BN: So, if you don’t mind if we just start off here talk a bit about your organisation and your role within it.

AP12: OK. I work for (name of trust). Within that, I’m a community practitioner and I work in Children’s Mental Health so everywhere else calls it (redacted for confidentiality) but it’s the same thing.

BN: Right. OK.

AP12: And so, I work with children five to 18. I’m not in the learning disability pathway but up until a couple of weeks ago I was in the neuro pathway, so I was doing assessments for ADHD and ASD, so you know I’m working with children with LD. I am an LD nurse by training.

BN: Right. OK. Excellent. And what motivated you to work within your current role?

AP12: Goes back a long way. I have a son who has ADHD. He’s now 27 but when he was diagnosed there was virtually nothing, no strategies. I wanted help and there was nothing to get. And that sort of I ended up when him and his siblings were little, I ended up working in a school with children with special needs, you know, learning support assistant, and then when the job came up in CYPS I went over to there as the equivalent of a nursing assistant but an equal support assistant, same difference. And then I got the opportunity to go and do my nurse training, so I did that. Well started six years ago and been qualified just over two.

BN: Oh wow. Oh great.

AP12: So, yes. So that’s my story.

BN: Excellent. And what would you say the attitude towards sort of health promotion is like at CYPS?

AP12: Do you know, I think it’s like a lot of places. It’s not we haven’t got the attitude, it’s the time. You know. I mean I’m kind of link for public health or health promotion, but I mean what we can do, I mean my role kind of all I can do really is I’m in touch with like the what’s it called, the promotion futures or whatever it’s called, the NHS link where they do all the campaigns, you know, like stop, Movember, Stoptober all those.

BN: Yeah.

AP12: So, it’s kind of like sending out posters for various different campaigns to be put up in our bases because we’ve got like five or six bases. So, that’s kind of it, really so obviously MECC is, I think, is the way that we could probably do more physical health sort of promotion.

BN: Yeah.

AP12: And as I say, I think a lot of it is I think people would like to do more, it’s just time. You know, I mean we’re ridiculously stretched like most of the NHS at the moment. It’s just like you haven’t got time to do anything else, basically.

BN: Yeah.

AP12: So that’s kind of where we’re at.

BN: Yeah. Fair enough. So, public health is your role there. Is there anybody else who’s sort of public health, or is it just you?

AP12: Well, no, as I say that’s just part of sort of like—

BN: Yeah, what you do.

AP12: It’s kind of like I become the public health link worker because the trust has a whole has a big sort of drive for physical health because I’m sure you know all the facts about people with serious mental health illness dying years before and obviously has a learning disability. I mean, people with learning disabilities tend to die twenty years before the – I was going to say the normal population – you know what I mean, but population without learning disabilities.

BN: Yeah.

AP12: And that’s from preventable illnesses. So, a lot of it, you know, there is the drive from the trust but as I say, it’s just really difficult to sort of actually have the time to do it. So yeah, we try but it’s yeah, it’s difficult.

BN: Time is the big issue, yeah. And so obviously we’ll be talking more about the core MECC Train the Trainer, but have you had any other sort of MECC training or is that the only MECC training you’ve had?

AP12: I’ve done various different ones over the years. I mean I’ve done sort of like training through the trust itself. We have a link worker, and I delivered my first training the other day.

BN: Oh wow.

AP12: There you go.

BN: Congratulations. That’s good.

AP12: So yeah, so it’s kind of I’ve always had an interest in physical health and like I say, as a learning disability nurse fairly recently qualified, I don’t think we had enough physical health teaching because it is a big, I mean especially things like constipation etc. it’s massive for learning disability patients and people die of it, but if you’re not trained in the physical part, you know, health part of it, how do you know? I mean obviously we look at behaviour, but you know, it’s kind of I just feel it’s a bit of a well this is what causes the deaths but actually we’re not going to teach in it, so.

BN: Yeah. Yeah, it’s linking the two together, the physical and the mental, yeah. And so, what is your kind of history with MECC training? Can you sort of describe a bit about that?

AP12: Well, as I say, I mean I think I first came across it during training. Actually no, probably before. I probably did some MECC training before I was a trainer when I was a support worker but didn’t really take probably much notice of it. It’s more when I’ve gone to university and trained, and I think when you look at the statistics of it can theoretically save the NHS million, billions even, I think it’s important because I think anything that can, you know, the NHS is on its knees and there is a lot of wasting in the NHS, so anything that will save a bit of money I think is really important. So yeah, so then I sort of I did another training as part of just after I qualified and then I did the train the trainer.

BN: Right.

AP12: Because I see what we do as quite an important place, not necessarily with the children that we work with, but with the parents, because quite often they’ll when you’re in an appointment will say oh yeah, of course I smoke you know. And there you go, there’s an ideal opportunity to sort of say oh, well I can put you in touch, you know.

