BN: So, if you don’t mind if we could just start, if you could explain your organisation and your role within that. I know you’ve now left the (public sector service) but yeah, you sort of explain that.

AP10: So, I work in (name of location) (public sector service). Because we were quite a small service, we did things slightly different to what you might find at places like (redacted for confidentiality). So, I was within the (name of) department, and we were considered experts at (redacted for confidentiality), so I was on the (name of) team which was focused on the disabled and those over 65. We also had like children’s projects within that team as well but while in some services for (public sector service), so at (name of location) they have like a team of experts and (name of role) go out and do like the sort of the basic level (name of service) and then refer into the community safety department. With ours it was expected that (name of role) and my team were all on the same level, and what we did was we went to ones where there was a higher risk of more multi agency working but it was expected that the (name of role) could do everything that we could do because the nature of (name of location) meant that it was hard for us to get out everywhere because it’s quite (characteristics of the county), so we made advantage of the (name of building) out to the community by training everyone up to the same standard.

BN: Right. Great. Thank you. And what kind of was your experience with MECC training? So, obviously we’ll talk more about the MECC Train the Trainer, but had you had any other sort of MECC training?

AP10: Yeah, so everyone on my team had done the initial MECC training. We were all part of I think it wasn’t health champions but integrated wellbeing service, that’s what we call it in (name of location), and that integrated MECC into all of their programmes. So, if you did something like drug and alcohol training, MECC would also be brought in. I found the MECC model really useful. I liked the fact there was an app that you could use because we were out and about in the middle of nowhere. So, if you could just refer to on your phone that was perfect for what we were doing. And it really summed up what we were doing because the people we worked with they hated (name of another public service); they didn’t like (name of another public sector service), but they trusted (public sector service).

BN: Right.

AP10: So, we were dealing with people who wouldn’t talk to anybody else and the MECC skills really encompassed what we were trying to do and we were trying to gather as much information in that 15 minutes that we could then refer on to other agencies and we could be that link to get someone support because they trusted us, so it really fits in really nicely with that we were trying to achieve.

BN: Oh, that’s really interesting. And what would you say the attitude towards health promotion is like at (name of location) (public sector service)?

AP10: So, it improved a lot during the time that I was there, because when I started, we’ve had like a one-page questionnaire through (redacted for confidentiality) and shortly after I started, we then partnered up with people like telecare and the NHS and it became like a five- or six-page questionnaire, and we started doing it on laptops as well. I found when I started, because the thing with (name of role) is it’s not really (redacted for confidentiality), but you’re getting a lot of (name of role) who didn’t do very well in school so introducing IT systems to them and these really wordy questionnaires using terminology and stuff, there was quite a big barrier there sometimes of not everybody found it easy, and I think if people found it difficult we were then getting challenges of they didn’t want to get on board, not because they didn’t like the idea, but because it was quite a lot of new information for them to process and using systems where because we might have all done IT in school that wasn’t necessarily something that all the (name of role) had done. So, there was a bit of a barrier there of if someone has a hard time with computers anyway and you’re introducing them to databases and online questionnaires and stuff there was a little bit of an issue. But we used to go out on their training nights so from 7 to 10pm I would go out and I would go through the IT systems with them, try and get them that basic understanding that would then make everything a bit easier.

BN: Oh fab.

AP10: So, by the time I left we had, I think we had about (number) (name of buildings) and I would say there was only three or four where we were still hitting some barriers and most of them were on board of using everything by the time I left.

BN: Oh great. And what would you say the attitude was like towards MECC specifically?

AP10: I don’t know if they would have called it MECC because that was the problem we had with the rollout, so the (name of role) didn’t do the MECC training the same way we did, but they had a real commitment to helping people of I think they’d recognised by that point that (name of role) is not just about the emergency. We had loads of data proving that early intervention stopped (redacted for confidentiality) from happening and they were getting really on board and when we started giving them more challenging cases towards when I was leaving they were finding that they really enjoyed the more challenging cases and they were liking getting help and support people and deal with more vulnerable people which they were using all of the MECC conversations and the best methodology without actually knowing that it was MECC.

BN: Yeah. Oh, that’s great. And so yes, we’ve kind of gone more into the MECC Train the Trainer training specifically how did you sort of come to access that training?

AP10: So, because I normally did training roll out to (the team) my line manager was asked to go on the training and she asked me to go along with her. So, we did it at the same time and was sort of sent the link and asked to go along.

BN: Yeah. So, you said, so have you done training before? Are you sort of familiar with training delivery?

AP10: Yeah, so I’ve done like IT training and gone out and gone through our sort of questionnaire systems with them so I was fairly comfortable that I had good relationships with (the teams), and I knew sort of kind of how to present them in a way that they would get along with.

BN: OK. So, you knew your audience as well as knew how to train.

AP10: Yeah. Yeah.

BN: And how do you find that sort of training delivery side?

AP10: Sometimes I bit challenging because I find sometimes, they’re very technologically minded and if you give them a bit of equipment, they’re going to be that kind of mindset of I’m going to take this apart, learn exactly how it works and put it back together. So, if I was then presenting a system to them, they were going to take the system entirely apart and put it back together again which is really difficult if they’re fixing the system that you don’t quite know how that works. So, I [06.11 unclear] found that a bit of an issue.

