BN: So, if we could just start if you explain a little bit about your role at the council.

PT1: Well, I’m (PT1) and I’m one of the programme leads for (name of location) Public Health and we have Making Every Contact Count as one of the core values for engagement across public health, and if you notice, I link myself to public health and I don’t necessarily sit at (name of location) Council.

BN: Right.

PT1: That’s not because it isn’t part of (name of location) Council, it is part of our health and wellbeing strategy at (name of location)Council, but we’ve found that once you mention a local authority name it causes barriers for people, and it stops people engaging.

BN: Right.

PT1: But for some reason they trust Public Health rather than trust (name of location) Council.

BN: OK. That’s interesting in itself, isn’t it? Yeah.

PT1: Yeah. You usually get the emails that are well that’s great, but what about my potholes and you haven’t emptied my bin for this amount of time, etc. etc.

BN: Yeah.

PT1: So, yeah.

BN: OK.

PT1: We don’t usually attach the council logo to anything we do in MECC, and we have our own logo we developed six years ago instead.

BN: Right.

PT1: And it works [01.21 audio error].

BN: Right. OK that’s interesting. So, can you talk a little bit through sort of your full MECC history from going right from the start to not knowing anything about MECC.

PT1: OK. So, 2017 I think it was, might be just before that, [01.42 audio error] and were [01.46 audio interruption].

BN: Sorry, it just buffered there. I cannot really hear you. Two ticks, I’ll check, I think it’s my wi-fi.

[Interruption]

BN: Sorry, that’s me. The wi-fi is so temperamental here. If the box is moved it’s off. Sorry about that.

PT1: Well, I think it could be my side as well because I don’t have the internet at home, I only hotspot.

BN: Oh.

PT1: And again, it just depends upon the weather as it comes across as well.

BN: Yeah. Oh well, we’ll improvise. That will be fine. I think mine’s a bit better now. So, if you don’t mind just repeating from the start your experience with MECC.

PT1: No problem. So, 2017, it might be the back end of 2016, (name of location) Public Health decided to decommission its health champions programme, not because it wasn’t successful and not because it didn’t make a difference, but because the people who were the most vulnerable and the most marginalised didn’t necessarily access the programme. So, they took the brave decision, they decommissioned that, and they replaced it with Making Every Contact Count.

BN: Right.

PT1: And if you can imagine, that’s a big decision because people are not necessarily like change, but the idea was if we could reach the organisations and services who work with the most marginalised, the most vulnerable, they then would have the competence, and confidence to be able to cascade that key information. So, we started the programme in about September, October time (year) for delivery and we had a sort of a three-pronged offer. We started off by saying to people come along, and we will give you free training around our four core elements and then we’ve also got some subject elements. So, we did What is Making Every Contact Count? Behaviour Change Models and Concepts, Motivational Interviewing and the Five Ways to Wellbeing as the core offer. And then from there we added on Physical Activity, Healthy Weight, Nutrition, Mental Health, Tobacco, Alcohol and Drugs as the topic areas that we wanted people to take on board for lifestyle. And we also offered a grant for people, and they could use it for anything. So, that could be if you have to give up your time to come along to training, etc. And then the third bit was what kind of resources do you need that would then reach the people you want to cascade it to. So, in the first batch we were looking at how we adapted for people with learning disabilities, we had a whole range of people from the voluntary community sector but also, we brought on libraries because they are a fantastic way to talk to people. People come into a library often not to borrow a book but for other support to get warm, whatever it would be. And then we did the second phase where we then looked at other organisations who hadn’t come forward. So, that was veterans, it could be specific cultures, particularly our Jewish community because it’s one of the biggest one in the UK. And we had the same offer, and then we did a third batch which was well OK, we’re not reaching grandparents, and so we looked every time who we weren’t reaching to offer this to and did that over three phases over two years. Whilst we were sort of getting to that, we would look and say well OK, we’ve got the training slides, but what else do you need and people then were saying well it would be nice to have leaflets, it would be nice to have videos, it would be nice to have quizzes, etc. and we always made sure any information that we cascaded, the MECC people would then say well that won’t work for learning disabilities, that definitely wouldn’t work for LGBTQ, that wouldn’t work for so and so and they helped us to then adapt it so they had something that they could use. We then realised that we’re giving you all this training so you can cascade key information but we’d like you to also cascade it as in train the trainer, but we didn’t use the word ‘train the trainer’ because a lot of people felt that they had to have a training qualification in order to be able to cascade and train other people.

BN: OK.

PT1: And often that would be delivering all that key information in like a staff meeting and they wouldn’t necessarily wear a trainer’s hat.

BN: Right.

PT1: So, we called them the key messengers and how they then would adapt it, add it on to existing training, newsletters, etc. so they weren’t just cascading key messaging, it was then using the slides in a way that they knew they were keeping their consistency. So, that was our offer and we had a remarkable number of people who signed up at the next stage to do that, and while they were doing that we were approached by (name of) Healthcare Trust to say please can we work with you so that we can develop a regional offer and so we developed the training, we developed all the slides, we piloted it and then facilitated it. We continued to do that until the pandemic hit. We then adapted it so it could be delivered online, or train the trainer and the general MECC information across the region, and then as we sort of came out of the lockdowns of COVID we then handed it back to (name of) Healthcare Trust because obviously in the public health world we had a huge amount of work still to do to pick up programmes and also balance what was still happening in that COVID world.

