BN: So, if you don’t mind if we could just start by if you could explain your role and what motivated you to work within it?

AP11: So, (name of role) for (name of location) Council and lead on training development within the public health team. I sit in the health literacy portfolio, but my background has always been in public health. I was a school nurse for (number) years before that, so came into the role and they said have you done MECC training before, and I was like, and this is really embarrassing, I’ve never heard of it as a school nurse which was shocking. I’d done training around brief intervention, that was our bread and butter as a school nurse, so we did brief intervention on anything, everything. So, then I got signed up to do the train the trainer and part of my role is to do the MECC training for the public health team.

BN: Right. OK. So, it’s part of your role to do that.

AP11: Yeah. So, I’ve done a couple of sessions already, so it is in my job role. But getting people to sign up to do train the trainer is a nightmare.

BN: OK. So, has that been your main problem?

AP11: So, yeah, so people will, if I say I’ll go and train all of so I’ve got a outside service going, can you train us in MECC. Absolutely. But I want you to have some people who do train the trainer. Ooh, no. We just want you to come and train us all. So, they’re really reluctant to then disseminate the training, which I don’t understand because in my role as a school nurse I would do asthma and anaphylaxis training and like key people from schools would come to the training and they would…I use the same mechanism, they would disseminate that training, but it’s just not happening.

BN: Right. OK. So, would you be delivering a train the trainer yourself as well then?

AP11: No.

BN: Oh, OK.

AP11: So, we would ask (name of regional MECC at scale coordinator) or (name of principal trainer) to do the train the trainer but I’ve started to say actually if you want me to deliver your MECC training I’ll deliver it on the proviso that you have someone go on the train the trainer so that when you get new staff coming in you can train them, you don’t need me to come back.

BN: OK.

AP11: And we’ve also put MECC on our (name of) platform.

BN: Right.

AP11: So, we’ve used the MECC slides so it can be delivered digitally, and people can do it in their own time.

BN: OK.

AP11: Just to try and pick that up. Yeah, but the main thing is they either go on the train the trainer and don’t do anything with it, because there’s people in my team who are trained in MECC.

BN: Right.

AP11: Who then come to me and go oh well there’s this MECC needs delivering to this service, and I’m like well you’re trained in it, go on. Go on.

BN: So, why do you think that is?

AP11: Well, when I’ve spoken to people, one girl’s really keen but she’s not delivered training before, so she’s got to come along with the couple that I’m doing, so I think that is an issue. So, they’re not confident to go and discuss. I think a lot of people aren’t – I’m from a health background so I’m really comfortable with all of the topics and all of the information – but people aren’t comfortable, and I think they’re worried about what they’re going to be asked in the training sessions. So, are they going to ask us something, well and my answer is well you don’t need to know the answers, that’s why the MECC Gateway’s there. And I go this is where you need to signpost, this is where you need to, you know, look for the information. So, it’s not about having all those answers, but I think it's the confidence to do that training.

BN: Right.

AP11: And I think people get, because I have asked, I’ve asked loads of questions, people when they talk about health training, they’re like oh I’m not from a health background. Well, it’s not health, it’s signposting.

BN: Right. Yeah. So, that’s a big thing that stops them. Do you think that’s why they’re directed to you, because you’re from a health background?

AP11: Yeah.

BN: Right.

AP11: Because of my health background and my job title lends itself to, you know, leading on training and development. Oh well, that’s (AP11)’s pot.

BN: OK.

AP11: Yeah, so we’ve had queries from GPs, a consortium of 27 GP practices across (name of location) to do MECC training.

BN: Oh wow.

AP11: But again, they want us to go in and do the training for them and they’re not keen to sign anyone up from the practice for train the trainer.

BN: Right. Yeah.

AP11: Because they think they don’t want to take that responsibility whereas I’ve said yes, I’ll come to your practice, you know. If you get your people together, I’ll train you, but you have to have one person from each practice sign up as a train the trainer so that we can continue that dissemination of training as your staff change. But they’re really not keen.

BN: And why do you think that is for the GPs?

AP11: I don’t know because I’m not asking a GP to come and do the training, I could understand if I was going but it has to be specifically a GP. I think the idea is just blanket training across the board, I think it’s a ticky box thing.

BN: Right.

AP11: You know, it ticks a box whereas having someone in your service takes like that extra additional time but then if you had someone in your service, I think it gives you that drive to continue it and move forward.

BN: Yeah.

AP11: Which could only be a positive thing. But I’m a trainer so I’m very passionate about learning and yeah, I feel like sometimes it’s a ticky box. Well, we’ve got that box ticked.

BN: Right.

AP11: Well, actually, if you had a train the trainer you then can embed that into your policies, into your everyday work practices, into your organisation which would be so beneficial.

BN: Yeah.

AP11: But I wonder if it’s how we’re selling the train the trainer as well. Is it seen as a arduous task that, you know, an additional responsibility that someone’s taken on.

BN: Right. Yeah. So, how do you think it could be better sold in that way?