BN: Right. And so, what was your sort of experience of the MECC Train the Trainer training? Was it in person, online?

AP10: So, I went in person. It was really good and the people delivering were fantastic and we’d worked with them through the integrated wellbeing service before. So, they were kind of [06.32 unclear] aware. When I did it in person, they were sort of combining the original MECC training with the train the trainer training. So, some of that felt a little bit repetitive because I’d already done that before, whereas we went along with like GPs and midwives and stuff who necessarily hadn’t done that. So, there were bits of time where everyone else was engaged and I was like I kind of remember this from [06.54 unclear].

BN: Right. Yeah.

AP10: They merged them together a bit.

BN: Yeah. So, at the point of you going to that training, how confident did you feel about MECC as a concept and then your knowledge about MECC?

AP10: I really liked it. I didn’t necessarily remember all the exact talking points, but I was quite comfortable with the concept of it and how to guide the conversations because I think it was probably about six months to a year prior that I’d done the original MECC training, so it had been in my mind for a little while.

BN: Right. So, sort of like a refresher as well.

AP10: Yeah.

BN: And can you remember how motivated you felt to go on and deliver MECC training before you did the train the trainer?

AP10: Before I did the train the trainer training it was quite a short turnaround, so I think I got like a week’s notice before I went on the course. So, it was just oh right, I’m going on this course, like get ready for that. Once I kind of understood what I’d be delivering and [07.51 unclear] and everything I was really excited to go out and do it. I was sort of ready and rearing to go straight away. So, I had other training that I needed to deliver as well so in my mind I was like that’s great, the drill night’s three hours. I need an hour to do this so I’ve got two hours where I can do the MECC training, let’s just ram all of this together and get out and do the delivery.

BN: Oh great, so you had the time factor, and did you say you went with your boss?

AP10: So, I went to the training with my boss, yeah.

BN: Right, so what was that kind of? I’m presuming the attitude of your leadership and management was quite positive to you going on the MECC training.

AP10: My boss was really good about making sure that we did a lot of health and wellbeing training, and we got access to all of those resources.

BN: Oh, that’s really positive. So, can you sort of describe your experience of the training as a whole, anything you liked about it, didn’t like so much?

AP10: They did a lot of like interactive examples which were quite nice, so they did like a scenario, someone walked into the GP and listed these issues and then they split us up into like breakout groups and we had to talk through the scenarios. I quite liked that because you got to talk to the other professionals and see they’ve got different resources and knowledge than what we had. There was one funny bit where they had a video of a (name of role) doing the (name of service) visits I do, but it was completely inaccurate to how we were doing them.

BN: Oh really?

AP10: [09.10 unclear] quite outdated so that was quite funny because they absolutely used the MECC model, but I was sitting there with the [09.17 unclear] like we wouldn’t say that anymore, we wouldn’t do it that way.

BN: Right.

AP10: So, that was quite funny. Yeah. I think it depends on knowing your audience because for me, what I like from training is just give me the resources, let me have a bit of a skim through it and then if it’s things like delivering training, more like practical skills on how to deliver it, it felt at times like we were going through the slides but we were having the MECC delivered to us and then it sort of felt like watching someone deliver MECC and then we were learning from watching how they did it which isn’t quite how I learn, just because I’d already sat through a MECC training so I would have rather just gotten a bit more hands on with it.

BN: Yeah. So, can you describe what would have been more helpful in terms of the way you learn?

AP10: Yeah, so I think if we’d like rather than them going through the slides one by one and reading everything out, I think maybe like printouts or having access to the examples slides sort of digitally we could look through and maybe a little bit of like presentation skills and like mock presentations or something, just focusing more on the presenting element rather than the MECC element.

BN: Yeah.

AP10: Probably a bit more useful for learning how to deliver the training.

BN: Yeah. That makes sense. And so, obviously you mentioned about the video wasn’t so relevant. How do you think it could have been changed to be more relevant to your role and accurate?

AP10: They honestly could have just asked one of us if they could just come into our department until the new one and then they would have got to (name of location) how we do it.

BN: Yeah. And so now, have you got on to deliver training, do you use a different video or amend that in any way?

AP10: So, that’s where we came into the issue within the (public sector service), so we went and did the MECC training. I was ready, OK I’ve got the slides, I’ve got the online resources, I’m happy just to get out and deliver it. But on the (name of organisation) side of things and linking in between (name of organisation) and my line manager, they’ve decided that (name of organisation)’s going to help create bespoke slides, so they were going to adjust the slides that were available on MECC instead of us doing it ourselves, and they were going to make them more focused around what we were concerned about our risk factors, that sort of thing. And it just took forever.

BN: Right.

AP10: So, I did the MECC training about I think it would have been November 2022, and I left the (public sector service) about a month ago and the slides still hadn’t been prepared.

BN: Really?