BN: Wow. That’s amazing. So, what is your kind of experience of doing the MECC Messengers Train the Trainer been like?

PT1: Originally, we started to deliver it, and I’ll wear two hats, if I was doing it in the regional, there was two of us who co-delivered, but unfortunately there wasn’t the consistency of the same trainers, so the key trainer who was with me got moved on to another piece of work, somebody else came in. By the time you trained them and got them the confidence they then moved on. I think I had four trainers that are trained up to co-deliver with me, and they all left.

BN: Oh wow.

PT1: They all left and went into other jobs. So, I was the stable one in the middle, and it was the mixture of people who came along but I think the missing bit regionally was always that follow up support.

BN: Right.

PT1: So, you delivered the training and then you give them the resources, you ask them to, say you know, can you cascade this to 12 people over 12 months and then they cascade it, but there wasn’t really a forum where people could say I’m struggling with this, how does that work.

BN: Right.

PT1: I always offered that kind of support to say I’ll be delivering this if you want to come along. But that was in the world before we did things virtually.

BN: Right.

PT1: So, again, if I said would you like to come along Bethany and sort of gain your confidence, I’m delivering in (name of location) next week, it might be a bit too far for you to go but virtually it’s a different world now where people can sit in the background and think oh yeah, I remember that bit, I want to practice this bit, etc. So, I think virtual has made it easier but in the beginning for probably the first two years it was quite difficult for people if they didn’t do it straight away. So, when you deliver training, you really need to get straight in with it because otherwise two weeks go by, then six weeks, then 12 weeks and then you don’t feel confident. You’ve forgotten how it is.

BN: Yeah.

PT1: So, I think that was one of the issues as a regional sort of methodology. It was a similar thing in (name of location)but train the trainer for me meant that I was only delivering quite a limited space.

BN: Right.

PT1: So, the people I had who I knew weren’t trainers but they would be the people who would use the slides, I used to sit down with them and say OK then, who are you going to deliver to? How are you going to deliver it? What sort of are your worries? And then I would actually adapt the slides with them.

BN: Right.

PT1: And I still remember there was a group of three gentlemen who were a support group for gay men and none of them were trainers, but these fellas would give a huge amount of support for people around mental health and everything else, and what they wanted to do a lot of myth busting. So, we’d go through the slides and say and so what example could you give, how would you use this information and the first thing they said, well we love your slides but when I stand up there and there’s a gingerbread man and a gingerbread lady side by side, they’re going to go well what does that apply to us. So, that was the start of OK let’s have several slides so it’s two gingerbread ladies side by slide, there’s two gingerbread men side by side, there’s a lady, a man and a lady and a man and so they could then pick and choose how it fitted in to what it is that they did.

BN: OK.

PT1: So, we called it rather than train the trainer, train the cascader. That’s what we called it.

BN: Right. OK. Yeah, because I was going to ask you about how it became MECC messengers or train the cascader, so was that sort of through trial and error or how did you kind of realise that that didn’t work?

PT1: It worked really well with a lot of the first people who came forward because they were bigger organisations, they had designated trainers in their sort of teams, so they were the people who came along and said oh yeah, I’ll do that. Yeah, I already deliver so and so, so people like 2 Way Tenancy, they already delivered a lot of training, Citizen’s Advice had trainers in there. Lots of those bigger ones. And again, I do that support and I’d say do you want me to come over and sit in the background or co-deliver with you and do you want a prep session before you go in, and tell me how it went, what could you do differently. But then a lot of the smaller ones like at the time there was a group called (name of organisation) and they were the gentlemen supporting the gay men, and they’d said we want to cascade it but we don’t know how to do that, and so they put up the key information, they would sort of say how to use the three As and have a conversation, but they wanted to do more than that. They really wanted to be able to continue when they had new people come in and to be able to add it on. So, if you imagine they did What is Making Every Contact Count? And then everybody in the group over several months who were their clients then oh, OK then, so I can take this message and take it to my family or my friends or somebody on the bus. Yes, that’s what we want you to do. And then they would feed back to us to say yeah, actually this many people had had a conversation on the bus, or these many people had picked that up with their family and friends. And it wasn’t can you keep a log, it was tell us how it’s going and if people are finding it useful. With the Behaviour Change models and the Motivational Interviewing, again that was giving them the skills to then give the skills to other people. So, again, the train the trainer for us wasn’t just What is MECC, it was Motivational, Behaviour Change and Five Ways to Wellbeing. And again, they were able to then come back and say actually yeah, I’m using those slides and we’re going to then pass that on and we’ve added it in to this, etc. so they then felt when they were training other people, if you call it training, they then were able to keep on saying well did you use that when somebody was saying that they were really struggling to lose weight or they’re drinking too much? Were you able to then cascade and say well actually where do you think you are on the cycle of change, where do you think you are in sort of the Johari’s Window etc. and to them it was giving them the knowledge so people would know why they were doing it.

BN: Yeah.

PT1: So, they felt as though they aren’t just saying OK Bethany, this is how you need to lose weight, it was more around well do you know all the reasons why you’ve struggled in the past.

BN: Yeah.

PT1: And we all need to do a little bit more of that preparation in the cycle of change or these are the things that we hide about ourselves because they’re things that we don’t want to share with other people, and it made it more of a conversation for people while they were doing that train the trainer approach.

BN: Right. And it sounds like it was less just about delivering a training session, there was more to it as well.

PT1: Yeah.

BN: OK.