BN: Yeah.

AP12: So yeah, so I think it’s really relevant to what we do because we see a lot of people, you know, we see a lot of carers and sometimes you don’t just get parents, you get grandparents, you get all sorts of people coming to you [07.06 unclear]. Sometimes it’s like half a dozen people to your appointments. It’s like anything for anybody else. So.

BN: Oh wow.

AP12: That’s a family outing.

BN: So, if we kind of now take ourselves back to before you did the MECC core Train the Trainer, what was your initial sort of thoughts about MECC as a concept?

AP12: Well I suppose, I mean it’s really just formalising kind of what we should be doing anyway, in a way, because it’s like as people who work in health, and I know we work in mental health, but any sort of health, you know, we should be like joining up and I mean you look at all these serious incidents and a lot of the learning from it is communication, and we should be communicating better with other people in the departments to, you know, I mean I think often doctors are probably the worst for it, because they work on a medical model of disease, it’s like somebody comes in to their department with X illness or injury or whatever, and they get X tablets, X treatment, it’s resolve they go home. Whereas where we work it’s much more biopsychosocial and I think actually we need to be doing that across the board, you know. It’s like everybody should be doing that because it’s important that we’re all about holistic and you know your patients, your patient centred care and all that sort of stuff, and I mean this is what we should be doing, we should be linking up all these things, we should be, you know, I mean what’s the point like operating on somebody’s heart if they smoke 50 a day and aren’t going to give up. You know. We need to be linking it all together basically.

BN: Yeah. Yeah. So, it sounds like you’ve always had a pretty positive attitude towards MECC. Has it kind of changed over time the more you’ve learnt about it, or has it always been the same?

AP12: I think it’s been, it’s always been there, but obviously like coming into, I mean there as a concept, that coming into contact with actual MECC, you know, MECC sort of formalises the practice that we should all be doing and the idea, you know, it is, it’s kind of what we, you now, what I think, I hope we would have been doing before the official MECC launch and everything.

BN: Yeah.

AP12: But obviously it’s just official name for it and official sort of thing, you know, so it’s kind of like I say, it’s formalising what we should be practicing really.

BN: Yeah.

AP12: That was – hey, you should use that, it’s good that.

BN: A lovely quote. Yeah lovely. So, would you say before you did the MECC Train the Trainer you already had quite a sound knowledge of MECC. How did you feel in the knowledge you had before you did the training?

AP12: Yeah, because I’m quite recently qualified, and obviously it is quite a – it’s a buzz area, isn’t it, health promotion. It was, you know, there was a lot of sort of bits and pieces as we trained that where it’s like, you know, sort of that it was bought up. I mean I did like quite a few sort of assessments, not assessments, what are they called? Assignments. That’s the word I’m looking for. And it’s all, it’s of course things like I mean we did a public health assignment and obviously it’s bought into there, you have to make every contact count and everything. So, yeah, so I suppose it’s kind of I’ve kind of the idea was there before but then actually the formalisation during my training and then afterwards it’s like well it just makes sense, doesn’t it, really?

BN: Yeah. Yeah. And so, can you remember how you felt about the whole training delivery side and your confidence in being a trainer before you did the training?

AP12: I think I’ve always like to, you know, I’m a person that can stand up and talk to people. I’m quite outgoing and stuff and I’ve always liked that idea and I just think it’s just a really good sort of area, you know, with an interest in it to basically pass on, and I think yeah, it’s kind of I’d never really thought about doing training.

BN: Right.

AP12: But when that opportunity came up, I thought well that’s something I’m interested in, let’s do it. So, I mean I trained, I’m a trainer in that and also physical health foundation skills and again it’s the physical health interest that kind of pushes the two really.

BN: Yeah. Yeah. So, that’s good. You’ve always felt OK about the whole training side.

AP12: Well yeah, until I did it the other day and then I was like ooh. But I had some really good sort of help with the girl who’s like the lead on MECC in our trust. You know, I went to one, a couple, I’ve been to some of her training things anyway but she sort of had a couple of meetings with me and we talked about staff and because obviously there’s certain things, you know, that I mean like she did, well the trust, did a thing during the summer called (name of weight management programme), so like she did some training so they incorporated that as a sort of, you know, because that was say a summer thing. But obviously when I did it I took though out because it wasn’t really relevant to us, and some of the things that she might have pushed were again necessarily, I mean like your brief interventions around mental health, when you’re training the mental health nurses it’s a bit like suck eggs grandma, you know, so, it’s things like this is part of the training, but actually we wouldn’t necessarily be doing it with our patients, but again we might be doing it with parents and grandparents and stuff. So, you know, it’s kind of yeah it was a bit daunting at first because I’ve never done it before, but it’s like anything, isn’t it and I mean, you know, lady who gave me a lot of support, her sort of thing was the more you do it the more familiar you are with everything the more it becomes like a talk rather than I am reading off a piece of paper.