AP10: [11.48 unclear] we backlogged it and every time we went to, they had like MECC conferences for the train the trainers where you would go onto Teams and have the discussions, every time we went in they were like oh so how many people do you have to train, I was like I’ve got about (number) and they were getting really excited and I think because it was such a big number they wanted their stamp on it almost but then the process of them wanting their stamp on it meant it never actually got done because there was so much focus on making it perfect rather than just getting out and doing it. But I would have been quite happy after getting the training just to go out and deliver it based on the resources available online and just editing them myself.

BN: Uh-huh.

AP10: Because it was getting handled at the (name of organisation) side it was then wrapped up in all of the red tape and we just couldn’t get out and get it done.

BN: Oh wow, that’s really interesting. So, what were your thoughts when you did the train the trainer in terms of how relevant it was for (public sector service) at that time how it was?

AP10: I thought it was all right. So, I liked the fact that they had different slides that you could sort of cut and paste in. So, you had like the principal slides were like the MECC conversations and the three As and everything and how that will be driven. I thought that was absolutely fine. And the example that they gave during our training was health and wellbeing and I thought there’s no way that you’re going to get a (name of role) to go out and talk about diet, but they had ones about exercise and alcohol and stuff and I thought I’ll skim through those, those will be a bit more relevant, and I’ll use those as an example but then kind of go off on my own and talk about more specifically to what we see. I didn’t necessarily need slides for that, it was just linking it up with our questionnaire which flags things like memory problems and fall risks and things like water infections and how you might see confusion. Linking MECC up with that I could just do as a conversation. I didn’t necessarily feel like I needed formal slides. If I went through how to have the conversation, I could just say give them a couple of examples and match up with the questionnaire and then use it that way, so I was fairly happy that they’d given us what we needed. They already had like the bus thing about talking about the difference of the life expectancy and I thought that would work quite well for them. So, I was fairly happy just to get out and get going with it.

BN: OK. So, do you know why they went down that route of amending the slides so much?

AP10: I’m not too sure. It was a conversation with my line manager and I don’t know whether it was because my line manager didn’t do as much front line delivery, and she was going to have a part on this one whether it was sort of like nerves on her end, because it is quite difficult to deliver to sort of (audience) who all know each other and you’re coming in as an outsider. I don’t know whether that was causing her some anxiety and then she was asking for support, or whether because the woman who delivered the training, she had quite good links with the (public sector service) whether she sort of had some great ideas that I just didn’t [14.40 unclear] at my line manager’s level. It wasn’t really shared with me, it was just oh they’ve offered to help out, it’s going to be fantastic, but then it was [14.46 unclear] delayed.

BN: Ah. Oh, that’s really interesting. And so, how confident did you feel after the train the trainer session to go on and deliver training?

AP10: Oh, I was really confident. I would have done it the next week.

BN: Really?

AP10: Yeah. I was fine with it.

BN: Yeah.

AP10: It was all the same style of training that I had been delivered but someone had actually made the slides for me. So, it was, because our questionnaire is very much person centred. I don’t think MECC was around when it was designed, but all of the sort of principles were very similar, and I’d been going out and talking about the new questionnaire with everyone. So, I’d already been having those conversations about how to draw this information out of people, so it felt like a familiar topic just with more resources behind me to help me out.

BN: Yeah. Oh, that’s great. So, did you feel like you gained any knowledge from the MECC train the trainer that you didn’t have before?

AP10: Yeah. I liked the three As and the sort of the way of [15.41 unclear] of it because we would sort of just like oh right, how’s your health, do you want to have a chat with me about it, but you managed by having sort of guiding questions, it helps you draw out the right information rather than if I ask how someone’s health’s been it might be that that person decides – I had one guy go on a tangent about well I was in the hospital for my birthday and they gave me this birthday cake and the icing was this colour and it’s like that’s not quite the information I need but [16.07 unclear]. So, I like the three As guide, you want to get the right information out of them.

BN: Yeah. Oh, that’s great. So, and did you feel like obviously you were already quite confident with the training delivery side, did you feel like you learnt anything new from that second sort of train the trainer bit?

AP10: I’m trying to think. I think they had some good ideas about activities and stuff that you could do. It’s about a year since I did the training so hard to remember exactly, but I think some of the interactivity of it. I’m very much I will stand in front of you and describe things and I think they talked about how to sort of get a bit more interactive with it.

BN: Right. Yeah. That sounds good. Yeah. And so, then you felt motivated, you felt confident to go and deliver and do you think that was just the main barrier, the only barrier was that you didn’t have the slides?

AP10: Yeah. Getting signed off from the line management was the main issue of just I think because both the teams are so busy, my line manager had a massive workload, she’s just been promoted so she was doing like two job roles at the same time, and on the MECC side within (name of organisation), I think they were really busy as well, so I think just the marking up took a long while and then it’s sort of took longer and longer until it got to the point where I was sort of feeling like well it’s no longer fresh in my mind.

BN: Yeah.

AP10: So, I went right [17.35 unclear] through all the slides again, I’m going to have to go through all the resources before I deliver this to get myself really familiar with it.

BN: Yeah.

AP10: But it just [17.43 unclear] didn’t pan out that it happened.