AP11: It’s not like I don’t think it’s a massive, and people go oh MECC. I mean the person who did it before me was like it’s a massive amount of work that. I don’t think it is. I enjoy, I’d bite their hand off if they want us to go train them. I mean it. It’s a little trip out.

BN: Yeah.

AP11: I’ll do that. So, I think selling it as in I think I’ll do the training if you sign someone up, which I think is very reasonable because we’re not charging them for training, it’s free.

BN: Right.

AP11: Yeah, so you know, it’s a good offer if you sign someone up to do train the trainer, and then I think the way we do the training, to be honest I think the MECC core is really, really wordy.

BN: Right.

AP11: Really wordy.

BN: Yeah.

AP11: Really long. The first time I did it I was like, my God, I’m doing the training and even I’m a bit like bored.

BN: Really?

AP11: That’s awful, but it’s really long, it’s really wordy and I think it doesn’t give many examples relating to practice, so do people not see the benefit? I pop in a few examples of relating to practice. So, I know they’ve got the video in the MECC core training, but then I’ll go right, so what if this person came to see you and they said this, you know, what would you be thinking. So, given a few more examples so they can relate it to practice to see how beneficial it is.

BN: Yeah, definitely. So, are they examples that you’ve come up with yourself then?

AP11: Yeah.

BN: Right.

AP11: Yeah, so I’ve got the video in and then I’ve added in like a group activity, there’s no group activities or anything in the core MECC so I do worry that people are just like whoa, you know. It’s a long time.

BN: Yeah.

AP11: So, I’ve popped that in as, so if it’s on Teams I pop them in breakout rooms, if it’s face to face I’ll just go right, that table, look at that one, just to get them to thinking actually, all I have to do for MECC to be successful is actively listen, pick out the things that are the issue, and signpost. It’s not, you know.

BN: Yeah.

AP11: It’s not complicated but when you look at all the words that are on the MECC training it looks very complicated whereas it’s not.

BN: Yeah. Yeah. So, which bits would you change? Which are the bits you think are a bit wordy and a bit much?

AP11: You’ve got all of the policies and things, you know, a lot of them don’t, although they’re related to health inequalities people don’t understand a lot about the wider determinants of health and stuff like that, so I think maybes not discussing the policies as much and looking at just what the wider determinants is. Too many models of change. Just have one. One model of change. Just make it simple.

BN: Yeah.

AP11: And then they’ve got the book, haven’t they, the fella with the duck or the rabbit.

BN: Oh yeah, the expectation effect.

AP11: Yeah. Make that simpler. Absolutely make that simpler because there’s the people we’re training aren’t all academic people. So, just making it, I know you want to get the point across, but making it simpler. I work in the health literacy team, so I understand that some of the people I’m training aren’t at Masters level like I am. They’re like they might not have even done a degree so making it simpler and easier to understand and less complicated.

BN: Yeah. Yeah. So, have you made adjustments to the slides when you deliver the training?

AP11: Am I going to get into trouble if I tell you?

BN: No, no, not at all.

AP11: Yes. Yes, because some of them are too – yeah. Or I leave the slide up, but I explain it in a different way to allow them to have…to allow them to understand but not make it overly complicated.

BN: Yeah. Right.

AP11: Because I think if you’re going to ask someone to then train that and they don’t have that background, if you make it too overly complicated, they’re going to go all right, yeah I’ll do the train the trainer and then they go nah, you know, I don’t feel confident because I don’t actually understand that part myself.

BN: Yeah. That makes sense. So, if we kind of go back in time a little bit, what is the attitude like towards MECC at (name of location) Council and what was it like at the time of you going on the training?

AP11: It’s very ‘we already do that’.

BN: Right.

AP11: We already do that, so why do we need training in it. Well, so or I’ve done drugs and alcohol training, so why do I need training in that. I always give an example of so I’m a nurse and I’m trained in brief advice and lots of things. I did a placement when I did my Masters in the respiratory clinic, asthmatic children, and I always say I went along there and there was a nurse doing it and they took the children’s height and weight at the start of the clinic and then they did their peak flow, they discussed the asthma and I was like I was horrified that not once did they discuss that, this child sitting in front of us was obese.

BN: Right, yeah.

AP11: And impact that had on the respiratory function, and I was like so I knew the nurse, bless her, she’s really good and much respect for her, I said why are you not asking that. Well, it’s a difficult question and I don’t know where to signpost. So, you might have that knowledge, but you have to have those skills to ask those questions.

BN: Yeah.

AP11: So, training, the drug and alcohol training, yes you’ll have an understanding, but unless you know how to ask those questions, you know how to pick out that information because quite often someone doesn’t tell you things in bits, they’ll spill their guts in like a massive jumble and it’s picking out those bits and then knowing where to signpost.

BN: Yeah.

AP11: And I always say it’s fine to go I’m not sure where to signpost you, but I’ll look into it, and I’ll get back to you. You don’t have to have, like on the video I was ill with laughing at the video. Oh, I’ve just got this [13.47 unclear] leaflet here in this pile of papers that I have. Well, how many people, that’s not going to be me. I’m going to be like oh, I don’t know. I’ll come back to you.

BN: Yeah.

