1. **Organisation consent form**

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**ORGANISATION CONSENT FORM**

Project title: Exploring experiences of ‘Making Every Contact Count’ and other brief health interventions for changing preventative health behaviours within the Third and Social Economy sector

**Researchers:**

**Department:** Social Work, Education, and Community Wellbeing

**Lead researcher:** Beth Nichol (email: bethany.nichol@northumbria.ac.uk)

**Supervisor:** Professor Katie Haighton (email: katie.haighton@northumbria.ac.uk, staff information: https://www.northumbria.ac.uk/about-us/our-staff/h/katie-haighton).

**Purpose of the study:** One type of health intervention to address lifestyle behaviours such as smoking, alcohol consumption, diet, and physical activity is to initiate conversations around these topics and provide brief advice (one-to-one, lasting from a matter of seconds up to 30 minutes). The purpose of this project is to explore attitudes and experiences of these health conversations within voluntary organisations and community groups.

**Information on anonymity/ access:** Interview recordings will be transcribed and anonymised. We will store data on password-protected computer systems. This research will be used to publish a journal article, but the data will remain anonymous. In line with transparent research practice, fully anonymised transcripts will be uploaded onto a public repository. Participants will be made aware of this and be asked to provide explicit consent to this by ticking a separate box on the consent form.

**Disseminating the results:** Analysis of the interviews will be used to publish a journal article. Additionally, participants will be given the option to provide their email address to be sent updates about the project. The ultimate aim is that this research will help inform policy on the application of Making every Contact Count and other brief interventions.

**Research plans/ what is required by the organisation:** This study aims to recruit 20 participants from a range of voluntary and community groups/ organisations, who both work/volunteer and attend them. Recruitment is expected to commence at the end of July and estimated to be concluded by 01/02/2023. Support in recruitment would be greatly appreciated, through displaying the recruitment advert, sharing participant information sheets and expression of interest forms, and discussing the project with both people who work/volunteer at the organistion and those that attend. It would also be beneficial for the researcher to attend the premises of the organisation and observe the types of interactions that occur there, as well as building relationships with the people there. The aim is that the results of this study will benefit the organistion by informing on the types of resources and training that those working/volunteering within the voluntary and community sector would benefit from, to maximise the wellbeing of the people it aims to serve.

**CONSENT FORM**

*I am a senior organisation manager / director / representative and give consent:*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position/Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organisation Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location/s where the research is permitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(if completing via email) Email address associated with this consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anonymity of the organisation when results are written up in a journal article is optional. Please select the option that applies below:

No confidentiality required 🞐

Masking of organisation name in research report 🞐

No publication of the research results without specific organisational consent 🞐

Other by agreement as specified by addendum 🞐

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Service provider information sheet**



**PARTICIPANT INFORMATION SHEET**

*You are being invited to take part in this research study. Before you decide it is important for you to read this information so you understand why the study is being carried out and what it will involve. Reading this information, discussing it with others or asking any questions you might have will help you decide whether or not you would like to take part.*

**Study Title:** Exploring experiences of ‘Making Every Contact Count’ and other brief health interventions for changing preventative health behaviours within the Third and Social Economy sector

**Researchers:**

**Department:** Social Work, Education, and Community Wellbeing

**Lead researcher:** Beth Nichol (email: bethany.nichol@northumbria.ac.uk)

**Supervisor:** Professor Katie Haighton (email: katie.haighton@northumbria.ac.uk, staff information: https://www.northumbria.ac.uk/about-us/our-staff/h/katie-haighton).

**What is the purpose of the project and what will I have to do?**

One type of health intervention to address lifestyle behaviours such as smoking, alcohol consumption, diet, and physical activity is to initiate conversations around these topics and provide brief advice (one-to-one, lasting from a matter of seconds up to 30 minutes). The purpose of this project is to explore attitudes and experiences of these health conversations within voluntary organisations and community groups.

In this study, you will discuss your experiences one-to-one with the researcher. You are free to answer as much or as little as you feel comfortable.

Please note, links to information about Making Every Contact Count and support services are provided at the end of the study.

**Am I eligible for the study?**

To take part you must:

1. Be 18 years or older
2. Reside in the UK
3. Work or volunteer for a community or voluntary group/ organisation, social enterprise, or cooperative

Please do not take part in this research if you are likely to feel upset when discussing interactions you have had with service users about their lifestyle.

**Will my participation involve any physical or psychological discomfort or embarrassment?**

There will be no physical discomfort. You may feel some discomfort thinking about interactions you have had with service users about their lifestyles. If this is likely to make you feel upset, please do not take part in this research.