BN: Wow. And how long did you think that sort of time gap was where you started to think oh, I’m starting to forget about these things now?

AP10: So, I think if I did the training in the November time, I think it was probably March or April where I was beginning to think it’s not quite fresh, and they had told us in the training we want you to deliver within a set time period so that it’s still fresh in your mind, and as that time period was passing I was thinking oh that time period’s there for a reason.

BN: Oh wow. OK. And so how do you think, kind of we’ve looked at strategies in the literature that might help cascade training and one of them that comes up is refresher training. Do you think that will be helpful to help cascade the training down?

AP10: Yeah. I think probably it would have been useful for our context because we had a big [18.37 unclear] one time and if we’d came straight out the train the trainer training and then cascaded to this big group, if we’d then had to do it again in a year or two years when the next sort of new cohort of (name of role) came through I probably could have done with a little bit of a touch up just to remind [18.52 unclear] the whole time system we only recruit every so often, and if we were going to deliver it every time it would then be getting my head around it again before I’ve then got to go and deliver it to a new group.

BN: Yeah. OK so that possibly would be helpful.

AP10: Yeah.

BN: Yeah. And another one that comes up is, I suppose, you mentioned sort of the peer support group idea to share experiences and ideas and knowledge, do you think that would be helpful to help people cascade the training?

AP10: Yeah, I like the idea of it because as well as when we all met up, we would deliver like an extra bit of training, so one of them gave us like the financial advice training as part of one of those meetings which then gives you a little bit more that you can talk about. It was just a bit embarrassing for me being in these meetings and everyone else is talking about what they’re doing and I’m like yeah, I’ve not done anything yet, I’ve got a big project to do.

BN: Yeah.

AP10: I’ve not even started.

BN: Yeah.

AP10: So, it’s a bit awkward to sit in from that perspective. But I liked the idea of it as well because then you might necessarily not need a refresher training if you could just link in with someone else and be like oh, can you just remind us about this bit again and how are you delivering these couple of slides rather than having to go through every slide again just these two or three slides are confusing me a bit, I’ve got to go and redeliver after six months of not having done it, can you just if you’ve done it recently, can you just say how you’ve done it.

BN: Yeah. OK. Yeah, I suppose it is kind of unique for you that it’s not really…it doesn’t sound like it’s been under your control of whether you’ve been able to cascade it.

AP10: Yeah. I think that’s probably a problem that’s unique to the (public sector service) in that it’s very structured and hierarchical. So, if you’ve got like a blockage above you, you can’t move through, whereas I think we went in with GPs and the GP was just going to distribute it to their surgery and they were the MECC champion, they were going to roll it out to their surgery, they’ve got control over that process. It’s really not how the (public sector service) works very much [20.45 unclear].

BN: Yeah. So, yeah, it hasn’t really been under your power to do that. And obviously it sounds like you had quite a mix at the train the trainer session in terms of occupation, organisation, how did you find that sort of mixture of people in one session?

AP10: I thought it was really good because it meant that we got to hear about other resources that were available that I wouldn’t have known about otherwise.

BN: Right.

AP10: So, the GPs were talking about how for people with special needs who might need to go like a gynaecological exam. There were people there who could support them and they would have like someone there to help them through that process and be like a buddy, which I had no idea existed, and then that meant that if I were approaching somebody who was maybe had learning difficulties and was worried about a medical appointment I then knew there’s extra resources there that actually is going to make this process smoother for them. So.

BN: OK.

AP10: You got to kind of share resources with people you wouldn’t normally talk to.

BN: Oh, that’s really positive, and can we mention that maybe diet wasn’t so relevant to your role. Was there any other parts of the training that you didn’t feel were relevant to you or could be changed?

AP10: Not really because a lot of the systems worked really well for what we were doing, so like the fact it was online you could put it on your phone that worked fantastically for us, and the conversation model was brilliant. It was just sort of what advice I was giving was a little bit different.

BN: Right. In terms of the topics?

AP10: Yeah. So, like the alcohol one would have been fantastic, to use an example of the (public sector service), because we give a lot of alcohol advice because if someone’s been drinking, they’re more likely to (redacted for confidentiality). So, for us going out that’s something that we educate a lot about. So, that would have been a great example to use as the sort of knowledge block within the MECC Train the Trainer training. The name’s proper hard to get out.

BN: It’s a mouthful yeah.

AP10: But like the alcohol block would have been a perfect example to use because that’s really relevant to the advice that we give, and I can’t remember what the other ones were. Things like finance we were given a lot of advice about over winter because of all the fuel poverty issues. We were finding people who were (redacted for confidentiality) and we were having to advice a lot about that, so that one would have been a really good example as well. It was just I don’t think they’re comfortable delivering diet and exercise.

BN: Right. So, it’s kind of got to link directly to the role, do you think for you?

AP10: I think so because there’s so many things that we have to cover in our visit and there’s a level of confidence there as well. If you’re going in with the health professionals, like I’m (name of another public sector service) now and in my current role if I went in and saw a kid that was obese then that is within my role. If I know I’m going to have to have that conversation. We’ve already had that barrier with the (name of role)s that say well actually, in addition to talk about (redacted for confidentiality) you’re now going to go out and talk about dementia and we already have to get over that barrier of a little bit of that’s not really my thing, I’m not medically trained, I’m not sure if I’m confident with that. Introducing more things that are like giving out diet and exercise, I’m not sure I’m confident with that.

