on a totally different.

Researcher BN: (laughs) completely different.

SP14: Like a tour around the world and different countries and I’m thinking, and like, and everybody did join in, you know, and people were laughing and sharing stories. And I was thinking that was really, really good. And afterwards I said to (name), yeah, that wasn't where it was going. But it was a natural, so you can't control where it's going, but you end up with, somebody's connected with it in the room.

Researcher BN: Ah that’s nice, so do you teach MECC, is that part of when doing the training?

SP14: Yeah I did train the trainer, yeah.

Researcher BN: Ah so you did the train the trainer, and now you train it? Ah right.

SP14: Yeah, yeah.

Researcher BN: So what do you think is the most useful part of the training do you like to focus on the most?

SP14: That we deliver?

Researcher BN: Well yeah I suppose like what you've taken from the training that you now train?

SP14: I think, I think the most important is the three As, erm, and just think about the three As and don't overcomplicate it, keep it simple, we’re, you know, this is, this is the initial, initial contact. So, if you look at the pyramid, we're just down here, we’re just down here. It's the very much, the gentle approach, and the making that connection, erm, and trying to help and assist. Because if it goes up the pyramid then that person will need more input. And really, we’re there for the initial contact, you know, that first initial contact, and it is, just don’t over complicate it, and just, and being natural and just, think about your body language, think about how you're speaking and, you know, and just listen to the person, but there's listening and listening, but listen to them and, and it's you, you're not doing it for them, you're doing it with them.

Researcher BN: Yeah, yeah, definitely.

SP14: You know, they've, they've shared something with you, and you can, yes you can help them, but you’re helping them with it.

Researcher BN: Yeah, yeah.

SP14: You're not doing it, you're helping.

Researcher BN: Yeah.

SP14: Otherwise, you'll end up with a to do list that’s massive. You can imagine Beth.

Researcher BN: (laughs) Yeah, yeah definitely. So did you, can you think of any like techniques that get taught on the training, that you learned from the training, that you now teach?

SP14: They did, they did a lot around erm, shared, like when we did the MECC training, they did, they did like a quiz thing on there, on the PowerPoint, and both myself and my colleague who was on it, when we did, when we did the feedback at the end we, I, I said I wouldn't have done that like that. And he said what do you mean, I said I would have took what you were wanting them to do, and I would have maybe had a true and a false, and had the statements, and got them to work in twos and threes, and they would, I would have got them to put them into whether they thought it was true or false, so they could have those conversations, and then as a group, you could go through who's got what, where, and why. And then you can discuss the reasons why they’ve done that and they’ve done that, because I think they would have had, they had conversation flowing there, they would have had better conversations if they'd done that.

Researcher BN: Right.

SP14: Rather than that because, doing things like that, it helps the people you’re next to, it helps you connect to that person, and it helps you talk through it.

Researcher BN: Yeah, yeah.

SP14: Erm, so it’s things like when we're doing the champions stuff, we have like the myth busting quiz, and we'll give them the, the quotes. And they've, they've gotta say if it’s true or false. So if they're on the course then they can have the discussion with them.

Researcher BN: Yeah.

SP14: And then when we open it out and say where's everybody? Right, who’s got what, erm, or even when we work out the highest rates of cancer, we would have like the breast, the bowel, cervical and things, erm, the skin cancer, and then we'll have the numbers. And we'll get them to put them in order. So, what's the top, and so, so they might say, eee well, it's breast cancer and it's going to be that. erm and, and then they've gotta get the rest of the numbers around and right. And it's good to see how other people think.

Researcher BN: Yeah, yeah.

SP14: And, and plus you get other people's point of view, because we're looking at this point of view, whereas if somebody's looking in from a different angle, it's totally different.

Researcher BN: Yeah, so that's a plus of the in person I suppose if you get more of that.

SP14: Ah yeah, yeah. Because you need to do things like that and erm, the thing they did about the stress bucket was lovely.