PT1: And like I said, they would come and sit in my sessions when I was going out and delivering to other people when I was in the(name of building), all across (name of location). I’d say [16.06 unclear] if I’m going across there, and then if you want to you can deliver certain parts, and (name of organisation) in particular, it was just a delight to see where you had three fellas who were like we don’t deliver training but we really need to get them on board, two actually came and delivered to the library staff in (name of location) (name of building) and they took on different roles each and I introduced and said I’ve got people who are going to co-deliver with me today. I didn’t say they were learning. I basically said, if you can imagine you don’t know who you are, it’s a new environment so can you please just be a little bit courteous and think what it’s like for the first time that you’re delivering to a new audience. And they gave a total different spin on it to what I would do from a public health and they were very human and funny and you could just see how they made it their own because I’d phrased it to say we’ve got library staff coming in. They know who I am. They have no idea who you are, but it would be great to do it from the perspective. So, those library staff know the barriers when you’re working with gay men, know the barriers when you’re working with learning disability. So, the people who came to co-deliver with me, they would always then say so, if you then are going to pass on this information or develop a resource this is what you need to consider, or LGBTQ or learning disability, different culture etc. And it would just make life interesting and such a joy to see people, then gather that confidence and then just go off there and do it. It took a lot of work. In the beginning, if you can imagine, if you’re not a trainer but you’re saying come along, sit in. I mean the (name of organisation) fellas probably sat in three sessions after the train the trainer and watched and took notes.

BN: Right.

PT1: And then we’d meet up afterwards, but then when they…they would then start to interject as I was delivering, going ah, but (PT1) you forgot about the example of…oh, OK. Great. They sort of really developed their confidence to then say right, I’ve got this session and again you’ve got your grant so that will pay for the time out that you’re doing sort of, you know, and you can help with travel expenses etc. which parts would you like to deliver? And they said oh we’ll divide it up between ourselves if you’ll introduce. But if we get stuck, will you jump in? And that made a huge difference because then if there was anything and, you know, when you get a bit of that brain fog and you’re not quite sure they go well, I’m just going to clarify with (PT1), is that really what we mean.

BN: Yeah.

PT1: And it was just what people see.

BN: Yeah.

PT1: And similar with libraries, you know, they took it, they said well actually we already do this. I agree, but we’ve never called it MECC. So, how are you going to do that? And they used it in their teams as staff meeting. So, each of the different libraries then highlighted a person to be that train the trainer so then they could keep cascading and developing and having those conversations and feeding back as well.

BN: Oh right. Right.

PT1: So, it was lovely to be able to do it that way. We have a few difficulties in the likes of our housing team. If you can imagine lots of different people, huge team, and it had less of a buy in from the top-down approach where, you know, the management was saying it’s as important whereas libraries will say if it’s important, we want all of our staff to be trained. And adult social care, you had a range of people, but the systems didn’t marry up. So, if I went to share a document, as you can imagine a lot of those might have an NHS account and therefore quite often between local authority and NHS, they would get blocked or if they were coming to co-deliver, again there was lots of GDPR etc. etc. So, we got some key people trained but we couldn’t reach all of the different sectors or services within the adult social care sort of local authority approach.

BN: Right.

PT1: So, it worked really well, and it was in the voluntary community sector, absolutely phenomenal. Worked really well with libraries but other statutory organisations it quite often was a barrier for time.

BN: Yeah.

PT1: Time to train. Time to reflect. Time to adapt resources and then go out and deliver.

BN: Yeah.

PT1: But since then, we have what we call – this is how our MECC family sort of happened – we used to get together once a month in various locations and sort of talk about well what other support do you need. COVID hit, we had to make it all online. We continued. I think we were one of the very few people who continued to still do MECC. So, everything was COVID related from a public health background so Fridays was always like the government would change the guidance on the Thursday night. So, the Friday morning this is the latest changes, etc. But I always had MECC on a Wednesday and I took the decision to still deliver the MECC Wednesdays because people still would be struggling with their mental health and wellbeing or to get themselves active or the nutrition side of things, and they both worked great side by side. And that’s how we then eventually brought everything together for our (name of location) MECC family, and we have 450 odd people who are still part of that.

BN: Wow.

PT1: From all sectors. So, we have NHS, local businesses, BCSE, local authority and people who don’t belong to any groups but just want the information so they can talk to their family and friends.

BN: Wow. That’s amazing. And so, I’m really interested as well in that, in any comparisons you have from when you said like your regional hat and your (name of location) hat approach to doing the train the trainer.

PT1: Yeah. I think the difference is, like I said, when it’s local and you can put in those thought systems and it’s part and parcel of your working remit, then you really can adapt it and give that time to it. But on a regional basis it’s tended to be let’s cascade it down and its numbers driven where in (name of location)we fought against all of that. Again, you know, if you’re going to give all this funding, we want you to achieve this number of…and we said no, it isn’t about that. It’s about the journey, the quality and the people who we need to be on board. And it was quite a harsh thing for people go well how can you justify it, and again with MECC it’s hard to measure, isn’t it, like in 12 months or 24 months, but we do an annual celebration in (name of location)where every one of the MECC organisations will basically say this is what I’ve gained from MECC this year, but this is what MECC has gained from me being part of that family every year. This is how I cascade and who I cascade it to. But we don’t ask them for a number, you know. We’ll say do you do it weekly, on email, in so and so, so and so and some of them will say well yeah, we roughly reach our hundred people or three people, but we don’t ask them to quantify those numbers.