BN: Right.

AP10: And you’re adding more and more barriers that are going to put them off, whereas if you link into stuff that they’ve already accepted this is within my realm of responsibility, it’s a lot easier to get them on board that way.

BN: Right. Yeah, that makes sense. So, if you were able to just go and deliver the training as it was, do you think that would, how do you think that would be received, or would you want to change parts of it for your audience?

AP10: I think I would have received it OK. Yeah, I think keep me interactive. My big thing was I just wanted to get that app on all of the (redacted for confidentiality) and my thinking was if I can get that MECC app on there, even if they don’t listen to us when I’m training them, if that app’s on their phone and they come across someone with an issue, they then know they can click on it, there’s a nice little picture of the beach issue. They can click on that and it’s going to sort them out. And I was like that’s a fantastic resource for them if I can just get that onto their systems, that’s then going to put us in really good stead, even if they don’t remember sort of the guiding questions or really what MECC stands for or anything. If I can just get that into their head that’s going to do a large part of the work for me.

BN: Right. OK. So, that’s been really helpful to have the MECC Gateway.

AP10: Yeah.

BN: Yeah. And was there any other resources that you think have been helpful? I know again it’s hard. It’s kind of hypothetical.

AP10: [25.20 unclear]. So, what I was doing in my role a lot is the online resources were quite hopeful of knowing, like the bus that said where you lived depends on your life expectancy. That was really useful for me in my role because it gave me an idea of which communities needed more [25.40 unclear] help even if it wasn’t necessarily about access to medical resources. The lower life expectancy kind of lines up with other sort of concerns as well if you tend to find things grouped together, so it sort of let us know of like oh, well we might need to target more resources in (name of location) because that had quite short life expectancy in comparison to other areas, it sort of let you know which communities were the most vulnerable.

BN: Yeah. Oh, that’s really good. And would you say – again it’s very hypothetical – but what have the resources been like for helping you to then go on and deliver training, do you think?

AP10: I think I would have had everything I needed, and I would have been happy to go out and deliver it based on what was accessible online and I was always getting the emails refreshing them as well, so things were quite up to date which was quite nice too.

BN: OK. So, there’s nothing you would want to change about the resources to help you deliver training?

AP10: I was quite happy with them, yeah. I think I had everything I needed. Maybe some guides on like activities to do with them possibly because they love a sort of hands on task being a(name of role), so maybes [26.50 unclear] that would have been helpful because the sort of the standing up and delivering doesn’t always go [26.56 unclear] so maybe some advice around that, but I would have been happy to go out and deliver it like I would have delivered any other training.

BN: OK. So, it really has just been that one barrier.

AP10: Yeah. I just [27.08 unclear] that barrier, that was the only issue.

BN: Yeah. That one’s frustrating.

AP10: It was all right because I’ve got faith it will get done at some point, but it was because to deliver training to the (name of role)s we had to work (redacted for confidentiality) and it was quite frustrating knowing I was going out and delivering one type of training and there was a potential that a month later I was going to have to be coming back to deliver the MECC training.

BN: Right.

AP10: And I thought I don’t want to spend my entire life working (redacted for confidentiality). So, the fact that I couldn’t combine them was sort of frustrating and then it was almost being like well I hope it’s going to get delayed by a couple of months rather than get rolled out next week because I don’t want to do this again next week.

BN: Yeah.

AP10: So, I was going to bring training in like June or something and then it was like I hope it doesn’t come out in July because then I’m going to have to go out again. (redacted for confidentiality).

BN: Yeah. So, you say it would have been better to combine, do you mean sort of sequentially, so one after the other, or would you have sort of mashed them up in some way into one?

AP10: Yeah. So, when we deliver training, we tended to go to (redacted for confidentiality) and just cram them as close together as possible, so we would do like a full week block that I would get to every (name of building). And a lot of what I was doing didn’t necessarily, with the other training, didn’t necessarily need to take a full (day), but they would book us for a (day), so normally they would do like (another training session) and it would take them three hours. They would book us out for those three hours instead, but if I was going up so we’d (redacted for confidentiality) I had to train them on (another training session), that’s only going to take me half an hour to an hour. I’ve then got to give hours where they’ve got nothing else booked in it would have been quite nice just to be able to pop the MECC in those two hours.

BN: Yeah. OK.

AP10: Combine it with easy training I had to deliver for like what we’re doing as part of their role already. If I had something simple it would have made sense just to do that and the MECC training at the same time rather than [29.18 unclear].

BN: Yeah. OK. And so, it sounds like it would be, if you did deliver the MECC training, it would be in person, so how do you feel about that sort of obviously your train the trainer was online, how do you feel about online?

AP10: No, my train the trainer was in person.

BN: Oh, was it in person? Right.

AP10: Yeah.

BN: So yeah, have you got any thoughts about both you going to the train the trainer and then you delivering MECC training online versus face to face?