Researcher BN: Yeah.

SP14: Erm, I mean they didn't want to call it stress bucket. They wanted to call it a stress container, but if you look, everybody calls it stress bucket, but they said, the Royal Society of Public Health said that container, bucket wasn’t the right word because that could be used in a quite detrimental way to a woman's part.

Researcher BN: Right.

SP14: So they used, which I've never heard of that before.

Researcher BN: (laughs) No, I didn't realise that was…

SP14: But it’s a shame because I think it’ll always be a stress bucket to us. Erm, but that, that, that, that graphics for the stress bucket is lovely, and I mean I would say, I think the best, the best example for me is, if you give a lived example of a stress bucket. Erm, so, and because we have made up ones, but I know from my point of view, and sometimes when you’re doing MECC if you talk it from your point of view, it makes people think about themselves, because looking at stress bucket so you're thinking about yourself.

Researcher BN: Yeah.

SP14: So, I mean I had given the example erm, my sister was, my sister has had head and neck cancer last year, erm, so she, at this time her husband was his 60th birthday, so my sister's had had a 16 hour operation on her face and things, and erm, she was in intensive care I mean she was a nurse on intensive care, so she was looking at all her monitors and everything.

Researcher BN: Oh wow.

SP14: And she was really good, doing her own suction and everything, she's dead positive, erm and I was in intensive care seeing her and she said it’s (name)’s birthday next week (SP14) I went yeah. And my husband hadn’t been very well at the time, but (name) wasn't very well, me sister, and she said, and so I was like juggling between hospital and husband and things, and I go right okay, she said will you decorate the house? Yeah, not a problem, not a problem, but the point was, he was on an early shift. He was a (occupation), so he was going out at 4:00 o'clock in the morning to do the staff run. Right, but, he was back in at 9:00 o'clock in the morning. So to decorate the house, we had to get in first thing in the morning. Of course my husband's not very well, but to add to the pleasure, she said is there any chance you could do it, now this sounds ridiculous, is there any chance you could do a cake for him? Yeah yeah, not a problem. Erm, what do you want? And he used to be a coop delivery, he worked for coop creameries, so he used to be, drive the coop milk tankers, and she says well I would really like a coop milk van. And I’m thinking OK, that's fine. That's absolutely fine. Bare in mind, I’m working full time, my husband's not very well, I’m back and forward to see me sister in hospital.

Researcher BN: (laughs) And you’re doing a milk van cake.

SP14: And I'm doing this milk van cake. Right, and thinking about balloons and things. I had a list off her, because I didn't want to say no, but sometimes, wanting to be that shiny pebbly stone to help somebody, if you put too many siny pebbly stones into your stress bucket, you're gonna make it overflow as well,

Researcher BN: Yeah.

SP14: ..because sometimes you've gotta say no, or what I maybe should have said to my sister was look, I haven't really got the time to make the birthday cake, but is there a favorite photo you've got of you and (name), I'll get a cake from Costco and I’ll get the photo put on. Would have been the obvious solution, or I could have asked one of my friends, but no I didn't. Instead, Beth, I went out to the supermarket, bought a Swiss roll, was buying madeira cakes, got blue icing, right.

Researcher BN: Oh wow.

SP14: Sourced mini milk bottles. Made red licorice milk crates right. Took hours to make this milk lorry. Like, complete with liquorice allsorts for headlights, I had, I had pipes coming out the top. It took us all day to make this cake, I was off the Saturday and the Sunday. So I spent all day on this Sunday making this cake, getting letters stampers to put Coop around the thing and everything. And then realized I hadn't got the balloons, so I managed to get another friend who ended up in six different shops, to get the right colour balloons that my sister wanted.

Researcher BN: Awww.

SP14: Right. To get into his house at like 7:30, eight o'clock on the morning, to decorate the house. And I was saying, I often say to people, what I should have done was got a similar cake, engaged in other people to help, or potentially said I cannot do that (name) but I can do this, because sometimes if you don’t say no, your stress bucket will overflow.