BN: Yeah.

PT1: Whereas I think regionally we’ve had to justify a lot of the time because I know when we were developing it there was a target. You have to deliver so many What is MECC? sessions and so many train the trainer sessions in this area, in that area by this timescale. But not necessarily then. It was quite, because although when you do a pre and a post evaluation, which we’ve always done, and then we would do at 12 weeks and then 26 weeks. If you don’t have that continuing support before that then you send out the questionnaire follow up, a lot of people by that time have gone back in house really enthusiastic and then their bosses have gone actually but we need to prioritise this.

BN: Right.

PT1: But the weeks go by, it doesn’t get delivered and because there isn’t that regular forum to catch up it meant a lot of people then would fall up. So, I think that’s the difference between the two, when it’s locality based and driven, if you put the right systems in place you can literally nurture people and join them together and send out that email to say hey, I notice you haven’t come into the monthly meeting for like the past 12 weeks, I’m just wondering if everything’s OK. And I know we now have a regional MECC steering group and to be able to bring people together, but it’s also that when you first go through the training you do need that follow up and you’ve got to have the time and capacity and buy in to do that.

BN: Yeah, definitely. So—

PT1: Yeah. All local authorities are different as well.

BN: Yeah.

PT1: I think definitely during the pandemic most local authorities dropped it. If you can understand, COVID was the most important thing. Limited staff. Where do you go? Where I’m a bit more of a Jack Russell and I went no, I’m not dropping MECC because people need that support.

BN: Yeah.

PT1: Which was hard work to balance it but actually it worked out really well and we also say in our, we do like an annual get together for those people how are train the trainers, and basically say how is it going, how many sessions have you delivered to train other people. As cascaders, you know, how do you train cascaders? Had got the most updated resources. Have you noticed this has changed? And we adapt the resources to make them (name of location) specific.

BN: Right.

PT1: So, again, I’ve always done a lot around fingertips, but I would pull out something very specific, so if it’s learning disabilities I would pull out hospital admissions and other bits and pieces so that when they go back to keep cascading they’ve got those slides for themselves. Where if it’s, I don’t know, the (name of organisation) or something, then we will pull something else out, you know, more around what would facilitate for them.

BN: Yeah.

PT1: So, and I never go back to them and say let’s trust, let us – what’s the word – revisit your skill base. I never ever do that to people. What I basically go back and say OK then how’s it going, what’s the issues that you’re coming across, and do you want to partner up with anybody else, so like learning disabilities have three main organisations. (name of organisation), (name of organisation), and (name of organisation) and I would definitely do a trio meet with them and any of their staff involved, any of their trainers involved to say OK then, what do you need in order to continue to cascade this either in what the key messaging it, or as train the trainer. And then they would sort of come up and they would support each other then. So, all I would do is change a few slides, send it to them and off they’d go, and then they then form that community bond between each other, although they are slightly in competition with each other, but they have a lot of the same clients who go to them for different reasons.

BN: Yeah.

PT1: So, they then would, they actually I think (name of organisation) would be better for this person, or I feel as though that you would be better at being able to adapt some of this key messaging. So, that then lets them go off and do it and all I do is bring them together to say how can we help. And very similar for ethnically minoritized and do we mean refugees, asylum seekers, migrants, what do we mean, and again bring them together and how do you then need it adapting, to the point where the train the trainer doesn’t just apply to the people once you’ve given them the slides and the resources, and they go off. Our MECC Wednesday once a month is a sort of a train the trainer, so imagine Bethany, I invite you to come along as a key speaker to MECC, now in that group I’ll already sent out to say this is who she is, this is what she’s going to deliver, these are the things, and I’ll put the whole agenda and send it to people in advance. Now, people who are interested will come along and turn up but in that meeting you will be faced with one person who’s deafened and uses interpreters. You will have three people with different learning disabilities and different levels of learning disability. You will have people with different cultures and English is their third or fourth language, not the first. And lots of different people wherein from different sectors. So, from that one quite often people are then training other people as to how then you deliver, and I remember one example, here I am, Bethany’s there delivering in full pelt, and we’ve got all the people on. I’m watching it in the background and suddenly I noticed the interpreter disappeared off the screen. And I could then see the person looking to see where’s my interpreter gone and I basically OK and so they’ve put into the chat, “Hi, do you know where your interpreter is?” And waiting and saw I was there and so he knew I was trying to communicate. Looked in the chat, luckily this person hasn’t been deafened from birth, lost his hearing so far through life, so can actually read written English in that format rather than just BSL. And I basically said everybody going to just pause the meeting while I ring and text and email to try to find out what’s happened. And everybody was there, and I said if you just want to occupy yourself with cameras and mics off, so phone I got no answer, text no answer, email I get no answer etc.

BN: Oh God.

PT1: And whilst I’m doing that, one person in the group said while (PT1) is busy doing that, how about we have a conversation around – and I had to do that. Oh, OK because obviously that meant the person who was deafened would have completely missed out on that conversation.

BN: Yeah.

PT1: And obviously that person hadn’t recognised it and just didn’t like the quietness of the silence. So, the person then who was deafened had said I’ll put on text to speech because I can follow written English and I’ll try to follow that, and that’s always interesting, isn’t it, because your dialect picks up speech, you know.

BN: Yeah.

PT1: Reading through it you could see him going – because obviously there was lots of things that were coming out with different accents. And then his interpreter did come in 15 minutes later. Had a power cut and cut him out the meeting.