AP10: For me going to the MECC train the trainer was that worked really well in person, and we were in like a nice building that had all the resource. I think the only potential issue I would have faced is a lot of our (name of building)s are built in the fifties, they’ve got terrible wi-fi and not very good IT resources so some of them I might have had a barrier with the slides.

BN: Right.

AP10: And I would [30.07 unclear] got a plan for that by printing the slides out, but again thinking of some sort of non-IT based resources might have helped on that front of if we are going out to areas where we know the wi-fi might be weak or might not be able to get the slides up that might not be working for us, then having sort of like a backup where you’re delivering of – I’m not really sure how you would do it, but more sort of interactive or let us sit down and talk to you rather than have slides on a screen. That would have been quite good as a contingency plan just because we didn’t necessarily have the same physical resources that you might do if you’re delivering in more modern building.

BN: Right. Yeah. And that sort of printing off of resources, is that something that you have access to at (public sector service) that’s OK to do?

AP10: Yeah. We have printers in all of the (name of buildings) and there’s no sort of regulation on if I’d be printing that off or [31.04 unclear].

BN: OK.

AP10: You swipe your card and then you can print it off.

BN: Oh great, so that wouldn’t be a barrier having to print off things.

AP10: No. So, if there was like sheets with stuff on or like worksheets or whatever that would have been completely fine.

BN: Right. Oh, that’s great. And so, obviously your organisation sounds like they were planning to deliver MECC training. Do you know if they have sort of like an implementation plan or anything in place to deliver MECC training?

AP10: Nothing was in place at the time when I was leaving and there’s lots going on at the moment with it coming up to (redacted for confidentiality) and they’re very busy at the moment so I don’t think anything will have happened since I left. I don’t know if the presentation people have been signed off on yet. I hadn’t heard about that having happened when I was leaving.

BN: Right.

AP10: So, I don’t know if that’s even been approved, and then once that’s approved then you’ve got the strategic issue of getting to be able to get in person and see the (number) (name of role) and booking everything in, so I don’t know if they’ve gotten to that stage yet.

BN: OK. Yeah, that’s really slowed it down, hasn’t it? The whole thing, yeah. And so, obviously you’ve mentioned the is it the trainers’ forum, that group that’s on?

AP10: Yeah.

BN: Is there any other sort of support you’ve had in being able to cascade the training?

AP10: So, I’ve not used it, but I get emails quite a lot of the website that the resources are on, people comment on it and ask for extra resources or explanations of resources. I get the emails every time someone comments, so I know people are using that.

BN: But it’s not something you’ve gone onto yet?

AP10: It just didn’t seem to make sense of because we were going to be using different slides to everybody else then the resources and the language, I thought, were great, I wasn’t actually really going to be using. I was going to be using whatever was being created at (name of location) level, so.

BN: Right.

AP10: All the online stuff looked really good and really sleek and everything and everyone else is interacting it with and it’s like what am I going to do because I’m getting this other thing handed to me that’s not even created yet.

BN: Right. Yeah.

AP10: [33.12 unclear] what’s kind of the point in interacting when everyone else was sort of taking the slides and tweaking them for them self and I’m just waiting on someone else to sign off on it.

BN: Yeah. And do you think that sort of affect how you felt in the trainers’ forum that you felt different to everybody else in that way?

AP10: Yeah. And (name of regional MECC at scale coordinator) was getting really excited about it because I think (redacted for confidentiality). So, everyone was getting really excited when I’d spoken to everybody else and when we went into little break out groups of this is how many people I have to deliver it were like wow, that’s fantastic. And I was like yeah, it would be, but it was a bit weird that I wasn’t sort of getting to put my personal touch on it and I wasn’t even delivering anything yet. Like, I hadn’t even done like a practice run or anything so it was I sitting in the forums and finding them interesting, but I felt like I couldn’t really participate.

BN: Yeah. And do you think that’s important in training delivery that you are able to put your own personal touch on the training?

AP10: So, the other training that we delivered within my team, everyone had a different way of doing it. We had a sort of the same slide but everyone would take a different touch and it makes people feel more confident if they tweak the slides a little bit or they had their own activity that they were going to do, it felt like it was their training and then that made them feel a bit better delivering if you’re not just whacking up some slides someone else has made and then turning around every five minutes to look and see what’s on the slide. You know it because it’s yours.

BN: So, these (name of location) level slides, I suppose you probably don’t quite know yet, but would you have had any of the flexibility to tweak it?

AP10: I don’t think I would have personally. The thing with the (name of role)s is they want the same thing delivered to everybody. So, when I delivered training in the past, I would make like a training sort of like checklist of we need to cover these things which so everyone’s got the same standard of training. So, I think there probably would have been a barrier there of if I tweaked the slides and then one of my colleagues went and delivered at a different (name of building) and they wanted to tweak the slides, all the (the teams)s are then going to feel like they’ve not had the same quality of training and they’ve not got the same resources accessible to them.

BN: Right. Yeah. So, do you think there’s sort of a balance that needs to be had or which one do you think takes priority over the other in terms of sort of personalising and consistency?

