
Welcome and Introductions

Think of situations where you **come into contact with the public in your day to day work and have an opportunity for a **short, unexpected, conversation?****

Paired/Table Exercise (10mins)

- Identify situations where you have an opportunity for an unexpected 'chat'
- Briefly describe them on Flip Chart Paper

GP
receptionist
taking
prescription
order at
desk

SW
speaking to
parent
about child's
school
attendance

Probation
Officer having
scheduled
meeting with
young client

HV
meeting
parent for
child's 1st
year check

Do ‘unexpected’ & ‘unplanned’ opportunities arise to open up a conversation about the person’s health and wellbeing?

...and what they might do to have a healthier lifestyle?

Chatting to people about how they are feeling and **opportunistically** raising issues relating to health and wellbeing...

...IS MAKING EVERY CONTACT COUNT (MECC)



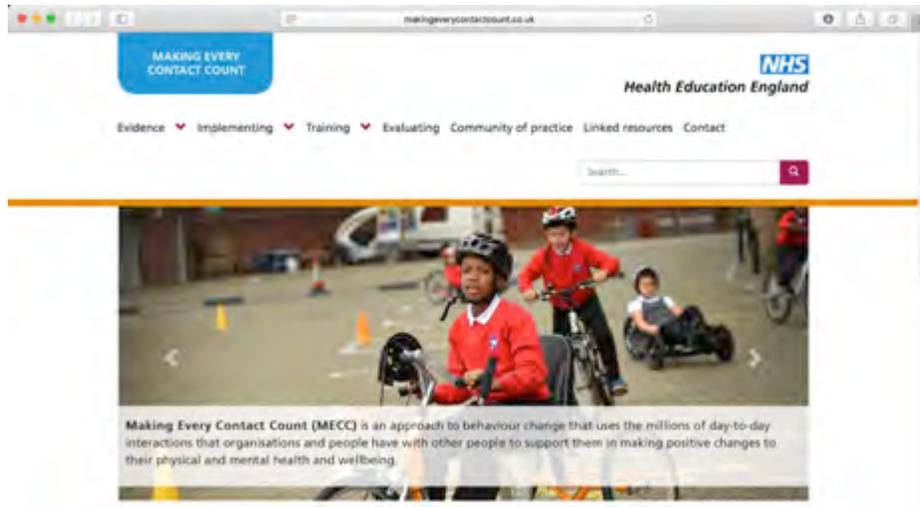
Confidence vote

At this point how confident are you in chatting to people about how they are feeling and raising issues, like health and wellbeing?

MECC is...

- Having '**unexpected**' conversations
 - spotting the chance & taking the opportunity
- Having **existing** conversations '**slightly differently**'
 - using **new conversational skills**
- Focus on **prevention** (helping people stay well)
- **Simple** to introduce and incorporate into your work
- **NOT** about adding to workloads, becoming experts, advisors or counsellors, or telling people how to live their lives

National resources available



National MECC site:
www.makeeverycontactcount.co.uk



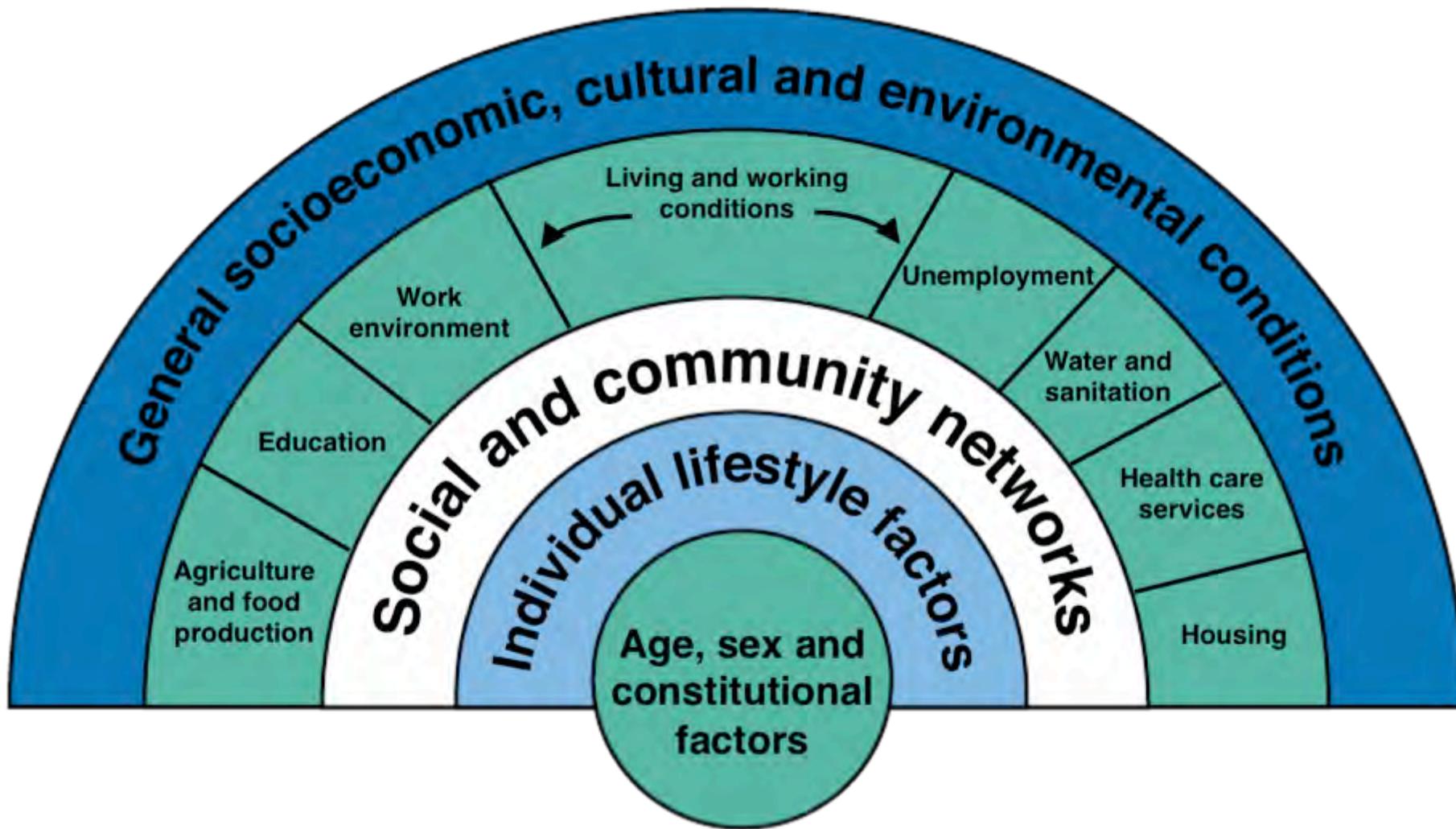
E-learning programme:
www.e-lfh.org.uk/programmes/making-every-contact-count/