BN: Right.

PT1: But that was like a huge training session for everybody around, what happens when a deafened person doesn’t have that support. And it was that realisation moment so now everybody, what I usually do at the beginning of the session, if I know somebody’s new into it will say OK then, this is the format, we record things, have you got your interpreters in place there? OK then. We’ll stop recording, we’ll do questions. And I’ve tried to do an introductory email to the key person to say and we will have people with learning disabilities, different cultures, deafened, visual impairment, etc. and they will ask you questions quite blatant and call a spade a spade. And that’s what we like about it.

BN: Yeah.

PT1: It’s not done in an insulting way, but it’s done in a way that they’ll just turn around, well (PT1), that’s pants. OK then, why is it pants. But it’s lovely because train the trainer for me in MECC it’s about those conversations and that signposting and how to cascade information. But the Wednesday get together continues to be that because imagine people, adults with a learning disability on different parts of the spectrum and we have an expectation that everybody knows about meeting protocols and how they work, and how to spend a lot of the time, and I still remember in this one COVID meeting the person with the learning disability, when we were talking about how to measure two meters apart, because it’s great to say it’s a wardrobe but most of us don’t carry a wardrobe around to say I’m two meters. And I could see that question was there straight away from one of the people with the learning disability and his hand was up, all very quickly, very quickly. So, went through questions and brought in this person and the question straight away was, so (PT1), if I have to keep two meters apart how then do I have sex? So, you can imagine in sort of a forum where you’ve got a whole raft of people, OK then we’ll talk about that at the end of the meeting. But it’s a good question. If anybody else is wanting to talk about that I’ll be on at the end of the meeting. And then we had that conversation around some questions are not always appropriate, but you could see the other people who are part of MECC, and it was quite a shock as in you wouldn’t say that. But again, it was taken literally by the person. That’s the first thing that was important to that person. So, MECC to me, when you do train the trainer, it’s training people to be able to have the conversations. Train people to be able to cascade it as a trainer but not necessarily have any qualification. I don’t think you need it but also that continuation of it isn’t just about once we’ve got the information out there, it’s about that support so that people will – what happens if somebody walks into the room and have no idea how to support somebody who’s deafened because we don’t usually get deafened people who walk into our service. But that shouldn’t be a barrier, should it? You should still be able to communicate, give that support and signpost to where they can.

BN: Yeah.

PT1: So, our MECC approach in (name of location)means I don’t have to be an expert but the other people in that MECC family, and there was a lovely example yesterday where one of the gentlemen with a learning disability had a problem with his camera and his mic and you try to explain – I’m not an IT person at all – and I’m trying to think but I knew that no matter how much that it was plugged in, it still wasn’t happening. So, it was that tin and quite quiet, so trying to do it so the person doesn’t feel deflated but trying to support. And I tried everything and then the other person with the learning disability just jumped in, in the break, and said have you thought about this, and then explained it in such a lovely way that they could follow it. Because one person with a learning disability but who has an IT understanding was able to explain to somebody else with a learning disability. So, I could just literally sit back and go the job is done, they are able to support and communicate at each other and they won’t wear the title of I’m a trainer, but actually they are, in a wider sense, which is really what we need.

BN: Yeah. Yeah. And that support afterwards sounds amazing. How do you think that compares? Obviously, you mentioned the importance of having that person when they go back to their own organisation and their group, their management supporting it. With that support that you provide after, do you think that’s enough to kind of combat a lack of support from management, or how important do you think the two things are?

PT1: I think it helps if they’ve got the sign in from that that’s management level, whether it’s senior management or their next level, because a lot of people who will sign up to do MECC, it’s because they are people orientated, they have a passion and they just want to do it. But then when you show them what the next stages are and how you can’t really just go back and then implement it, you’ve got to look at your policies, you’ve got to look at your resourced, are staff ready trained, etc. That’s when people realise oh, I’ve now got to get the top people on board because they’ve got the budget, they’ve got the final say. So, I think it does help, but I’ve also found as well that when people haven’t got that buy in, they still continue to use that MECC approach and the train the trainer to the people who they deliver a service to.

BN: OK. Yeah. So, it’s not essential.

PT1: Because yeah it helps. If you want to cascade it within your organisation, I think you’ve definitely got to have that, you know, both approaches. You’ve got to have the passion from the person who’s going to coordinate it, but you’ve got to have the buy in from the top people who we’re going to say well we’ve got no resources, we can’t afford your time to cascade it, etc. etc. we’ve got different priorities, but if that’s already being blocked, when they’re out there then they still want to be able to bring people together and they’ll say OK then well we can add this in. Have you thought about this? Signpost training. Key summaries of [38.21 unclear]. It would be great. This is how you’d have a conversation so it would help if they were both there, but I think the people who sign up, if they’ve signed up voluntarily then it tends to happen. When they’ve been told, like in housing or adult social care you need to attend this because we want everybody on board, it’s a harder sell and you’ve got those people who throughout it, you know, you can just see straight away.

BN: Yeah. So, it’s maybe better self-elected to do the train the trainer.

PT1: Yes. Yeah.

BN: And have you noticed any difference, obviously you said you don’t need to be a trainer or have a qualification to do the train the trainer, but have you noticed any differences in those who are trainers doing the train the trainer compared to those who’ve never trained before?