AP11: So yeah.

BN: And so that’s kind of the general attitude and what was the attitude like of sort of your leadership and management towards MECC? I’m assuming because they sent you on the course they wanted you to do it.

AP11: Yeah. They value MECC. They understand the value of it and so and I think we value giving up to date information because the Gateway, because (name) and I updated, I mean that’s a mammoth task though, that is hard work, but we value that the gateway is there to provide the up to date information and up to date advice because I think that stops people from giving advice because they’ll go oh well, you know, an example like brushing your teeth, there was do you brush your teeth before you do the mouth wash and there was a big hoo-ha years ago wasn’t there about which you did first and did you brush them before you ate or after you ate. So, there’s that. The MECC Gateway gives you that information and it’s up to date.

BN: Right. Yeah.

AP11: So, they value that we can provide up to date and relevant information on the MECC Gateway.

BN: Yeah. But did you say you actually updated some of it yourself?

AP11: Yeah, so (name) and I have access to update, so we’re going to have to look at the sexual health services in (name of location) because the way they’re commissioned is changing so we’ve lost some services, so we need to ensure that that’s up to date and relevant. I think the only conflicting thing I would say is, so we have the MECC Gateway, but in (name of location) you have Information Now.

BN: Right.

AP11: Have you heard of that?

BN: I don’t think so, no.

AP11: It’s really similar. It gives you all the services, and all of the…so, I would say MECC, I always tell people, Information Now is great if you want to know what services are (name of location) and what walk-in groups are on or what activities, but MECC Gateway gives you the websites as well behind it.

BN: Right, yeah.

AP11: The other website, so if someone doesn’t want to do a face to face or doesn’t want to be referred, you can give them that drip, drip information feed so I always say to people I’m always I picture myself as a woman with a little seed bag throwing the seeds out as I go along going ooh, you know, there’s some information. And hoping that when it rains one of them will grow and someone will, you know, someone will pick something up and want to change. So, it’s having those, the resources. I would love to have apps on MECC though.

BN: Right. And—

AP11: Apps.

BN: Yeah.

AP11: Because I work, I predominantly work with the younger generation, they’ll look at a website but if you get them to look at an app, they’re much more likely to engage with an app.

BN: Right. Yeah. So, would that be the Gateway in app form is what you would like to see specifically, or anything else?

AP11: No. Or just the gateway, so the signpost to websites signpost to apps as well.

BN: Oh OK.

AP11: There’s a lot of good apps out there like Calm Harm and things for self-harm. I think that would be really beneficial.

BN: Right. And how did you end up with that task of updating the gateway?

AP11: I think it was just you’re doing MECC now so that’s your job.

BN: OK.

AP11: But I’m going to look at much more of a team approach because I sit in a very niche like little team with my little learning and development role. I don’t work in sexual health services, there’s a colleague healthcare team, they look after that, so actually they need to feed that information to me and I’ll update. So, I need it to like be a much more team approach to updating the website.

BN: Right. Yeah. And so, what other…have you had any other MECC training before you did the train the trainer?

AP11: Absolutely none.

BN: OK.

AP11: Well, none that called itself MECC.

BN: Right. Yeah. But you had your brief advice and things like that.

AP11: Yeah. So, as a school nurse we had to do brief advice on like mental health, heathy, you know, I did brief advice following the NCMP. I did brief advice on sexual health, so it was the school nurse role was you had to know a little bit about everything because kids would ask you anything and everything.

BN: Right. Yeah.

AP11: So, yeah.

BN: Right. And so, when you’re at the point of going to the train the trainer what was your sort of knowledge like around MECC before you went on that training?

AP11: I knew the concept behind it, so all of the theory side I already knew about. It was just I didn’t know actually that there was MECC and that’s what it was called.

BN: Yeah.

AP11: And I didn’t know about Gateway.

BN: Right. OK. So, you kind of knew a lot—

AP11: Which was interesting.

BN: OK.

AP11: Yeah, it was interesting though because you can alter it between children’s and adults, and I was like well why weren’t school nurses aware of this.

BN: Yeah.

AP11: And school nurses in (name of location) aren’t trained in MECC.

BN: Yeah. Really?

AP11: Yeah, so I’m on the case.

BN: Ah that’s [19.25 unclear].

AP11: On the case going to I know the school nurse and I was like oh youse need to get trained in that.

BN: Yeah. Why don’t you think that is? Why don’t they get trained?

AP11: I haven’t, I honestly can’t think of a logical reason why not.

BN: Yeah. Oh interesting.

AP11: I can’t think of a, yeah, I can’t think of a logical reason why not because just because it’s young people you can filter that they’ll not want young people using the MECC Gateway, is that the problem? Because you can filter it. You click the button between adult and children. You don’t have to share it with children. You could share it with parents who are looking after children who are struggling, so I don’t know. I was really horrified.

BN: Yeah.

AP11: I’m like there’s all of this and we’ve never had it.

BN: Wow. That’s interesting. So, what was your sort of when you, before you did the train the trainer, can you remember what your motivations were like to go on and deliver MECC training?