Researcher BN: So it’s using that example of your life as well.

SP14: Yeah yeah, well because I mean, probably one of the really good ones say, you’re meant to get up and do the school run and your alarm hasn't gone off. So you've gone up, little Johnny’s still asleep, so you've had to get little Johnny up quicker to get to school, rush to make their packed lunches, you end up stuck in rush hour traffic, obviously you're on your way to work as well. You've realised you've left his PE kit, there's nout you can do about it, so by the time you've dropped little Johnny off, and got off to work, your bucket is well overflowing before you’ve even started your day.

Researcher BN: Yeah yeah.

SP14: And it's, sometimes it's getting people to think about, because if you say to some people right, there's you’re stress bucket, what fills your stress bucket. And they’ll think I don’t know what you’re talking about. When you talk about things like that, and then you can think what could you have done for it not to happen, or, if your stress level is to maximum, what’s your techniques now, because we don't really want you to have loads of cigarettes, or loads of alcohol. But it could be, maybe you’ll like to have a hot bath. Maybe you’d like to have half an hour. I know what, I mean I've mentioned my husband, my husband has been poorly, erm and he’d come out of the hospital and I'd had a hell of a, hell of a busy day. Everything that could have gone wrong at work had gone wrong. Absolute bloody nightmare, erm, and I’d come in, absolutely shattered, sat on the settee, and the phone went at half past six, and I saw, that cant be (name) back from work now because my son lives in (name of location). I’m sure he’s on a half past 8 finish, and I’m thinking I don’t want to answer the phone, and I would never say that about my son. I'm thinking, I'm shattered, I'm aching, please god no. And answered the phone and it was (name) and I go hi (name), and I think all I want is a hot bath. And I never have a bath I always have a shower, and I actually spoke to him for five minutes and I said to me husband, just speak to her, I'm home in the bath. And then (name) had said is mam alright, she's having a bath and it’s only 6:30, and he says ah she’s had a really busy day (name) she's just chilling, so I'm lying in the bath, in me favorite place thinking this is lovely, in me favorite place, I’m in coquet bay, watching the sea, or saint Abbs, and then all of a sudden I hear (knocks) are you alright, (name) are you alright? Do you want a cup of tea. I’m thinking no! I’m fine. And sometimes just saying to people like that, it helps them realise and understand. It makes it a bit more real, a bit more real.

Researcher BN: Yeah, yeah. I know what you mean. So do you teach the techniques like active listening and open discovery questions, are they part of the training, teaching about that?

SP14: Yeah yeah, and we play that lovely video as well, where the Connect 5 video.

Researcher BN: Oh yeah.

SP14: Where, about going out and things, and we often say to people you know, it's so so important, that you should, if you’re in your dinner half hour or your dinner break, go away from your computer, go away from your computer and go out as well, because sometimes it's about your mental health as well, but we go through, you know, the, the techniques about how you’re listening, how you're sitting, how you're answering, there’s some lovely examples of erm, in the workbooks which you'll see, of a patient having a conversation with the GP and how it’s gone.

Researcher BN: Yeah.

SP14: But then, after you do a little bit of research and chatting to them, then the next example is the same conversation but it's a totally different conversation and the outcome is totally different, and it's about getting them to understand, that's that conversation, and they obviously weren't listening, it was just yes no, yes no, yes no. But then the next conversation, where we've talked about diffuse, and different words, and different phrases, the outcome and that whole conversation's totally different.

Researcher BN: Yeah, yeah.