PT1: Totally. Those people who come along and wear that trainer hat, you just know straight away because they are confident, they ooze it. They already have a picture of well this will fit onto, bolt onto this particular topic area or we’ve got this gap or we want to be able to use this in order to bring more income into the organisation as blah, blah, blah, whereas the people who don’t have that qualification, you tend to think a little bit more…have a little bit more…they invent different ways to get that information across.

BN: Right.

PT1: So, quite often, I’m just thinking from my perspective, I’ll think OK, I’ve got to go to this training for blah, blah, blah and you can tell if somebody’s a trainer and they do this, and they check in and they make sure you’re [40.15 unclear] etc. and this is what you need. One of the best things I’ve seen was during lockdown where people couldn’t actually meet in buildings I had, it was an allotment group, none of them were trainers but they had a real worrying need to be able to pass on key information around the mental health side of things and they’d said to me would you come along, keep the two meters apart, and help the group to be able to understand what MECC is and then what mental health is as well. So, when they’re having those conversations about mental health it works in a MECC way. And I’d said yeah, of course I can, but what I really want is have you got two or three key people who I can have the first meeting with who would go to really take this and run with it and cascade it, and then I’ve come along to another one where you’ve got all the allotment holders together to learn the key messaging, and I’ll be there as the supporter, and it was like is that not the wrong way around. No, not really, because when I come the second time, I want them to be able to give examples of what would work on the allotments because I’m not an allotment holder. So, I had two people who came along and they basically said we don’t know why we’re here but we’ve been asked so and remember we sat as a trio and I printed out all the slides and sat there and I had a laptop with all the other bits on and basically said right, so this is it, I’m going to sit with my laptop here so you can see the actual slides, got my [41.58 clicker] but you’ve got your printout so this is how MECC works, and I just sort of showed them how the cascade slide, you know, if you talk to ten people and they cascade it, talked about MECC is and what MECC isn’t, and also showed them what a brief and very brief intervention was. And so that was it. There was nothing else there. So, who is it that you’ve talked to in the past two days about MECC or about mental health or how people are feeling and tell me who they are. So, we talked about the interventions. Right, how then would you get that information to them in the brief or very brief intervention way, and they were saying well in this sort of lockdown sort of time we can’t go to people’s houses, well I might…I don’t like to put leaflets through because I would normally have done that, but what if it’s infected and so I do a lot of telephone calls, I do a lot of Zooming and will do a lot of texting, I’ll do a lot of Facetime. Excellent. So, how then when we meet with the group next time, will you then be able to teach them to be able to do what you’ve just talked about. So, we spent that time talking about well, OK well maybe they could do this, maybe (name) could do that. I think (name) would be a great person to do it in that way. So and so definitely could put it into the newsletter and probably we could have it just on a video and so people then are learning what MECC is and MECC isn’t, this is what a brief intervention is, and this is what happens when you cascade that key information and why you need to keep it consistent. So, the train the trainer for me was I’m coming along, you could see they were petrified. We’ve never done anything like this before. We’ve never had COVID before, have we? So, we all have been infected and the next time I went along I’d basically said, Hi, I’m (PT1), I’m part of the Public Health team, I’m going to give you some key information but actually these two people here know more about allotments and how you work etc. so I’m just going to pull the slides up on here and we’ve got all these handouts for you here, these two people are going to say how you can actually cascade that. So, probably said more than I’d wanted to, so do you want me to start, or do you want to do it, and they just basically started to say right, so this is what it means to us, and when I was listening to them I was thinking actually this is just exactly what MECC is. They’d remembered the key thing MECC isn’t, MECC is, consistent, how long it takes, very brief. Talked about how many interactions have you had with people since before you arrived here. Did you walk here? Did you cycle here? Have you got anybody at home, and they did all of that and then they started to bring in the mental health side of things, as in right, so where do we signpost people to who are bit of anxiety, for people who are crisis, and for people who are worried about blah, blah, blah, bereavement, etc. And they’d just made it their own and it was just like well that’s my job done. All it took for me was you’re the experts, I’m not. I’ll give you these slides, but it doesn’t mean anything unless you’ve got ownership.

BN: Yeah.

PT1: That’s, to me, what works really well.

BN: Right. Yeah, the ownership and being able to tailor it as well to the organisation.

PT1: Yeah.

BN: Yeah.

PT1: And they literally did, you know, they talked about when we have this group come along to the allotment, we’ll put this into can you cascade it into the newsletter. You know so and so who used to come along but they’re shielded now, so how then can we get the information to them. It was just a joy to be able to sort them, yeah, they know the people who they need to get that information to.

BN: Yeah.

PT1: And it didn’t talk about COVID, it talked about the effect of COVID through mental health but using a MECC approach.

BN: Yeah. Sounds like a success. So, I’m wondering if you can remember much about your experience of doing the trainer as a trainee and then sort of what you’ve changed now you deliver train the trainer, sort of in light of that, of your experience.

PT1: So, I’ve probably been a trainer for 30 odd years in my life, so fitness is my background. So, physical activity, healthy weight, nutrition have probably been part of my bag for most of my life.

BN: Right.