AP11: I was interested to see what it was about. But also, I love doing training so I’m very sad.

BN: Yeah.

AP11: I love learning things; I love the opportunity to help other people learn things.

BN: Right. Yeah.

AP11: And to spread, I suppose because of my public health background, I see it as a fantastic means of spreading just basic public health messages.

BN: Yeah.

AP11: That anyone can spread. And I say like even if it’s a binman emptying an old lady’s bin and she comes out and has a bit chat and says oh I’m really lonely, why can’t a binman go have you looked at this, you know. Have you looked at this, this is where all of your, you know, all of the sites are. I mean you go into the whole is she [21.14 unclear] excluded, no. All of that but, you know, there’s that. It’s everybody’s health – sorry I’m getting attacked by a fly – it’s everybody’s business, isn’t it? So, everybody has that opportunity at some point during their day to give a basic health message.

BN: Yeah, definitely. So, have you always been quite passionate about sort of MECC, even before you knew the term, I suppose.

AP11: Yeah. Yeah, I have because I’d always got, like if I’d got chatting to someone in a bus stop and they’d be like oh I don’t know about, and I’d be like oh well have you thought about this, so I think it’s the nurse in us that’s [21.58 unclear]. You know, there are things out there that can help you.

BN: Yeah. Oh great. And I’ve lost my trail of thought there.

AP11: Sorry I talk so much.

BN: No, no. That’s perfect. Oh yeah, what I was going to ask you was, because obviously it sounds like you’re very experienced with training, so did you sort of feel already pretty confident to go on and deliver MECC training before you did the train the trainer and what was your sort of confidence levels like?

AP11: Yeah, I am probably pretty confident in doing training anyway. And then when I did the train the trainer it was stuff I knew about. I was like yeah, that’s fine right, I can do that no problem. So, I think my background really made it super easy for us to just transition. But as I say, I don’t think that’s as easy for other people if they hadn’t done training before and they haven’t come from a health background or a public health background, I think that could be a bit daunting.

BN: Yeah. Yeah, that makes sense. So, can you remember the point of actually accessing the training? Can you remember how you found the training and accessed it?

AP11: Well, because I write the training plan, so it was there.

BN: Oh.

AP11: So, I was like look on the training plan, when’s (name of principal trainer) next doing train the trainer in the council, right I’ll go there.

BN: Right. Yeah. Well, that’s easy enough.

AP11: So, booked it, I was half an hour late. They weren’t impressed. I had a bit of an issue. But yeah, so it was really easy to access. So, when I’m advertising MECC training, it goes onto our public health training pathway. Sorry [23.48 unclear].

BN: It’s all right.

AP11: Sorry, that was the Amazon person.

BN: Oh, you’re all right.

AP11: Sorry, so where were we? Completely blanked.

BN: So, it was the training of self.

AP11: Oh, how I accessed the training.

BN: Yeah.

AP11: Yeah. So, I accessed that really easily and it’s on our training plan so anyone can access it, the core training, and then I had advertised two train the trainers so that we organised with (name of principal trainer) and (name of regional MECC at scale coordinator), so they were advertised. It was a bit…it’s a bit more complicated for train the trainer because they have to sign up with us on Eventbrite and then have to sign up with the MECC Gateway.

BN: Oh right, with both?

AP11: Yeah.

BN: Right.

AP11: So, I was like I might just put, I think next year I’ll just put the link to the Gateway because if that’s where they need to register then it’s going to be much easier to register.

BN: Yeah. So, the training you went to for your training – it gets confusing, doesn’t it?

AP11: Yeah. So, I had to sign up through the MECC Gateway.

BN: Right. Yeah, and so was it in person that training, or online?

AP11: It was yeah, in person.

BN: And do you think that made a difference to sort of your experience of the training in any way?

AP11: No. I don’t think it does, but being a trainer, I talk to lots of people about training and I think it depends on your learning style as to whether face to face, I know I’ve got a colleague who says, you know, two hours on training in online he loses. It’s too long, you know, whereas face to face are more engaged. So, I think, it depends on people’s learning styles. I think it’s very individual.

BN: Yeah. Right. Yeah. And what did you think of the whole sort of logistical side, like the time of the training, the location, things like that?

AP11: Time of training was fine. Location horrific but that was my counterpart’s fault, who’s left the service, because it was booked in the (redacted for confidentiality) so there was clattering and bringing out plates and stuff so, but that was entirely on our part for booking that room.

BN: Right.

AP11: It wasn’t (name of regional MECC at scale coordinator) or (name of principal trainer)’s fault so.

BN: OK.

AP11: Yeah. So, I am mindful of where I will book it next time because I wouldn’t book training (redacted for confidentiality)

BN: Yeah, somewhere quieter.

AP11: Yeah.

BN: So, what was your kind of overall experience of the trainer as a person being trained?

AP11: It was…he was very stern. One of them was quite stern. It made us chuckle.

BN: OH right.