BN: Yeah.

AP12: So, yeah.

BN: And that’s great that you did one the other day. I suppose we’ll talk more about that and how that went in a bit, but yeah, so if we now think about the MECC core Train the Trainer training, what was your kind of overall experience on it, your thoughts of the training?

AP12: Yeah, I really enjoyed it. I mean the only downside, I mean the only thing wrong with it was the venue because it was at the (name of location) and (redacted for confidentiality), and they were obviously getting ready for a function so there were cooks and people setting up and it was really noisy, you know, and it was like it was quite annoying and it was a small group, there was only a few of us there, quite a few people haven’t ended up coming, but yeah, it was really good and I just find it so interesting things, I mean the bus for instance, you know, where you pick up the bus at one place and literally you go a mile down the road and the life expectancy is like twenty years different, you know, and I just think that is like, you know, it’s shocking. It’s absolutely, you know, so yeah, so I like sort of facts and figures like that, you know, that’s kind of the sort of thing I like. It’s like yeah, I go and quote that, do you know, if you go—

BN: Yeah.

AP12: Because I live in an area that, I mean I live in (name of location) but (name of location), and literally you go from (name of location), one end of (name of location), to like the other end of (name of location) and it’s like (name of location) is an affluent quite a wealthy area and (name of location) is like one of the poorest areas in the whole (name of location). So, it’s literally sort of the sublime to the ridiculous.

BN: Yeah.

AP12: You know, so pushing that sort of thing because obviously that’s local knowledge which I think, you know, if you’re talking about because a lot of sort of training’s come from down south, you know, if you talked about London and stuff it’s not as, you know, I mean I know there’s like say you’ve got Chelsea and Tower Hamlets and stuff, but that doesn’t mean as much as (name of location) and (name of location), because obviously the local knowledge, isn’t it?

BN: Yeah. Yeah, so you like that kind of regional element to the training.

AP12: Uh-huh.

BN: And was there anything else that you particularly liked about it that stood out that was really useful, or you liked it in some way?

AP12: I mean I liked the idea that it gave you like sentence starters and stuff like that, because I think a lot of the time people are like well yeah, how do I do it, and also I think when we looked at barriers to starting conversations, that’s really important because it’s like, because I think a lot of people think that when you start talking about these things you’ve got to be an expert and it’s like no, I don’t know anything about. But, you know, it’s like sort of giving people permission to say right, well I know there is a smoking cessation service but I tell you what, I’ll find out about it and get it back to you, you know, and letting it, you know, giving you permission to sort of say well I don’t know now, but because we can’t be experts in everything, so I think that sort of thing allowing us to, I think a lot of people think I can’t have this conversation because I haven’t got a clue about it, whereas we’re in the place where we can find out about it because we work in the NHS at the end of the day, so I think that’s another thing that kind of sticks out that, you know, just trying to empower people that you can do this, you know.

BN: Yeah. Oh, that’s great, and on the flipside, I suppose, was there anything you didn’t like so much or you’d want to change if you did the training again?

AP12: No, not really. I mean there was a couple of times where like because I work in health, I only really had a good grounding in the sort of like the five core elements. I didn’t really know that there was all other elements, you know, and just because all the other people on the training were from the (name of location) council and they had much more awareness of sort of the other elements, so I was like oh, I didn’t know there was financial, I didn’t know there was this. You know, so that in a way was sort of a bit, but of course you know this. It’s like actually no, I don’t know this, you know, because that was the only sort of bit that I was like, but you know I’m gobby, I asked, but because I didn’t realise that it covers all those different areas, you know. I mean I know there is the five core pieces, but I didn’t realise quite how far the scope goes, you know. There’s like 18 or something is it?

BN: Is it? Oh wow.

AP12: Something like that. There’s a lot of different…yeah, there’s a lot of different. Like you know say financial and yeah, all sorts of different. I can’t remember now but I mean, sorry going to back to what’s good, the website it just great, you know. It really is. And that does give you all the information so even if you literally start the training and say go to the website, stop the training after you’ve done your bit, you know.

BN: Yeah. Oh, so is that the Gateway? The signposting sort of yeah. OK. Oh, that’s good. So, you found that to be positive.

AP12: Uh-huh.

BN: And is that something positive for you in your learning or for you in your training to tell the people?

AP12: No. No. Yeah, because I mean it’s like in your learning obviously I learnt how good that was because I’d never really been on it before, so I learned how good it was to enable me to signpost people to it in my training and sort of this thing about, you know, how good and how much information there is there and what you can find and all that sort of stuff, and just be able to, you know, sort of because I think that’s it. I mean, I think the best, in my experience, the best trainers are people who are really passionate about it, so having that knowledge and being able to say hey, this is really, really good, you know, and this and that sort of thing inspires other people to go oh I’ll go and have a look at that, you know.