SP14: Erm, because really, sometimes, especially like when you go to GP's and things like that, if you go in, it's not just if they've come in, if they've come in with one thing, it's not just about putting a plaster on that, sometimes it's unpicking it to look at that wider picture because, yeah, that might be what’s showing and what we can physically see, but underneath that, this person, the problem that they, say if he’s an asthmatic, and his asthmas really bad and you keep giving him steroids, and keep giving him steroids, but actually erm, you know, what's your living conditions like? Have you got central heating? Are you putting your central heating on? And things like that, and finding out the bigger picture, because it could be what's happening around them, that probably might be the main cause, rather than just giving them a tablet and a drug, it could be the stress, it could be his environment, it could be money worries, and all of those things implant, impact on that person's health and wellbeing.

Researcher BN: Yeah, yeah, definitely.

SP14: And so rather than just looking, if we've got the person in the middle, and let's look at the people around them, and are these people around them that should help, are they talking and communicating to each other?

Researcher BN: Mmmm, yeah.

SP14: Erm, which is really important.

Researcher BN: Yeah, definitely. So is there any improvements you would suggest for the training, do you think?

SP14: I think we, I mean (name) and I, we have put a lot more interactive stuff in.

Researcher BN: Yeah.

SP14: Erm, to get the group talking, and because, having that shared experience and sharing the knowledge, especially if you've got different people, different people from different work streams, or different areas, they can do, it's like gleaming the best of what everybody's doing, and not stealing it but gleaming all their good ideas and thinking I could use that, and then I can help, do you know what I mean?

Researcher BN: Yeah.

SP14: Because it's not stealing, and it's sharing people's good practice, because if you share your good practice, you could have an impact and effect on other people’s as well.

Researcher BN: Yeah.

SP14: I mean I’m not precious with anybody, I would share anything we do, do you know what I mean.

Researcher BN: Yeah, so do you personally think, is there any more skills you would want to learn to help initiate initiating MECC conversations or do you feel like you're there?

SP14: I think, I think, I think I'm OK. The only thing I think you've gotta remember with MECC, erm it's like I've done some restorical training, erm, and relationships training through the 0 to 19. If you don't use it, you lose it.

Researcher BN: Yeah.

SP14: if you, if, like from a MECC trainer point of view, you've got to, if you don't say deliver, keep delivering them, even every so often, if you just do it and don't do anything with it it’s just been a waste of it. It's, you've got to, if you don't put it into practice straight away, and start using it straight away, you'll forget and you'll slip back and then,

Researcher BN: Yeah.

SP14: It, it would be very, very difficult because you'd have to reteach yourself it again.

Researcher BN: Yeah, right. Okay. That's interesting, and what about in terms of topics? Is there any topics you would want to, because like obviously you’ve recently done the alcohol and the mental health, is there any other specific topics you would want to focus on for training?

SP14: Regarding to the MECC?

Researcher BN: Yeah.

SP14: Er, I mean, you could train, you could use it, I mean, we've mentioned that the breast feeders use it in their approach, and their approach to things are probably, I mean, their workload’s probably totally different to ours. Erm, but I think if you, I mean we do a lot around the cancer, but you see, you break the cancer down, so we do it with like with the cervical cancer, the breast cancer, the prostate cancer, it's all having those MECC approaches and MECC conversations. We've recently done some training recently, I’m saying recently it was last year, with erm orchid the male charity, the male cancer charity, and orchid specifically work around prostate cancer and testicular cancer. Erm, and they came up from London to train us, but when they were here, and we were throwing the next MECC stuff into them and they tweaked it.

Researcher BN: Right.

SP14: Which was really, which was really, really good, erm, but I think, from, I mean we do regular updates with the MECC trainers.

Researcher BN: Yeah.

SP14: Erm, and we sit in their regional group. So I think if anybody came up with any training, we would be, we would jump on it and we would share it and cascade it like the alcohol, you could do similar with tobacco, and I think Northumberland's doing a Tobacco one as well.

Researcher BN: Right.

SP14: Where they’re breaking it down and things, so you can do it with anything really, could you? Yeah.

Researcher BN: Yeah, yeah. So is there any resources you would want to help to help deliver MECC, or again do you feel you’re pretty much there?

SP14: Erm, we use the erm, what’s it called, it's an NHS platform we're using.