AP11: Yeah. But yeah, I mean they knew what they were talking about. The expectation of what other people understood was, I think, quite good because they didn’t expect everyone to know everything and I think sometimes it’s a bit tricky when people aren’t from a health background because the trainers are NHS background, you know. Nurses, that kind of base. So, sometimes that can be a bit difficult to understand where someone else sits in an organisation.

BN: Yeah. Right. And so, when you say stern, was that the trainer you felt was stern?

AP11: Yeah, he was very serious, and I was like…and yeah.

BN: OK.

AP11: So, I don’t know.

BN: And is that the covering trainer?

AP11: Yes.

BN: Oh right.

AP11: Yeah.

BN: So, is there anything you would have wanted to change about the training? Obviously, you kind of said a lot of it was quite wordy. We’ve kind of already gone over some of those wordy bits, but was there anything else you didn’t like so much, or you’d want to change?

AP11: I don’t know, because it was a really small training session, so there was one, two, three, four, five of us, so it was really small. So, doing any kind of activity was tricky because there was only five of us.

BN: Yeah.

AP11: But then you did get that, you did get that one to one because it was there. So, and the visuals, it wasn’t…so, I would have liked him to go through the website live instead of just pictures, do you know what I’m—

BN: Yeah.

AP11: So, when I show people, I stop like the presentation and I share my screen and I go right, this is how you would access the Gateway, this is how you would look for this, this is how you would look for that.

BN: Yeah.

AP11: And that was easier. I think that’s easier for people to [29.52 unclear] if they’ve seen it in use live than just pictures.

BN: Yeah. Yeah, that makes sense. And was there anything you particularly liked about the training?

AP11: I think it’s…it was interesting. I loved the access to resources, so I loved the Metro, you know, the Metro line thing.

BN: Yeah.

AP11: Where it has the little like the bus stoppy type thing.

BN: Yeah.

AP11: I liked that, and that’s a good opener for discussion around well why is that different, and it ties in nicely with health inequalities, so I liked that. And I like the resources, so the different EatWell plates and things like that, I think.

BN: Oh yeah.

AP11: Yeah. I think that was really good to go well actually, you haven’t got to worry about giving that advice because the stuff’s there for you to access.

BN: Right. Yeah, OK.

AP11: So, I thought that was really good.

BN: Yeah. Oh excellent. So, can you…was there anything you sort of took away from the training that you didn’t already have or know before?

AP11: Well, the resources, because I didn’t have access to those EatWell plates, so that was like I was like oh they’re really good.

BN: Yeah.

AP11: I already used the OHID sort of [31.18 unclear] like the statistics and all of that I already knew. So, I took away the fact that there was a MECC Gateway and the resources that you could access on that. I think that was it really because of my background.

BN: Yeah. You already had that baseline knowledge, I suppose. Yeah.

AP11: Yeah.

BN: And what did you think of sort of the approach in line with your kind of learning style and the way you learn?

AP11: Fine. Absolutely fine for me.

BN: Right.

AP11: But the trainers are NHS background, so by default I’m an NHS learner, sort of kind of we’ve all been, so regardless of your learning style, we’re probably conditioned to learn in a certain way.

BN: OK. That’s interesting.

AP11: Well, it is because NHS background’s usually we’ll train you, see one, do one, off you go kind of background.

BN: Yeah.

AP11: And I think that’s what the training is like, whereas my colleague who did the training with me is then coming with me to do further, you know, to observe the training that I do, and I wonder if that’s because she’s not that kind of see one, do on, off you go kind of learner.

BN: Yeah. Oh, that’s really interesting. Yeah, so you think that’s—

AP11: I think, yeah, I think it is because in the NHS that’s how we, as a nurse you go right, this is how you put an [32.55 unclear] tube down, this is the theory behind it, I watch you do one then off you go, get on with it type of thing.

BN: Yeah. So, you’re kind of used to that approach.

AP11: So, I’m used to that but then I was thinking of the other person, they did a public health, a Masters in public health but that’s not a medically type background.

BN: Yeah.

AP11: And is that more tricky because of the model that’s used.

BN: Right. Yeah. Oh, that’s interesting. Yeah, and so was there any sort of aspects of the training that impacted your motivation to go on and deliver MECC training yourself?

AP11: I think it just reinforced all of the things that I already knew and gave us the backup of that there’s a gateway there. All of the information’s there for you. It’s not, you know.

BN: Yeah.

AP11: Not rocket science. Just need to tell you about the information and the model and then off you go.

BN: Yeah. Excellent. So, is there any, obviously you mentioned the MECC Gateway. Is there any other resources you found to be useful to help you go on and deliver training?

AP11: Yes. Yes, because we’ve got the sort of five areas, so I had an early years practitioner come along and say well, you know, I think I’d spoke to her about MECC and she said that’s lovely, but my team are saying I need some basic, very basic, stuff on advice that we can give around healthy lifestyles, you know, mental health and stuff, so I had a little look on the Future NHS and there was low and behold the lovely new templates that had came out for the PowerPoint so we’re going to use them as an [34.58 unclear] to them to say well actually we’ll train you in MECC. We’ll also give you this alongside it. It increases the uptake in MECC and gets them on board, but it also then provides this thought of extra resource for them.