AP10: Yeah. For me, you’ve got to have the same information, so the slides that we tweaked in the past we used to go out into the community and deliver (redacted for confidentiality) advice. The advice on the slides had to be the same no matter who was delivering, but you might have different transitions, you might have different pictures or different colours, you might, you can tweak the graphics and tweak how you’re going to explain something without changing what you’re actually explaining, but make sure you’re getting all the same content. But you can do that in different ways.

BN: Yeah, so that could still be feasible then, but you probably wouldn’t have been allowed to do that with the (name of location) level slides?

AP10: I don’t think I would have been allowed to change a slide, but we often didn’t have any management going out with us, so if I was delivering by myself with the slides, I could have reworded things or explained things a bit differently, but I don’t think I would have been able to change what was actually in the physical slides themselves.

BN: Right. OK. And did you sort of have a plan before you left of delivering MECC training, or was it all waiting on these slides before anyone could go any further?

AP10: Yeah, so because I’d booked in training with the (the teams)s a couple of times I kind of knew that process of I would have like excel lists with every (team) on and I would sign off who had confirmed at what time and date and I had groups where I could email everybody, so I had all the infrastructure there on actually booking it and arranging to go out, it was just I needed signoff before I could send the email saying we’ve got this training to deliver to you.

BN: Oh wow, it was all just waiting on that, yeah.

AP10: It’s all this waiting on the slides, yeah.

BN: Right. I suppose this question might be a bit harder because again you haven’t been able to cascade it, but what do you think of the train the trainer model for MECC delivery?

AP10: I quite liked it because I think for us the relationship with the (the teams)s was really important delivering training, so having that good relationship with them makes them more receptive, but I think it told so say there wasn’t the MECC Train the Trainer training we were going to have (name of regional MECC at scale coordinator) come out to the (name of buildings) and deliver it himself, (redacted for confidentiality). Also, he’s going to have to go and meet these kind of the (the teams)s are really tightly knit and it almost feels like going into a classroom and having to teach for the first time, and if you’ve never taught in a classroom so I think it’s really different than teaching in a professional setting and that’s a skill off of its own and they’re absolutely [38.15 unclear] (the teams) but it is, you’ve got quite a big group of them in front of you and they all know each other and they’ve all had a chat about the training before you came in and dealing with that dynamic, I think, is quite different to dealing with so when we did the train the trainer training you’ve got a couple of GPs, couple of people from the (public sector service) and they’re all kind of there with their notebooks ready to go, they know that that’s what they’re here for. You’ve got to get a little bit more creative when you’re delivering to the (the teams)s because if they’ve decided that they’re not interested in the training and you’re going into that setting, you’ve got to really get them on board and that’s a completely different skill to delivering to people who are already [38.48 unclear] ready to take it in of you’ve kind of got to warm up the crowd a little bit first.

BN: Yeah. Oh, that’s really interesting, and you’ve got that relationship and that experience with them.

AP10: I had it with most of them and the ones that I didn’t have it with are the people they have it with, so we’d kind of swop around who went to each (team) depending on who knew that (team) better.

BN: Right. OK. And so, was the train the trainer sort of model of training familiar to you? Had you ever done it for other things before?

AP10: Not really. So, I’d cascaded training down before, but I’ve never received any training where that cascading was part of the original training that was delivered to me.

BN: OK. Interesting. So, do you think, do you have any thoughts about how helpful the train the trainer model is for ultimately encouraging MECC conversations?

AP10: I think it’s a good way to get the information out there. Yeah, I think we were fortunate in that we already had the value of residents first which is very similar for the [39.52 unclear] like MECC. So, it was already conversations that were happening, so I didn’t feel like I needed to go in from scratch and start the MECC conversation with them which probably made things a bit easier for me. I was just sort of going in and adding extra knowledge and resources and techniques of I wasn’t going in and saying you’ve got to do this completely new thing that you’ve never done before, which I have been involved with because we were partnering up with the post service, so because they were going around to every house we were then giving them a checklist of if you see these things report in to us, which is very similar to the MECC model of like the [40.29 unclear] you’re passing on.

BN: Right.

AP10: And for them, they’ve never had to do that before so they, a postman may just deliver your post and they’ve never had to think about oh I can see a load of clutter in that window and I need to worry about that and refer that on to somebody, so that was completely new to them so that process of beginning to get that conversation happening is probably what MECC would have been in other institutes where those sort of things were already parked but for the (public sector service) I was very fortunate in that the way our system’s set up we were already having those conversations, it just needed some sort of extra resources to make them feel a bit more confident.

BN: Right. Yeah. OK, so that (name of) programme, is that training that you’d also delivered to the (public sector service)?

AP10: Not really. So, (name of programme) is one of the values in the (name of location) (name of organisation). So, we’ve got like core values that guide everything we do and (name of programme), which is like the main one, so they’d all sort of been made aware of that because we have to sort of we get (redacted for confidentiality) inspections which are kind of like Ofsted for the (public sector service), and that’s one of the things that they kind of look into so every two years when (redacted for confidentiality) roll around they’ve got the shpiel of these are (name of organisation) values, make sure that you know them.