Researcher BN: Is that the future NHS? Yeah.

SP14: Yes, yeah, we use a lot of their, their resources, plus we get a lot from the Royal Society Public Health. Erm, but with case studies, sometimes it's quite good to have a local case study.

Researcher BN: yeah.

SP14: I know when the Royal Society Public Health sent us up, when (name) sent us up erm the MECC for cancer champions, the case studies that were in there, were the same case studies as the MECC for mental health so we were going it should be if we’re doing a cancer champion case study, it should be a case study about a cancer champion, not about mental health.

Researcher BN: Yeah, ah definitely, yeah.

SP14: Even though that will filter in, but it should be around that if you know what I mean.

Researcher BN: Yeah, yeah, so it's more specific case studies if anything?

SP14: Yes, yeah yeah.

Researcher BN: Right. And so do you think, I suppose you’ve probably already touched on this, ultimately if people did receive training in MECC, do you think it has an effect on the health and wellbeing of the people that receive MECC conversations?

SP14: I think it has an effect on the people that receive, but I think it has effect on that individual who's done the training as well.

Researcher BN: Yeah.

SP14: Because we, we had a couple of people, erm, where, when they've come back at week two or week 3, erm, especially the Aces video, have you seen the Aces video? It's the adverse children, child experience?

Researcher BN: Ah right, no.

SP14: And it's about this little boy, it's a little cartoon animation. It's a little boy, and his mum and dad fight all the time, his dad doesn't work, he smokes, he drinks loads of beer all the time, he beats his mam up, erm, and then this lad grows up and he's a teenager and he has fights at school. He gets expelled from school, he drinks and smokes and everything erm, and then he gets married at 16 or whatever, she has babies and, he beats her up and then their little boys cowering in the corner, so it's like history repeating itself. But then they go back over, and then they see where the, the lads, back when he was young, and dad’s hitting mam, erm, but mam speaks to somebody and gets some advice, and gets signposted and it sees the positive effect it has on the child,

Researcher BN: Oh yeah.

SP14: ..in that, when he grows up, he doesn't grow up to the other lad, he grows up and he has a job, and a house, and he gets married and he has children, because he's, that adverse childhood experience has been caught at an early stage, and rather than it having a negative effect on that person, it's had a positive effect on that person. And we show that in the MECC for mental health, and there's a few people have come back, erm, like on week two or week three when we, after we've showed it, the following week, erm, and they've said it's really made them think about how they grew up.

Researcher BN: Yeah, ah right.

SP14: It’s really, you need to watch it Beth.

Researcher BN: Yeah, ah so that's had an impact on them as well?

SP14: Yeah yeah, cause I do think it impacts on you as well as, because it can make you think about things differently, like I did the MECC, the MECC alcohol awareness, and you are sitting thinking hrmmm, how much did I drink over Christmas, we all drink a little bit more over Christmas.

Researcher BN: Yeah.

SP14: But it just makes you aware because if you think, if you look back on like the, the change for life don't let the drink sneak up on you campaign. Sometimes these things can sneak up on you before you know where you are, you're not just having a drink on a weekend, you've started having a drink Wednesday, Thursday, er sorry, Thursday, Friday, Saturday, and Sunday.

Researcher BN: Yeah.

SP14: And you know, and sometimes it's important to just sometimes sit back and just reflect on you as well as the person to think hrmm. So that just, when you do like the little MECC refreshers, it makes you think.

Researcher BN: Yeah.

SP14: Because sometimes things just get put to the back of your mind.

Researcher BN: Yeah no, that's interesting. Well that was everything I had to ask you. Is there anything you wanted to add, you feel like we haven't covered?

SP14: That’s lovely. No, no, I mean is that all, is that the sort of thing you wanted, because I just chat away you know Beth.

Researcher BN: That’s absolutely excellent for an interview, thank you very much.

SP14 I just hope you, I hope it's helped.