BN: Yeah. Oh, that’s great. And were all the resources kind of made clear enough to you during the training that everything was there?

AP11: No. Probably not. There wasn’t. So, it was basically me having an [35.33 unclear] round Future NHS because some of the emails you get are really, really long.

BN: Yeah.

AP11: Those emails that from MECC. And I attended the MECC regional conference thing and that’s really long and quite often there’s people talking about things that probably it’s very NHS sort of led and clinical and that’s not where I sit now.

BN: Yeah.

AP11: So, sometimes I’m a bit like oh OK, well that’s really that’s lovely for you service but that wouldn’t work for mine. So, I’d nebbied around the website, had a little look, thought well that would work for us, that wouldn’t work for us. So.

BN: Yeah. OK. And so, is there any resources that you would want that haven’t been provided currently?

AP11: Well, no because you can do – I always say MECC is the starting point, so the model of those conversations and then, I was talking to my colleague, then our training plan has basic drug and alcohol so why don’t you do MECC as your start point and then have these spokes going off, basic drug and alcohol, mental health training, we offer all of that so MECC could be your hub and then you have your spokes of the knowledge for those conversations.

BN: Yeah. OK. So, that could be a new way of framing it, I suppose, framing the training.

AP11: Yeah, because MECC’s your like your basic. You need to know this but then you can gain skills in this, this, this and this to link in with MECC. So, I think that’s a good selling point to get them to do the core MECC and then top up with other training.

BN: OK. Yeah, that makes sense. And so—

AP11: Yeah, because we offer IBA which is identification of brief advice.

BN: Oh yeah.

AP11: For drugs and alcohol. And I’m like why am I doing – well I won’t be doing it next year – why am I doing this, when based on MECC. So, I could send someone to do the core MECC and then I could send them on the drug and alcohol training because I’m the MECC person but I’m not an expert in drug and alcohol. That information should come from the specialist, so by linking the two together you’ve got to get a much more comprehensive training package than you are me doing IBA.

BN: Right. Yeah. That makes sense. And so obviously you’ve been successful in cascading the training, by the sounds of it. What do you think has made you be able to cascade it, I suppose?

AP11: I think I’m passionate about it. I mean I’d make a good salesperson. And I reach out to other services and say actually, so I’ve reached out to (name of service) (name of location) and said actually you’re dealing with people, you’re dealing with housing which is an emotive issue anyway, but the people who don’t have secure housing tend to be the ones who have a lot of issues and worries and that must be really hard to deal with as even just a call handler, you know. So, can we train your staff, and I sell it as in we’re going to make them more resilient because they’re going to know what questions to ask and where to signpost to. So, they’ll feel good that they’ve done something to help someone, and they’ll have helped them in the long run anyway.

BN: Yeah.

AP11: So, I think selling it like that, and I’ve reached out to Citizen’s Advice, I’ve reached out to probably more people who have that face-to-face public contact.

BN: Right. Yeah, and you’ve actually actively reached out to them.

AP11: Yeah.

BN: Right.

AP11: To say why haven’t you done MECC. The early years’ service, why haven’t you done MECC. School nurses, why haven’t you done MECC.

BN: Yeah.

AP11: This is what you’re missing, this is how it could help you, this is how it could help your staff to, you know, to just because it must be an awful feeling speaking to someone and then go well I’ve done nothing to help you, you’ve told us all that and I’ve, you know, I feel really sort of useless. And then that impacts on people’s resilience, and they don’t want to have those conversations or they brush them under the carpet whereas if they had the resources there it would build their resilience, it would build their confidence and provide that message that we’re trying to get across.

BN: Yeah. Definitely. So, what has the sort of support been like from your leadership and management at the council to go on and deliver MECC training?

AP11: I think they are worried about the amount of time it will take because with (name of service) I’ve got three sessions in to try and get them, but they’re a massive part of the council and actually, I really value housing and social care I would be…that’s where I would be targeting.

BN: Yeah.

AP11: So, they are a bit worried about the time but three sessions for an organisation like (name of service)(name of location), that is like nothing to have them all trained. Get your train the trainer in there, that’s it, it’s done.

BN: Yeah. So, have you managed to get some of them to sign up for the train the trainer as well?

AP11: So yes, I’ve got five people who are willing to do the train the trainer.

BN: Oh wow.

AP11: And with the condition that I train all the rest of the staff first. So, they’ll have seen us do it and then they’ll go onto the train the trainer, so it will be, you know, it should be easy enough. But they do, so they do value MECC, but they worry that they want us to really push train the trainer.

BN: Right.

AP11: And I’m like I can really push train the trainer, but people are loath to sign up to it.

BN: Yeah. And that’s your kind of management that are really pushing the train the trainer.

AP11: Yeah. They would like, when I’m like well I’m pushing it as best as I can, but until people see the value of MECC they’re not going to get on board.

BN: Yeah. And so, is there sort of like an implementation plan or anything around delivering MECC training in the council?

AP11: No, well not particularly. My plan is I’m looking at right where are our services. So, implementation plan, we’ve got it onto (name of platform) which means anyone who has a council email address can access MECC.