PT1: Then community development side of things. So, when I went to (name of location), we were a team of four, three different trainers with key topic areas, but we were all going to then have to develop our What is MECC? Behaviour change, motivation and Five Ways to Wellbeing, so we all agreed and then everybody had their specialism and in the mental health world we already had an offer on Connect 4 and Mental Health First Aid. In tobacco and alcohol, we already had national models of training with slides that you could use, and the same with drugs. In the physical activity, healthy weight and nutrition world we didn’t. There was nothing there as a national programme that you could sign people up to. So, as a trio we wrote the course slides. They then went off to deliver their national programmes bolt on and I had to write the healthy weight, physical activity and nutrition from scratch, which was interesting because you do one thing as a team and then you do the other bit in solo but run it by your team, and what I found is I would deliver the core and we all would support each other and say that was a terrible sitting wasn’t it, couldn’t answer that question, totally forgot what that meant. And then we would didact it. When I went to deliver the add on for the topic areas I went in to people and said hey, I’ve developed this training, does it work for you, and if not what do we need to do in order to change it, and that’s how it worked really well for me in that first of all was cascading the training information but then after that developing the train the trainer because it then allowed me to think actually I got this response for this one. I still remember, I was delivering healthy eating and this cracked people up, so there I am, got my PowerPoint slides behind me and people around this big table and we’re talking about it and we’re talking about portion size and we’re talking about that balance and traffic lights, and this one lady reached down into her bag and started munching on a bag of crisps in the middle of the nutrition, and everybody else was sort of looking at her in that way of like I don’t believe this. And she said oh sorry, I’m really hungry and crisps is my thing. So, but do you know how many calories are in that? And the group just then took it over and I let them do that for a while and then said OK then, what else can we do in those situations because that is typical, isn’t it? I said I have a chocolate addiction and when I get stressed, I take out chocolate. If I’ve had a good day, I eat chocolate. If I’ve had a bad year, I reward myself with chocolate. So, what would you do with me then when suddenly it’s the real world. I know what calories are in and etc. but chocolate’s my coping mechanism. How would you use the MECC approach to support me. And they just then adapted it so that meant rather then just doing the baseline of nutrition there was all those things about well what might people’s addictions be and how might they use that, so is it the sweet side, is it the savoury side, is it more about sort of the alcohol in teas and coffees, or is it those energy drinks, and they then were able to ask the questions and then say what kind of resources and key messaging they needed in there.

BN: OK.

PT1: So, it was fluid all the time and I’d have standard slides but then I would say in advance if there’s anything in particular that is going to be an issue for the people you work with, send it in advance and I’ll try to get their information for you. And I used to get some ask loads of questions when I haven’t got a clue about that. So, let’s see what we can find out and then put something together and then they would say actually, can you add a little bit more about that and no, they already know about that but we want this one and who are Public Health England, who are all these organisation, so quite often had to put an overview about why they are a trusted source of information.

BN: Yeah. OK.

PT1: You know, like the sponsorship side, so how you balance that as well where you can look into it and think actually this one was sponsored by that.

BN: Yeah. Yeah. So, have you ever done (name)’s train the trainer before, or is yours completely separate to that?

PT1: Well, that’s the interesting question because when I delivered it as part of the region, we had a very, we had three and a half hours’ worth of training and lots of different slides. When we stepped back it became more of a condensed, and I remember (name) did a lot of videos and online and so you only then had to attend for an hour, so when (name) took over, I remember sitting in on one of his sessions and they basically pulled out all of the old slides for the old files and put them all back in again with the odd one or two of new ones which were more around sort of prime theory. So, to me it was just like well, we’ve gone back to where we’ve started with putting all of that back in so that people do have that three hours to sit and participate in the training and then be able to think how will I cascade this rather than being condensed down to say well I’ve watched this video and I’ve looked, because to me that isn’t really a train the trainer. So, I would say the only difference between what we’ve got now and what we had in the past is literally the prime theory, is the only thing that is different that’s in there. I think a couple of the slides have been tweaked as in the ask, assist and act where we put it more as a handout that we gave to people. And I think again it’s a generic slide on fingertips where I make it very specific to (name of location)or the type of audience that I’ve got. I think that’s about it really.

BN: OK. So, you actually were part of developing the slides that (name) then took over to deliver train the trainer.

PT1: Oh yeah, we—

BN: Right.

PT1: If you look at them, the slides are the (name of location)Blog people as we called them. So, we wanted it to be that it didn’t matter your age or your culture, if there’s a blue man or a blob person on there who’s doing things it didn’t matter, everybody could then identify. So, that was the (name of location) which then became regional and a lot of that stayed in there.

BN: Oh right. So, I was almost thinking I was going to be asking you questions the other way around, but you’ve actually developed what (name) has now taken over.

PT1: Yes.

BN: Ah, OK.

PT1: Yes. Like I said, there’s a couple of slides in there that (name) and (name) have probably added in which is the prime theory and the ice cream van, and I think there’s one other which yeah, I think it’s sort of broken down into a certain thing, but apart from that all the other slides are the original slides which have all been put back again. Or tweaked.

BN: OK.

PT1: And with like the logo on or things like that, but yeah.

BN: Right.

PT1: Very familiar with them because I wrote them.

BN: Yeah.

PT1: And yes.

BN: OK. So, I suppose just one more question to kind of wrap everything together, round it all up. What do you think are the essential elements of the training, and I suppose after the training, to help someone go and cascade the training after train the trainer?

PT1: I think each region, or each sector need to have a group that come together to support those new people who’ve gone through it. And the reason I think you need a combination of both is I bring together all of the mental health trainers, regardless of whether it’s mental health first aid, Connect 5, RSPH etc. because when I’ve taken them through train the trainer, as a lead trainer for North East and Cumbria, quite often, like I said, people think I’m doing it and then life happens and then suddenly it’s 12 weeks and I can’t deliver it (PT1).