**How will confidentiality be assured and who will have access to the information that I provide?**

Your interview recording will be transcribed and anonymised. We will store data on password-protected computer systems. This research will be used to publish a journal article, but the data will remain anonymous. In line with transparent research practice, the fully anonymised transcripts will be uploaded onto a public repository. However, you have the option to opt out of this on the consent form. If the data is published, the anonymous data may be stored indefinitely. This may mean that data is transferred outside of Europe. However, this data is completely anonymous.

**Will I receive any financial rewards for taking part?**

No

**What are my rights as a participant?**

You have the right to withdraw from the study at anytime within the next month. If you do this, your data will not be used for this research. You can do this by emailing the researcher (bethany.nichol@northumbria.ac.uk). If you email to be withdrawn from the study after 1 month then it will not be possible to remove you from the study, as your data will have been anonymised and so will not be able to be traced back to you.

GDPR information: The legal basis for the study’s data processing is that the research is being conducted in the public interest, and/or is necessary for education purposes. You have the right to access your data upon request. Contact the Information Commissioner’s Office for further information, and/or complaints about the University’s processing of personal data: https://ico.org.uk/

**If I require further information who should I contact and how?**

If you would like more information about this study please contact Beth Nichol at: bethany.nichol@northumbria.ac.uk

This study and its protocol have received full ethical approval from the ethics committee at Northumbria University.

1. **Service user information sheet**



**PARTICIPANT INFORMATION SHEET**

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**Study Title:** Exploring experiences of ‘Making Every Contact Count’ and other brief health interventions for changing preventative health behaviours within the Third and Social Economy sector

**Researchers:**

**Department:** Social Work, Education, and Community Wellbeing

**Lead researcher:** Beth Nichol (email: bethany.nichol@northumbria.ac.uk)

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**What is the purpose of the project and what will I have to do?**

One type of health intervention to address lifestyle behaviours such as smoking, alcohol consumption, diet, and physical activity is to initiate conversations around these topics and provide brief advice (one-to-one, lasting from a matter of seconds up to 30 minutes). The purpose of this project is to explore attitudes and experiences of these health conversations within voluntary organisations and community groups.

In this study, you will discuss your experiences one-to-one with the researcher. If you would prefer, you may instead choose to discuss your experiences with a member of the public panel for this project. You are free to answer as much or as little as you feel comfortable.

Please note, links to information about Making Every Contact Count and support services are provided at the end of the study.

**Am I eligible for the study?**

To take part you must:

1. Be 18 years or older
2. Reside in the UK
3. Be accessing, or recently accessed, a community or voluntary group/ organisation as a service user

Please do not take part in this research if you are likely to feel upset when discussing your lifestyle behaviours.

**Will my participation involve any physical or psychological discomfort or embarrassment?**

There will be no physical discomfort. You may feel some discomfort thinking about your lifestyle behaviours such as your smoking, diet or alcohol habits. If this is likely to make you feel upset, please do not take part in this research.

**How will confidentiality be assured and who will have access to the information that I provide?**

Your interview recording will be transcribed and anonymised. We will store data on password-protected computer systems. This research will be used to publish a journal article, but the data will remain anonymous. In line with transparent research practice, the fully anonymised transcripts will be uploaded onto a public repository. However, you have the option to opt out of this on the consent form. If the data is published, the anonymous data may be stored indefinitely. This may mean that data is transferred outside of Europe. However, this data is completely anonymous.

**Will I receive any financial rewards for taking part?**

As a thank you for participating in this study, you will be provided with a £15 Amazon voucher via email after the interview.

**What are my rights as a participant?**

You have the right to withdraw from the study at anytime within the next month. If you do this, your data will not be used for this research. You can do this by emailing the researcher (bethany.nichol@northumbria.ac.uk). If you email to be withdrawn from the study after 1 month then it will not be possible to remove you from the study, as your data will have been anonymised and so will not be able to be traced back to you.

GDPR information: The legal basis for the study’s data processing is that the research is being conducted in the public interest, and/or is necessary for education purposes. You have the right to access your data upon request. Contact the Information Commissioner’s Office for further information, and/or complaints about the University’s processing of personal data: https://ico.org.uk/

**If I require further information who should I contact and how?**

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This study and its protocol have received full ethical approval from the ethics committee at Northumbria University.