BN: Yeah. Oh, that’s really positive. So, I suppose in that same kind of vein have you gone to any of the sort of support groups or anything like that after the training?

AP12: No. No. Just timing, you know. It’s just crazy. I mean, I’m in a fortunate pot at the moment where because I’ve just moved over in roles, I’m still having an eight week induction, so I’ve got a little bit more time at the moment so I can do things like this, but like if I was…had my full, I’ve only got like eleven on my caseload. I mean we go up to like 25, 30 odd.

BN: Wow.

AP12: So, obviously if I’d got a full caseload then trying to fit anything in would be really, really difficult. So.

BN: Right.

AP12: So, I’m kind of utilising my time at the moment, you know.

BN: Yeah. So, if you had the time would those support groups be something that you would want to go to or need to go to or not?

AP12: Possibly. I mean to be honest I’ve just never thought about it because I say just the time doesn’t, you know, all really. You know, just getting through your core trainings and your CPD and all that sort of stuff is just like that’s enough, you know, so.

BN: Yeah. Fair enough. So, can you remember what your sort of leadership and management were like about you going and doing the MECC training?

AP12: Yeah, they were really good actually. They were really good about it. I mean they are generally quite good about training anyway, but like I say, the trust does have quite a good push, big push towards physical health and health promotion because the NHS, you know, it’s part of the five year plan and all that sort of thing, so it was like well yes, as long as you’re going to use it kind of thing, and obviously I have done. So, yeah, I think I’m now down as a trainer so if they need some training, you know, I mean we’ve already got one trainer, one very good trainer, you know, but she says it’s just nice to have some support, you know.

BN: Yeah.

AP12: So, yeah. And obviously if now I delivered the training within our team, anybody who wants any more information they know who to ask side of thing, and again if I don’t know I can go and point [21.57 unclear].

BN: Yes. Oh, that’s great. And obviously with your nurse background you probably already knew quite a lot about the health sort of side anyway, but was there anything you learnt from the MECC training that you didn’t know before?

AP12: I don’t think so, and I think that’s purely because I’ve literally only just trained, you know. I mean obviously the MECC, you know, there is such a big drive towards health promotion stuff and that was so ingrained within out training. You know. I mean like the first year we did a big assignment on sort of health promotion and like regional sort of differences and all of that sort of stuff and why, you know. So, don’t think I really learnt anything particularly new, but sort of solidifying it and sort of pulling it all together was kind of, you know, what it did really.

BN: Yeah.

AP12: As I say, had I trained, you know, 15 years ago then it would have been different, but it’s just because I’m very recently out of uni sort of thing so.

BN: Yeah, it’s all fresh in your mind. And obviously you mentioned you weren’t sort of expecting the other behaviours. What is just the core five that you were expecting from the training? What were your sort of expectations?

AP12: Well, I did know there were other bits that we don’t really focus on, you know, in our area, but I didn’t realise how many other bits there were, you know, and it was like oh, right OK. So, yeah, but again I mean I think at the moment with the cost of living crisis and everything obviously we aren’t going to start talking to people about financial stuff but if they mention they want to give up smoking obviously there is a financial element there, but obviously signposting them to like the MECC Gateway and stuff like that, you know, like you can then see that there’s all the other areas as well and so oh, there might be someone that can help me on that, you know, and everything.

BN: Yeah.

AP12: So, it’s kind of, you know, I mean it’s all about finding the right information, isn’t it, and sort of pointing people in the right direction and help them do that.

BN: Yeah, definitely. And were there any particular parts of the training that affected your motivation to go on and be a trainer?

AP12: No. I think the motivation was already there. I think it’s again it just solidified it all because I think like with anything, you know, like the idea of training somebody else on it you need to be pretty sure of what you’re doing before you can, you know, teach it to others really, haven’t you? So, it’s kind of that consolidating it all and getting it right in your head and all that sort of thing, so that’s probably yeah [24.53 unclear].

BN: Yeah. But the motivation, yeah, was already there.

AP12: Uh-huh.

BN: And what about sort of we kind of we talked a bit about your sort of confidence as a trainer before, was there any parts of the training that affected your confidence to go on and deliver MECC in any way?

AP12: The only thing that did a little bit, and it was only a little bit, was a couple of the girls were actually, from the council, and they were actually in the health promotion team within the council, and they obviously had a lot more knowledge, especially around the areas outside the five core elements, and sometimes it’s like I obviously don’t know enough sort of thing, you know, it can sort of be a bit like that but then you have to think well this is their job. It’s like if I start talking to them about learning disability rules and sort of things that I do, they would be like oh no idea about that, so you can only do so much but it does make you think am I good enough to do this, can I do…do I know enough, not that I’m not good enough, do I know enough to do this, etc.