BN: Yeah.

PT1: So, in that we then we then would say OK then, (name of location) we’ve got nine trainers and they’ve got two more coming on, anybody going to deliver so the new trainers can actually sit in or shadow or co-deliver, and so they’ve got like a lovely group now that basically talk to each other and say well can you cover that one, but also you need it as different sectors or abilities so again if you’ve got people who are delivering in schools you really need people who are delivering in schools to recognise what those parameters are rather than fit in with the (name of location)group because nobody else might be delivering at schools.

BN: Yeah.

PT1: So, having a generalised group that comes together for everybody who’s trained to be able to then say actually, I didn’t realise you were delivering over there, I can signpost people to you because you probably have more understanding of what they are, and you can cascade them to me. I think that’s the thing that’s needing. I don’t think we’ve necessarily got it in place because we have like a strategy group which our people can feed in, but we don’t necessarily have a MECC regional generalised your cascading or trainers group.

BN: Right.

PT1: And that’s the bit where you’re then relying upon somebody else to be able to say I need help.

BN: So that could be improved.

PT1: Yeah. You can deliver something. You might get seconded, you might go off sick and then you come back and it’s like oh it’s been a while, have things changed. And that was my question to (name), you’re delivering this, I’m delivering that, and with my trainers, like I said, I bring them all together and we have a discussion about how things are working. Are our slides compatible or am I doing something slightly different to yourself? So, it was lovely to be able to see that to say actually there’s a couple of slides different, I’ll make sure that they’re included so my trainers can continue to now include that. And yeah, I think that’s the bit that’s probably missing.

BN: Yeah. But it does, it sounds like you give a really hands on approach afterwards as well that really supports people.

PT1: Yeah.

BN: Yeah. Sounds great.

PT1: I think you have to because otherwise you lose people. If it’s your main job then that’s your skill base, isn’t it? But quite often in the MECC world it isn’t your main job. So, suddenly you’re being asked to do this thing and I’m not an expert in that, that’s great, that’s the MECC approach but you have to feel confident to then support other people that you don’t need to be an expert.

BN: Yeah.

PT1: And like I said, one person with a learning disability and helped another person with a learning disability in a break in a meeting. To me, that’s what you want MECC to be.

BN: Yeah.

PT1: But it’s only because I keep saying to them, people don’t understand what it’s like to walk in your shoes, so it’s really your role in these meetings to ask the questions and make people aware how do you do that with learning disabilities? Have you considered this? Have you got the statistics? How does that affect? But the same time help people to understand what it’s like when you don’t understand something.

BN: Yeah.

PT1: So, keep asking those questions and so that was it, and other people, he’d switched the cameras off but they were still there, and afterwards I got a few emails from people saying that was really lovely to see one person with a disability support somebody else and just to be able to sit back and watch that happen naturally because they have that understanding, that sort of joint characteristic where I know what it’s like when people are talking about things and I don’t know where they are.

BN: Yeah.

PT1: So, I think [58.43 unclear].

BN: That peer support element sounds lovely, yeah.

PT1: Yeah.

BN: Yeah. Well thank you so much. That was everything I had to ask you. Sorry we’ve ran over a little bit.

PT1: No, no problem.

BN: Is there anything you want to add, you feel like we haven’t sort of covered?

PT1: Not really. I mean going forward, are you aware of sort of anything that is in the pipeline because I know we have, like I said, we’ve got NHS Futures but that really is only for people who are trainers. It’s not really there for people who have been through the MECC journey and might then want to be able to use some of those resources.

BN: Right. Yeah.

PT1: So, for example we’ve brough on CPD, we’ve brought on all of the different ones, but if you’re not a trainer and you’ve been through it, you don’t have access to say well actually, yeah that conversation around whatever there’s some slides or there’s a video. So, you are relying upon the trainers, but the trainers don’t necessarily still have contact with all the people who’ve been through the training.

BN: Yeah.

PT1: But not as trainers, as we see there’s a need to cascade. And that’s the bit I think that’s missing. If you want to really keep people on board and make MECC the thing to drive forward I think there needs to be something as that next step, but I don’t know. I’ve never heard of, you know, as a North East, Cumbria region that we’ve got any plans for that.

BN: Right. So, resources not just for trainers but just for people who want to pass on the messaging. Yeah.

PT1: Yeah. And it does change, doesn’t it? You know, something will become a priority and then you’re going back to people doing that Google search and are they then going to cascade the wrong information, etc. So, if there was a central place, and I know NHS Futures you can’t get onto it if you haven’t trained as a trainer. That sort of thing.

BN: Oh, that’s good to know because yeah, I suppose that’s what we went to find out from this project is what can be improved. So yeah, that’s a good action point I suppose. Yeah.

PT1: I mean, it’s a hard one. We use knowledge hub, but we put it as a public library, so people don’t need to have a login or a password, it’s literally one link. When you click on it, all the resources are there.

BN: Right.

PT1: So, when they update it, you know, that’s the central place. You know you’ve got the most up to date version that’s there.

BN: Yeah.

PT1: But it is hard because it’s a bit clunky, it’s not really a whoa that look a great website, it’s like basic but it does mean there’s a central place to put it.

BN: Yeah. OK yeah, that’s good to know, definitely. Well thank you so much (PT1), I really appreciate it.

PT1: No problem at all.

[End of recording]