BN: Right.

AP11: I would love to make it mandatory but that’s like not happening. So, it’s there so anyone can access it and it’s being advertised on (name of platform). We really need to get it onto sort of the newsletter or something like that, something that goes out to people. It’s on information now as well. I’ve got it on there.

BN: Oh right.

AP11: And then as part of my, well I’ll do your training but you need to sign up so many people, you know, and once a quarter you do your new staff training with the option you can always, you’ve got my email address, if you’re struggling, if you’re worried about anything come back to us about your training. So, I think some give and take on well I’ll give you this, but you have to do this back.

BN: Yeah. And so—

AP11: It’s the model I’m going for.

BN: Yeah. And what do you think it is about like you that’s made you so successful in cascading the training?

AP11: I’m chatty. I’m chatty. I’m gobby and I’ll be like well that’s lovely, but I need you to do this for me. I think it’s that give and take. I think it’s got to be give and take. I think we can’t just go there it is, get on with it. People sometimes need some handholding and some understanding just to get it up and running.

BN: Yeah. Yeah, definitely. And so, has there been any support you’ve received to cascade the training, sort of like the networks or from (name of regional MECC at scale coorinator) or anyone else?

AP11: I mean, I’ll email (name of regional MECC at scale coorinator) and (name of principal trainer) because I was like I wished you’d put sleep on the core five. I was like because that impacts on everything. They were like well, just shove it in when you’re talking. I says I do but I think that should be one of the core five. Yeah, I mean I’ll just email them and ask if I need anything. So, I do go to the regional forum so it’s there if I need it.

BN: Yeah. And how have you found the forums to be?

AP11: Very long. Very, very long. I mean, you’re talking like two and a half hours.

BN: Oh right.

AP11: Yeah, that’s too long.

BN: Yeah.

AP11: That is way too long. I mean they’re not very often, but it is really long and it’s a bit of a showcasey this is what I’ve done, this is how I’ve done it.

BN: Right.

AP11: Kind of thing, which is sometimes I bit like yeah, that’s lovely but that doesn’t like how you’ve rolled it out in Eon isn’t how, you know. So, yeah. It is very long, it is very showcasey and there’s not much of looking at I would like to, you know, we should look at the resources together and think how can we, you know, it should be a team effort not just (name of regional MECC at scale coorinator) and (name of principal trainer) have to look at these things and then roll them out.

BN: Yeah.

AP11: So, more of a team effort.

BN: Yeah. So, you’d want it to be more collaborative, I suppose.

AP11: Yeah.

BN: Yeah. No, that makes sense. And so, if you were to go back and do the train the trainer as someone receiving the training, what would you want the training to consist of ideally?

AP11: Probably less about policy behind MECC. Maybe pop in some research evidence behind MECC. So, I always think facts and figures work well and a little bit more discussion about wider determinants.

BN: Yeah.

AP11: And a bit more understanding about the wider determinants because I feel like it’s if you don’t have that health background it’s skipped over a little. It is chatted about., but not at any great length, and wider determinants are quite often why people haven’t accessed the support that they need, or they can’t. And when you’re looking at signposting, a little bit more about health literacy because you can signpost someone to the MECC Gateway, but have they got digital access, can they use the internet, so a bit more, a little bit more about health literacy definitely because you can signpost but might not always be appropriate for that person to access the service in that way.

BN: Yeah. Right. That makes sense. Yeah. And so, what do you think of the train the trainer model as a whole for ultimately encouraging MECC conversations?

AP11: I like it. Absolutely because in this day and age we haven’t got capacity, we haven’t got endless finances to go around training each individual. I think that the blanket approach is quite often a ticky box approach of well all of our staff are trained in MECC. Lovely but have you moved that forward? Have you embedded that into policy, into working practices, into everyday activities. And I think train the trainer should be that person who’s going well hang on, you know, can we do things differently. Like the IBA alcohol training, can we do that differently because we’re going to confuse people having IBA and MECC. We don’t need them both.

BN: Yeah.

AP11: We just need, you know, so making it more streamlined as well.

BN: Yeah. Yeah. And so, it kind of almost gives sort of champions within the organisation to have trainers.

AP11: Yeah.

BN: OK.

AP11: Yeah, so then yeah, and then that can disseminate and be the voice for actually we need to do this, or we need to change this.

BN: Yeah.

AP11: You do need that because if you’re trained in it and then there’s no champion there going well can we do this, can we do that, I sometimes think it just gets well right we’ve done that and it’s in a folder with everyone’s name on and nothing happens.

BN: Yeah. Oh no, that’s a really interesting way of seeing it, yeah. So, have you kind of done any other train the trainer training before MECC?

AP11: No. But that’s the method that I used for my anaphylaxis and asthma training because originally a school nurse would go into every school, so I worked in (name of location), I would go into every school in (name of location) and train the staff.

BN: Right.