BN: Yeah. Right. So, anything—

AP12: I mean—

BN: Oh, go on.

AP12: Sorry. I was going to say, but as soon as I finished the training there was a girl who started her, she qualified just six months after me and she started at (name of team) just a little bit after me, and I rang her up straight away and says was it OK. She said yeah, that was really good, and I was like ah, because you don’t know. Because actually because it was delivered online you don’t get the feedback do you.

BN: Right.

AP12: You know, it’s like the visual feedback and I mean a few times when I asked people, you know, has anybody got an idea about this, it was like stony silence.

BN: Yeah.

AP12: And I think, you know, I had a chat with the girl who [26.49 unclear] and she said well I think you were actually light on them because I would have kept that scary silence to longer to make people, she said eventually somebody would have said something.

BN: Yeah.

AP12: And I was like no, I can’t do that. So, it was like let’s move on.

BN: Yeah. Yeah. Online can be like that, can’t it? So, when you went to do the training yourself was that in person? That was in person wasn’t it because it was at the banqueting hall.

AP12: No, no, the training was online.

BN: Oh, right. So, you as a trainee?

AP12: Oh, sorry, sorry, I beg your pardon, when I went to do the training, the Train the Trainer training, that was in person. When I delivered my first one it was online, sorry. Yeah, separate. Yeah.

BN: And I suppose you’ve kind of been on different ends, but you’ve experienced online and face to face, do you think it makes a difference in terms of MECC training, both you being a trainee and delivering the training of whether it’s online or in person?

AP12: Do you know, I must say I like in person much, much better. Right, I am very – well, I haven’t got the diagnosis, but I am definitely ADHD, most definitely. One of my sons is and he’s like mother where I got it from somewhere, you know. So, I’m like at the moment I’ve got my laptop here, but I’ve got my desktop behind and sometimes I’m like just touch my computer mouse and oh look at that, some pictures and oh let’s have a look at…and it’s like I’ll just get distracted. And that’s just how I am, you know.

BN: Yeah.

AP12: So, yeah, so I mean I couldn’t do that if was in a training room, so I would be more focused because I don’t tend to get as distracted by, I don’t know, things outside the house or anything like that, or outside the room. That doesn’t…it’s just like oh I could just be doing that, oh and just oh I could just, you know, so I much prefer, plus from a trainer, as I say that stony silence when nobody would answer me it was like oh God, no. And I was thinking, I said everybody disappeared, they were all gone and has everybody slipped off because it was so boring.

BN: Yeah. So, in person would be preferred.

AP12: Yeah. Yeah.

BN: Yeah.

AP12: But on the other hand, I think as a trainer it’s easier online because you can have your notes in front of you and nobody, you can have your camera off, your notes in front of you and nobody necessarily knows that you’re definitely reading it and stuff, so.

BN: Right.

AP12: So, it’s six and two threes isn’t it, no matter what you do.

BN: Yeah. OK. And when, going back to when you were a trainee, what did you kind of think in the approach that they trained to, sort of in terms of your learning style and teaching you to be a MECC trainer?

AP12: I mean I’m a kinaesthetic learner and it was very, it was very visual and very aural but there was the elements of sort of like writing stuff on the flip charts and things like that, so that’s the bit I like and there was bits where we had paper in the middle of the table and we were doing bits and pieces, so yeah, I mean I think it catered for all three types of style of learner really.

BN: OK.

AP12: Which, you know, obviously is always good because yeah, everybody – well not everybody – but people learn in different ways so yeah, so if it had just been purely delivery, I would have been [30.27 unclear] you know, because I can’t do that. Just the way my brain works. And so.

BN: Yeah. OK that’s really positive then. So, if you were to do that MECC Train the Trainer training again, is there anything that you would want to change, either add in or remove to make it sort of an optimal experience for you?

AP12: I think just to do with venue. The venue didn’t help, you know. As I say, somebody who does get distracted, it didn’t help. So yeah, just a venue really.

BN: OK.

AP12: Yeah.

BN: Oh, that’s really positive then.

AP12: Yeah, definitely.

BN: And then if we kind of go on to now the cascading part of you delivering MECC training, can you talk a bit about the obviously you delivered the training was it last week, how you found that? Kind of in organising it, holding it, all of that.

AP12: I think, I mean because it was my first ever training, you know, it was even, you know, I’ve never done any training in anything. Well, you know, any just sort of like one-to-one type training or a couple of people but nothing like formal training like that. So, it was good to have (name), who’s our sort of link worker for that, because she gave me loads of tips and everything because I would have just delivered the training from the website but like she’s sort of like adapted it a bit more to us so it was virtually the same core but there was just a few bits that weren’t relevant or, you know, and obviously we don’t always have as much time so some of the bits that were slightly less relevant, you know, we hid the slides and stuff like that, so that was quite good and then she just gave me some good tips about things to do and ways to be, so that was great. Had I not had her, it would have been probably a different experience, and that’s helped me sort of do training, sort of think about the training that I’m going to deliver and the physical health etc.