1. **Consent form**

**PARTICIPANT CONSENT FORM**

|  |
| --- |
| *Please tick or initial where applicable -* |
| I have carefully read and understood the information above. | | 🞐 |
| I have had an opportunity to ask questions and discuss this study and I have received satisfactory answers. | | 🞐 |
| I understand I am free to withdraw from the study at any time within the next month, without having to give a reason for withdrawing, and without prejudice. | | 🞐 |
| I understand the interview will be recorded, transcribed verbatim and anonymised | | 🞐 |
| I understand that my anonymous transcript will be uploaded onto a public repository | | 🞐 |
| I agree to take part in this study | | 🞐 |

|  |
| --- |
| Name/Signature of participant....................................................... Date.....……………….. |

1. **Topic guide (service user)**

Briefly re-iterate the study:

* Check they have read the information sheet and give consent

My name is Beth Nichol, and I am a PhD student at Northumbria University, investigating the effectiveness and application of brief interventions to improve lifestyle behaviours, within voluntary and community settings. As part of this, I am interviewing people working/volunteering in voluntary and community settings about brief health conversations (one-to-one, lasting from seconds to 30 mins).

If you don’t mind, the interview will be recorded and anonymously transcribed and I will take some notes. The notes and recording will be kept completely private, meaning no names or identifiable information that you mention in the recording will be used when it is typed up. This means that the transcript will not identify you in any way. Having said that, you may want to stick to first names and avoid using identifiable information for the sake of the recording, but this is entirely your choice. Are you happy to go ahead with the discussion?

**Part 1 (why they are accessing this service)**

I’m really interested about this place. What goes on here? What do you do here? Why do you come?

Can you describe what lead you to attend here?

* How did you find / hear about this group/organisation?
* Which voluntary/ community groups/organisations have you accessed before?

**Part 2 (interactions with service providers)**

Can you tell me about any interactions you have had with the staff/ volunteers?

* How often do you interact with the organisation’s staff/ volunteers?
* How long do these interactions tend to last?
* Do you see the same faces regularly, or different people each time you attend?
* What do you tend to talk about during these conversations?
* Can you describe any differences you have noticed in your interactions with staff/volunteers between pre and post pandemic/COVID?

Have you ever discussed your health in any way with these staff/ volunteers?

* What health behaviours did you talk about?
* Who initiated the conversation/s?
* Can you explain your experience of the conversation/s? (useful, comfortable, appropriate?)
* Did you make any plans following the conversation/s to change your lifestyle/health behaviours?
* Can you explain any barriers to discussing health with the staff/ volunteers at this organisation?
* Do you feel it is an appropriate environment to talk about health? Why/ why not?
* What might help to make conversations about health easier within this setting?
* Did you notice any changes in the types of health conversations between pre and post pandemic/COVID (the frequency of them, which health behaviours you have discussed)? What were they?

Can you describe any other kinds of conversations you have had with the staff/ volunteers that linked in some way to your health and wellbeing (e.g finance, housing, mental health)?

* Can you tell me about how they went (useful, comfortable, appropriate?)?
* Did you make any plans to change these behaviours following the conversation/s?
* Can you explain any barriers to discussing these wider determinants of health with the staff/ volunteers at this organisation?
* Do you feel it is an appropriate environment to talk about the wider determinants of health? Why/ why not?
* What might help to make conversations about housing, finance and mental health easier within this setting?
* Can you describe any effects COVID/the pandemic has had on the kinds of conversations you have with the staff/volunteers (e.g have certain topic become more important)?

What about conversations with other people that come here?

* How often do you speak to others that come here? What do you talk about?
* Can you describe any conversations around health with other people that come here (what you talked about, how it went, how often you talk about health with people here)?
* Can you describe any other kinds of conversations you have had with other people that come here that linked in some way to your health and wellbeing (e.g finance, housing, mental health)? (What you talked about, who with, how regularly)
* Would you want to talk about health and lifestyle behaviours with people who come here? (would it feel comfortable, helpful, or unusual)
* What might stop you from having these types of conversations with other people who might come here? (e.g smoking, mental health, employment)

**Part 3 (what they would like to see)**

Can you tell me about what you expect from the volunteers/ staff at this organisation?

* What do you think their role should consist of? (e.g just providing resources, or with additional support, referral, time)
* Do you expect volunteers/ staff to talk to you about your health? Why/ why not? (Including the wider determinants of health e.g housing, finance, mental health)
* How involved do you think the staff/ volunteers should be in your health and wellbeing? (Including the wider determinants of health e.g housing, finance, mental health)

Can you describe what support you would like to receive from the volunteers/ staff at this organisation?

* Is there anything you would like to talk more to them about (e.g health behaviours, finance, housing)?
* Can you identify anything relating to your health and wellbeing that you wouldn’t want to discuss with them? Why?
* Do you think discussing health and issues like housing and finance at this group/organisation would have an effect on your health and wellbeing? Why/ why not?

**Part 4**

Is there anything else you would like to add?