BN: Right.

AP10: So, it’s imprinted in their heads, but we’ve designed our questionnaire to be quite foolproof, so we had built in all of the values that we wanted to represent (name of organisation) into this questionnaire that we did in every house that we went into.

BN: Right.

AP10: So, we kind of designed that to guide them through and you couldn’t skip any questions, forced them down this conversation route which would actually meet everything that we needed from the visit.

BN: Right.

AP10: So [42.10 unclear] it was going to sort of make sure that they met all the values that they wanted them to meet.

BN: OK. So, again I suppose it’s quite hypothetical, but do you think that (name of programme) kind of principle would affect how your audience would respond to you delivering MECC training?

AP10: I think so, because it was something that had developed during the time that I was with (public sector service), but by the time I was leaving they were getting really on board and excited about it, which I think would have helped with the MECC conversation because traditionally what they’d done is we came up with there was a system from some sort of university or something which calculated which households in the area were most likely at risk of (redacted for confidentiality), and we’re just like the (the teams) is out cold calling for them and they absolutely hated it because [42.58 unclear] where because it was flagged as being high risk on this sort of, it was based on like council tax and frailty scores and stuff, the fact we had that information meant that all of the other agencies were already aware that those people were at risk. So, we’ve [43.12 probably] got flagged because there was, I think I went to one street and there was two double amputees on that street, and that was why that street was flagged as high risk. But that street was flagged at high risk because we knew there were two double amputees on there. They were already in council housing, they had great support systems in place, so the (name of role)s felt like they were going in and being like this person’s already fine, like what am I meant to be doing here.

BN: Right.

AP10: But we were partnering up with other agencies and getting more and more referrals from occupational therapists of the people who have just had the amputation rather than people who have already got the support in place. And because we were getting more and more referrals in once people realised what work we were doing, because people don’t know (public sector service) does all these visits, so once they caught on, we were getting like a hundred referrals a week that our little team of (number) people couldn’t handle.

BN: Oh my God, yeah.

AP10: Yeah. So, we used to send them out in batches to the (the teams)s and we’d send them like 20 of these high risk properties in their area with people who had consented to the visit who we could tell exactly what the risk was, who the (name of role) was that they needed linked in with, and they were going to these and the (name of role)s were feeling like they were actually making a difference and they were getting really excited of like oh I just put in this referral to the Alzheimer’s Society and I’m going to get them extra carers in and I managed to sit like this new kind of hearing system, so and they were getting really excited about the changes they were making, and I think that would have linked in really well with MECC, those taking advantage of them when they were getting excited of oh right, well you know this person’s vulnerable, you know they’ve just been identified as vulnerable. They’ve not go loads of support in place, while you’re excited and you’re getting all of this really positive energy out of helping people and people wanting you to be there, what else can we help them with of could you see if there’s anything else that they need support with and sort of building upon that energy that was already sort of forming through our changing model.

BN: Yeah. Oh, so yeah, it really sounds like the readiness was there, the enthusiasm was there, just need those slides.

AP10: Yeah. Slides and they’ll be fine.

BN: Is that what you feel like? Do you feel like there is any other barriers or—

AP10: Not really. I mean getting the time to go out and see them is a barrier and because I’ve left there’s now even more of a staff shortage than there was, (redacted for confidentiality: discusses barrier of limited staff capacity to deliver in person training) and a bit of a barrier but the team’s training just doesn’t really seem to work for them, that (name of role)s seem to prefer in person and you going to them.

BN: Uh-hm.

AP10: So, [45.53 unclear] that works it’s just actually the logistics of getting out there is probably going to be a little bit of a challenge for a while.

BN: Yeah. Now they haven’t got you as well to go and deliver it.

AP10: It’s just a bit of a staff problem of we had a lot of people move on at the same time so there’s just little bits of that all the way throughout the team that’s just going to be a little bit of a challenge until they get the staffing done and the new process at (name of organisation) is cost saving, every job has to be reapproved before you can hire for it.

BN: Right.

AP10: So, you’ve got to prove that that role’s necessary and that it’s financially reasonable and it’s got to get approved by a panel.

BN: Oh wow.

AP10: Even if it’s just someone left the post and you’re putting a new person in to it it’s got to get approved as if it’s a completely new job. So, that really slows down the recruitment process which then clogs things up of by the time you’re getting new staff in you’ve got existing staff who are moving on to different promotions and then you’ve got the entire problem all over again.

BN: Right. Yeah.

AP10: [46.48 unclear] bit of a process.

BN: So that could be a problem as well.

AP10: Yeah.

BN: Yeah. Well, that was everything I had to ask, is there anything you kind of had in mind before that you feel like we haven’t quite gone over, anything you want to add?

AP10: No. I think it’s a great way of guiding conversations and I like the cascading down model, it was just our problem was it reached sort of a bottle neck in the process, and we just couldn’t get past it.

BN: Yeah. It’s such a shame, isn’t it?

AP10: Yeah.

BN: Yeah. Oh well thank you so much (AP10), I really appreciate it. I’ll stop recording.

[End of recording]