BN: OK.

AP12: But that is going to be face to face. So.

BN: Oh, great. So, you’ve had her to sort of support you through delivering. Yeah. And so, was it just (name) that sort of tweaked the slides or did you do any sort of tailoring yourself?

AP12: Oh no, no. I mean, basically she – sorry I’m just going to get something from behind me.

BN: That’s OK.

AP12: I mean, she basically sort of suggested printing all the slides out and then, I mean, I’ve got like – you probably can’t see any – I’ve got notes and bits and sort of crossing outs and stuff.

BN: Oh yeah.

AP12: And because I literally I did the training to myself and sort of like so oh, that bit doesn’t read very well, oh I don’t like that bit, I don’t think that’s relevant, I don’t think we need that bit and stuff like that.

BN: Yeah.

AP12: So, and even putting like click here, click now, this sort of thing on the slides and stuff. So yeah, so that was a good. I mean, I would have done that anyway without (name) but that was quite beneficial.

BN: Yeah. All the kind of preparation element I suppose.

AP12: Uh-huh.

BN: And how did you find the sort of organising the training, getting people to sign up, that kind of side?

AP12: We have, we’re quite lucky with that, because we have a weekly CPD hour.

BN: Right.

AP12: So, like Wednesday morning at 9.30 we do training. Not every single week, but it’s just called bite sized training, so we get people to come and do, deliver training, about all sorts of things we’ve had. Like for instance, like different departments, so like EIP came, Early Intervention Psychosis came one because if we’ve got a child who’s hearing external voices and things, we may need to refer them to them for an assessment. So, it’s like what they do, how they do it, what their assessment’s like, how we would refer and things like that. So, it’s all beneficial stuff to us in that way, but then also things like the MECC training which are relevant but not in the same way, sort of thing. So, we delivered it within that slot.

BN: Right. OK.

AP12: And originally, originally, she was going to deliver it and when I saw the work that she was doing I sort of messaged her and said we’re doing this, can I do this. She’s oh yes.

BN: Oh, that’s great.

AP12: So, [35.05 unclear] how it worked, but that’s a rolling programme, so we’ll probably put it on again next year and I’ll probably just do it next year, verbatim so to speak.

BN: Excellent. And how did you find being, sort of delivering the training?

AP12: I mean, it was a bit nerve wracking because as I say, I’ve never done it before. But I mean there’s sort of things that I would do a little bit different, there was things I would do the same, and overall, I thought it went quite well and yeah, it was OK. So, I mean I think the only thing is obviously the more times you do it the more you get to know your stuff and because I think it’s nicer when it’s more chatty rather than I am reading this off, and I try not do that, obviously, but I think when you know your stuff a bit more and you can sort of go away from the text a bit, is probably a better experience for everybody else.

BN: Yeah. Yeah. And is there anything you would change to do for future training, sort of learning off the one you did last week?

AP12: Not really. I mean as I say, I prefer face to face but obviously that’s a lot more time consuming for people so yeah, I mean I’d probably do virtually the same, to be honest.

BN: Excellent. And have you got, apart from the same slot next year, have you got any or have you ever had any sort of plans to cascade the MECC training after you did the training?

AP12: No, not particularly. I mean (name) obviously knows and is now aware I can do it. So, if she ever needs any help then I would quite happily stack up if I can job wise, job role wise, you know. So, within the trust at one, you know, there was just her and now obviously there’s her and me so if we do need any extra because, I mean we have a lot of like medical students in and stuff like that, so she may say oh can you just go and deliver this to them, or whatever. So, I’ve told her I’ll be wiling to do it so it’s kind of if she needs me.

BN: Yeah. Oh, that’s excellent. And do you know if there’s ever sort of been a logical model or implementation plan to do the training, whether that’s in (name of team) or the wider trust?

AP12: I’ve no idea.

BN: Right.

AP12: I mean it will be in with our – I think there is, like I say, there’s a big drive for physical health and health monitoring and health promotion so I think it will be in there somewhere. I just don’t know about it.

BN: Yeah.

AP12: And sometimes, you know what it’s like when you’re so busy you’re sometimes yeah, there’s an email here about policies and drivers and this that and the other. Oh, I’ll look at that later and I never do, so there’s probably all the information there but I’ve just, yeah.

BN: Yeah. Oh no, it’s fair enough. And yeah, I suppose we talked a bit about the MECC Gateway earlier. Is there any other resources that you found to be helpful in helping you deliver training?