1. **Topic guide (service provider)**

Briefly re-iterate the study:

* Check they have read the information sheet and give consent

My name is Beth Nichol, and I am a PhD student at Northumbria University, investigating the effectiveness and application of brief interventions to improve lifestyle behaviours, within voluntary and community settings. As part of this, I am interviewing people working/volunteering in voluntary and community settings about brief health conversations (one-to-one, lasting from seconds to 30 mins).

If you don’t mind, the interview will be recorded and anonymously transcribed and I will take some notes. The notes and recording will be kept completely private, meaning no names or identifiable information that you mention in the recording will be used when it is typed up. This means that the transcript will not identify you in any way. Having said that, you may want to stick to first names and avoid using identifiable information for the sake of the recording, but this is entirely your choice. Are you happy to go ahead with the discussion?

**Part 1 (why are they in this role)**

I’m really interested about this group/organisation. What goes on here? What do you do here?

Can you describe what lead you to work/ volunteer in this role?

* What motivated you to work/ volunteer for this organisation or group?
* Had you worked/ volunteered within the voluntary and community sector before?

Can you describe why you have stayed working or volunteering in this role?

* Can you explain what you like about the role?
* What (if any) challenges to being in your role have you faced along the way?
* Have your motivations for being in the role change since you started?

**Part 2 (interactions with service users)**

Can you describe your day-to-day interactions with service users/ clients?

* How often do you interact with service users/ clients?
* How long do these interactions last?
* Do you see the same people regularly, or different people?
* How do people come to find you/ to access your services?
* What do you tend to talk about during these conversations?
* Can you describe any differences you have noticed in your interactions with service users/clients between pre and post pandemic/COVID?

Have you ever discussed health in any way with service users/ clients?

* What health behaviours did you talk about?
* Who initiated the conversation/s?
* How did you feel the conversation/s went?
* What might prevent you from discussing health with service users/ clients?
* Do you feel it is an appropriate environment to initiate health conversations? Why/ why not?
* What might help to facilitate these types of conversations within the setting you are in?
* Did you notice any changes in the types of health conversations between pre and post pandemic/COVID (the frequency of them, which health behaviours you have discussed)? What were they?

Can you describe any other kinds of conversations that you have initiated with service users that might relate to their health and wellbeing (e.g finance, housing, mental health)?

* Can you tell me about how they went (were they well received?
* What might prevent you from discussing these wider determinants of health with service users/clients?
* Do you feel it is an appropriate environment to initiate these types of conversations? Why/ why not?
* What might help to facilitate conversations about housing, finance and mental health within the setting you are in?
* Can you describe any effects COVID/the pandemic has had on the kinds of conversations you have with the service users/clients (e.g have certain topic become more important)?

**Part 3 (MECC training)**

Are you familiar with brief health interventions within your role? (one-to-one conversations lasting between seconds and 30 mins, including brief interventions targeting the wider determinants of health (e.g housing, finance, mental health)

* If so, can you describe any training you might have received in these? (When, what, who delivered it)
* Can you describe anything you did differently at work/ when volunteering following the training?
* What were your thoughts concerning whether it was useful for your role?
* Can you describe any training you received around brief interventions from other experiences/roles?

Did you receive any training for Making Every Contact Count specifically?

* If so, can you describe the training you received? (When, what, who delivered it) (If not, have you drawn upon any training you have received for making every contact count from other experiences/roles?)
* Can you describe any plans you made following the training to apply what you had learnt?
* Did you practice Making Every Contact Count and/or receive any feedback?
* Can you tell me about any follow-up support you received (if any) from supervisors or mentors?

Can you tell me about any techniques you have learnt during any training to target health behaviours? (including brief interventions targeting the wider determinants of health (e.g housing, finance, mental health)

* Can you describe what active listening means to you? If so, can you recall when you have applied this/ describe when you might apply this?
* Are you familiar with open ended/ discovery questions? If so, can you describe when you might use these in your role/ describe a time when you have used these?
* Which techniques/ aspects of the training have you found the most useful and why?
* Which techniques/ aspects of the training have you not applied since the training and why?
* What improvements might you suggest in the training you received to make it more useful for your everyday role?

What kind of training would you like to receive in terms of promoting the mental and physical health and wellbeing of your service users/clients?

* Which topics would be most important to receive training in (e.g mental health, housing, smoking)
* What areas would be most important to receive training in (e.g starting the conversation, what to say, where to signpost)
* Can you describe any other resources that would be helpful in initiating conversations about health and wellbeing with service users/clients?
* Do you think training in brief interventions could help improve the health and wellbeing of the people accessing your organisation/group? Why/ why not?

**Part 4**

Is there anything else you would like to add?