AP11: Which then our service was recommissioned, cut and we didn’t have enough school nurses to do that, so I then put on an event after school where teachers and staff that, you know, would come along, they would have some key people come along. I would train them. I would then email them the resources, the information and they would then be…train their own staff because it was like lunchtime supervisors. Well, if I came and did the training at a lunchtime where the teachers were available, the lunchtime supervisors weren’t available. So, it made it much easier to disseminate the training because you could offer it at times that suits your service in a way that suits your service.

BN: Yeah. Yeah. OK so you almost set up a train the trainer of your own.

AP11: Yeah. Basically, I did because that was the only way financially we could ensure that we offered that level of service that they needed in a way that suited them.

BN: Yeah. Oh, that’s interesting. Yeah. So, just my last kind of couple questions, so we’ve kind of been looking into strategies that already in the literature about helping people cascade training, so just going to kind of like run a couple of them by you to see whether you think they’d be helpful or not.

AP11: Yeah.

BN: So, to have refresher MECC training, do you think that would be helpful or not?

AP11: Yes, I do, but how often I’m not sure about it. Or could the refresher be online?

BN: Right. Yeah. And so, what do you think would be useful to consist of if you think they would be useful.

AP11: Just the…I think consistent of the core, a reminder about the core As, sort of the…a little refresher on why the determinants. A little update on this is what we’re seeing in the area that you’re working in. I think that would be really helpful because not everyone’s going to go onto OHID and look at the facts and go oh well, obesity you know. We’ve done well in that but our alcohol intake, ooh, alcohol admissions, that’s massive.

BN: Yeah.

AP11: And a little update on those kinds of things, so that they’re aware of what the picture looks like for their area.

BN: Right. Yeah.

AP11: Because I think yeah, so then they can be listening out for those opportunities, so if, you know, cardiovascular disease is on the increase in the area where you work, listen out for that. This is the information, and this is where to signpost.

BN: Yeah. So, quite tailored to the area I suppose.

AP11: Yeah. I think so.

BN: Yeah. OK. Yeah. And so, what about we kind of talked a little bit about them, but kind of peer support groups to share experiences, knowledge, information.

AP11: I like peer support. That’s the, because I’m responsible for the CPD, so that’s a model that I’m looking at within our team, because peer support, like I had to do excel spreadsheets for training and I was like oh my God, I am so rubbish at these. I’m not good with that. But in our team, we have the public health and intelligence team how are like mint at that kind of thing, so I’ve just put out a callout, help, someone come and teach me about excel spreadsheets. Within half an hour I had two offers. The next day I made a pivot table which I’d never heard of in my entire life. I was like oh! So, for me, peer support is massive. I think there are lots of skills that I have that I could teach other people, but I can see there are lots of skills other people have that I would love to be taught. So, I think that peer support is fantastic. However, I think people are afraid to ask.

BN: Yes.

AP11: I feel people are afraid to ask, particularly in our team, for that help. I came from a medical background, so I’m a very reflective person and I’ll think OK, how did that contact go, what could I have done better, what skills could I brush up on. And what went well. So, I’m very [54.55 reflective], but I don’t think all practitioner are like that.

BN: Right. Yeah.

AP11: And I think that puts pressure on people. If they’re not reflective they don’t ask those questions, they don’t acknowledge when they’ve done well. They don’t acknowledge where they didn’t go so, you know, where they could brush up. So, then they don’t ask for peer support whereas I’m really honest and I go right, I’m rubbish at this and I need some help.

BN: Yeah. So, it’s trying to ensure that people feel like they could speak up about things that they’re struggling with.

AP11: Yeah. Yeah. I mean I’m doing a development needs analysis and I wanted to do a training needs, so well a development needs analysis, it used to be training needs, and I was like so I want to ask people to rate their skills on this, this, this and this and they were like you can’t ask people that. And I was like what? And I was like right, well if we’ve got people in the team who we can’t ask that question to I’m really concerned. And they were like no, we’ll just do a poll of what training people want and I was like no. That’s not what we need. And actually, when you talk to the team, most people were really receptive to it and are happy to go well actually, you know, I’m not good at workload management, I feel I get overwhelmed. Right, well let’s address that. Let’s have, let’s chat about it, let’s think about, you know, I spoke to a colleague about how I used my Outlook diary to manage, and I mean if anyone looks at it they’ll think she’s vomited a rainbow because I use it to go send this email, do this, do that. It’s different colours so if I look at it, I’ll go right, I really need to do that so I can’t move that, but if it’s green or if it’s blue I can move it and juggle it to later on. So, just yeah, I think peer support is a fantastic tool but it’s having the confidence to ask for that help.

BN: Yeah. Would be the problem, yeah. OK. Well, that was everything I had to ask you. Is there anything you want to add you feel like we haven’t gone over that you were sort of thinking above before?

AP11: No. Just try and force them to have sleep in something like in all of the…in all of the areas because it impacts on everything.

BN: Yeah.

AP11: And like it impacts on your weight, it impacts on your immunity, you know. I think I’m a trained sleep counsellor as well so I’m like this needs to be in.

BN: Yeah. OK well maybe one day, hopefully.

AP11: I know.

BN: Oh well, thank you so much (AP11), I really appreciate it.

AP11: That’s all right.

BN: Thank you.

[End of recording]