AP12: I mean, we have like well on the training there’s the Connect 5. I think that’s really relevant, especially to where we are in our service sort of thing. Also, I mean we have a local directory frontline so that’s quite relevant obviously to people in (name of location) where we are, because it’s a (name of location) council site or area, and that has sort of local or anything from toddler groups to support groups, all that sort of thing, that’s their kind of role to collaborate all of the different things that are happening all over (name of location) which is quite good because that’s one of the things, because (name of location)’s such a massive county, you know, we go all the way up to obviously the borders and they go all the way up to (name of location), so I mean we have this problem within our service, you know, sometimes you put groups on but like the first north we go with (name of location), so if you live at (name of location), you’ve got an hour’s journey to get to the group. And if it’s after school it’s difficult so logistics sometimes make things different, so having a directory where there might be some support groups in (name of location) for kids with ADHD, but I wouldn’t necessarily know about them but that should be on the front like.

BN: Right. Yeah. So, has the MECC Gateway kind of been sufficient for that or is there other resources you use for that?

AP12: Well, I mean to be honest I only found out about those from another training actually a few days ago, so I now would also direct people to that and actually we’re going to get, there’s somebody who sort of is in charge, I don’t know, of that and we’re actually going to get her, I think it was her, to come and do a training about that. So, obviously it’s not specific to MECC but it’s related to that because it’s all about signposting and support groups and that sort of thing.

BN: Right.

AP12: So, yeah. That’s kind of come as a, you know, I’m [40.27 antecedent], no the opposite, you know what I mean.

BN: Yeah. Yeah. I know what you mean.

AP12: [40.33 unclear] post isn’t it; you know what I mean.

BN: So, obviously you’ve been successful in cascading the training down so far. What do you think has been the main thing that’s helped you to do that?

AP12: Having spoken [40.47 unclear] others really. Yeah. I mean sort of being able to, you know, because I mean as I say, if we hadn’t already got the system up for CPD it would be like trying to find a time, trying to find a place, trying to find a spot and trying to put it in the diaries because I mean like the physical health foundation training that I’m delivering, for instance, is one of our mandatory and literally the only way we’ve been able to – I think we’ve got 35 people in the trust, in the department, who are either expired or nearly expired of that. So, that’s like a third of our workforce, so we’ve literally ended up literally putting people in trainings and pulling them out of the, you know, put it in the diary. It’s like you will be doing this training on this day because it’s mandatory. Well, you know.

BN: Yeah.

AP12: So, that’s because everybody’s so crazy busy. If you’ve got a case load of thirty, obviously an hour’s CPD is, or two hours whatever it is, is massive. So, had we not had that slot already kind of pencilled in and had (name) not sort of given me the support she was, it would have been a lot more difficult.

BN: Right. Yeah, it was having that designated time. Yeah. And do you think there’s anything about you and your attributes that’s helped you to be able to cascade the training?

AP12: Well, as you can tell I’m quite gobby.

BN: Ah no.

AP12: I’m quite, you know, well I am but it’s like I don’t mean in a bad way but I am confident, that’s the word, isn’t it? And it’s like if I want to do something I’ll kind of find a way of doing it generally both in work life and private life. I don’t like to sort of, you know, it’s like something that’s important to me, whether it be work or private, it’s like well I want to do this so I’m going to find a way of doing it, so it’s kind of yeah, determination I suppose.

BN: That’s brilliant. And do you have any thoughts about the train the trainer model as a whole? Is it a model you’re sort of familiar with? Have you ever done train the trainer for anything else before?

AP12: Yeah. I mean as I say, I’ve done the train the trainer for the foundation health, physical health skills, and I also when I was training I did it, well I went to the course for diabetes train the trainer but because I wasn’t qualified then I couldn’t actually take it, put it in my dashboard.

BN: Yeah.

AP12: But yeah, I mean I know there’s a lot of other things that I could do, but as I say, really, it’s time. And like for instance the diabetes isn’t particularly relevant to what we do. Epilepsy might be. That might be something because especially in learning disability obviously it’s very often that people have both because of the area of the brain that’s affected. So, in the future there may be other things that I want to do but it’s time. At the end of the day, I’m paid to look after patients and that’s the important bit, you know.

BN: Yeah. Yeah. Definitely. And do you have any thoughts about the train the trainer for ultimately encouraging MECC conversations? Do you think that is the right model to do that?

AP12: I think so because it spurred me on to try and do something. I kind of came away from the training with like oh let’s do this, you know, and I think I was lucky because we already had the, like I say, the area in place to be able to do something [44.39 unclear] were there. Had the training actually not already been booked in then I probably would have contacted them and said can we put this into the bite size training. So, yeah it did give me the impetus and the enthusiasm I suppose to go out and do something, I think, because yeah, I think it’s so relevant to what we do. We see thousands of patients and for every one patient often we have, like I say, we have two, three, four, five sometimes [45.11 unclear] so it’s like there’s a lot of people you’re seeing that you could potentially, and if you’ve got a family where they all smoke and one of them mentions about wanting to cut down, you’re talking to one of them about it, says that would be good for me, and you could have got five people on the idea of quitting smoking from one conversation.

BN: Yeah.

AP12: So, I think it’s very, very relevant to what we do.

BN: Yeah. And have you found the attitude of your other colleagues at (name of team) to be the same as yours or different? What is the culture like around that?

AP12: Mixed. Yeah, mixed, I think. I think a lot of people agree that it is relevant, but I think there is, like anything, there’s the barriers there which so we discussed earlier that people are [45.59 unclear] confident to do it, oh I’m not sure and it is emotive. I mean like sort of saying to somebody, you know, not that you exactly go I think you’re doing too much, but so it is a very emotive area isn’t it, and you’ve got to be confident enough to sort of broach that and I think sometimes as well, it’s that dejection if you don’t get positive sort of, you know, if you mention to somebody oh, you know, I could help you with smoking cessation. Oh no, I don’t want it. And it’s like these poor kids in this family where they’re all smoking 50 a day and oh, you know, it’s going to end up with asthma and this that the other. So yeah, so there’s lots of reasons you wouldn’t, and I think it’s just trying to say to people give it a go, you know.

BN: Yeah.

AP12: What’s the worst that can happen. But I suppose equally, in our area the worst that can happen is you lose your therapeutic alliance which is really important as well. So yeah, it’s a difficult one because it’s a difficult area and there’s a lot of…and we have to ask a lot of difficult questions because like kids who come in for autistic spectrum, yeah kids who come in for autistic spectrum sort of assessments and stuff, it could be attachment, so sometimes we have to have quite difficult conversations with people and if you’re already on a sort of uneasy footing with somebody then sort of saying oh and you smoke too much. You know what I mean? It’s like it could make it quite difficult. So, I think there are a lot of people who probably would avoid it and I suppose for me the training was to try and empower them to not avoid it.

BN: Yeah.

AP12: But you’re never going to do that for everybody because, you know, but if you can get one or two then it’s going to help, isn’t it?

BN: Yeah. Yeah. So, do you think even you going from (name of team) has changed anything in (name of team) as a whole?

AP12: I just think it’s brought more awareness and I think one of their own, given the training, is like oh, and then I know like probably when I’m…because we were community, sometimes you go months without seeing people but then I might bump into somebody at base and say oh you know that training you did the other day, I had a mum who was this that and the other. Says why did I have to go? So, there might be down the line things that have come up as a result of it. Oh, you told us about this website or you whatever. So, it might not be immediate, but it could be something that kind of happens down the line. And obviously having somebody who in their rank, so to speak, who delivered it, it’s not like they’ve got to go and seek out the person who gave the training to ask them. So.

BN: Yeah. Oh, that’s excellent. And so just my last sort of couple of questions. These have came out of existing research and literature on MECC and train the trainer of strategies to try and help people cascade MECC training down. So, I’m just going to run a couple by you. Sort of mentioned one already but the idea of kind of peer support groups or networks or meetings to share knowledge, experiences, ideas. Have you got any thoughts about that to help cascade?

AP12: A lovely idea, but practically it’s time.

BN: Yeah.

AP12: Yeah. I mean that’s, you know, I mean it’s like if you have the option to go and see a patient and do an assessment with them in your busy schedule and go to a meeting with other people that might affect you but might not, you’re going to take the patient every time and we’re just so, I mean you know, it’s like everywhere, we’ve got staff sickness, staff illness etc. etc. etc. We’re just too busy really. So, yeah, great idea. Practically, I mean I quite often end up like meetings and things like that only because I’ve ended up having a cancellation. So, it’s like oh I’ve had a cancellation, oh I’ll pop to that meeting and stuff like that. So, and I mean I know we have the bite size training but sometimes you have to go elsewhere, so you don’t even always get the thing that’s put on for you.

BN: Yeah. Yeah, fair enough. Well, I can imagine the next one will probably be similar barriers, but what about refresher training?

AP12: You see, I would be more interested if it was like biyearly. I always get confused. Does that mean twice a year or does that mean every two years? Every two years.

BN: We were just talking about this the other day. I don’t think it is clear. OK.

AP12: If it was like every year or every two years, I think that would be great because there are changes, there are things update. There’s different legislations, there’s different drives etc. etc. etc. So yes, that would be good.

BN: Right.

AP12: But any more than that I think it would be unsustainable and unachievable.

BN: Yeah. That makes sense. Well, that was everything I had to ask you. Is there anything you want to add, do you feel like we haven’t gone over that was in your head before the meeting?

AP12: No. I think we’ve covered everything really. There’s a lot – I think I’ve talked at you for long enough.

BN: Oh no, that’s perfect. Well thank you so much (AP12). I really appreciate it. I’ll stop recording.

[End of recording]