Our starting point

- Most staff and volunteers - **across all front line services** - can point to opportunities to MECC
- But **not every contact** is an **appropriate** MECC opportunity
- Many staff and volunteers are **'already doing MECC'** in one way or another
- There may be **scope to 'do it better'** by sharpening up or obtaining some basic skills

Developing a person-centred approach

(Lifestyle choices and other factors that impact health and wellbeing)

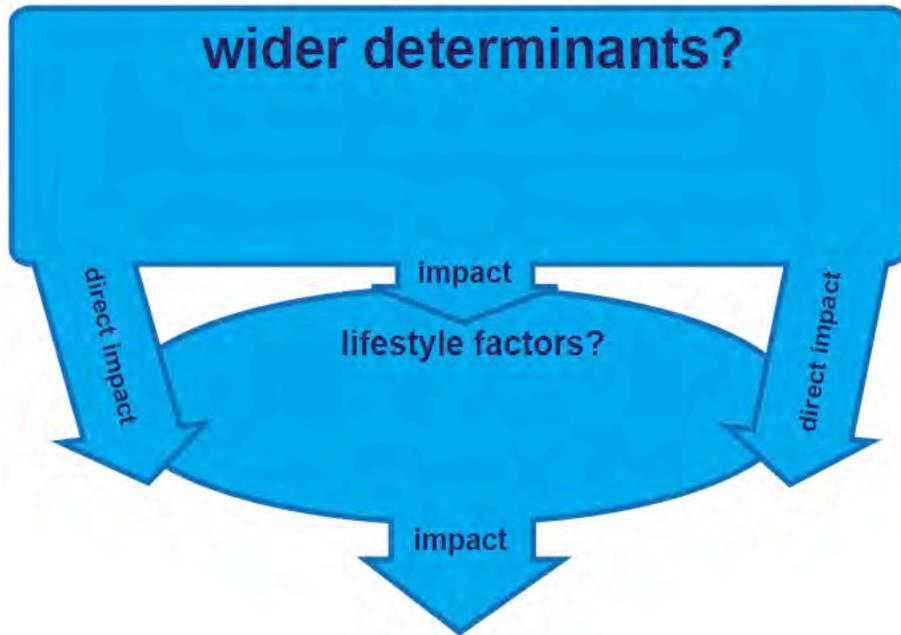


Health and wellbeing

Many connections...e.g...

- The **unemployed** can be **stressed** about **money** worries such as debt, leading to various forms of **ill health**
- People in **damp and/or poorly maintained** accommodation are more likely to suffer **health problems like asthma**
- For someone with **low mental wellbeing**, losing their job can lead to a **collapse in confidence** compounding difficulties in getting back into work
- **Child poverty** (and the associated health and education inequalities) is **very high** in some neighbourhoods where there are high levels of **households with no working adult**

Paired Task (10mins)



**Health and wellbeing
individuals, families & communities**

- For people (possibly a particular group) you come into contact with, identify the main :
 - **Health and wellbeing** problems they present with
 - **Lifestyle factors** that directly impact their health and wellbeing
 - **Wider determinants** that impact directly and/or indirectly on their health and wellbeing
 - Think about **connections** between these factors
- Use the diagram to help you



Feedback & Discussion

Are certain factors more important or more frequently occurring than others?

Why and how do you feel they impact people?

How does understanding the other person's 'world' help you?

Have we identified the main topics covered by KSS MECC?

Topics covered by KSS MECC

Stopping
smoking

Healthy diet

Sensible
drinking

Healthy
weight

Physical
activity

5 Ways to
Wellbeing

Group work - Key Messages (10mins)

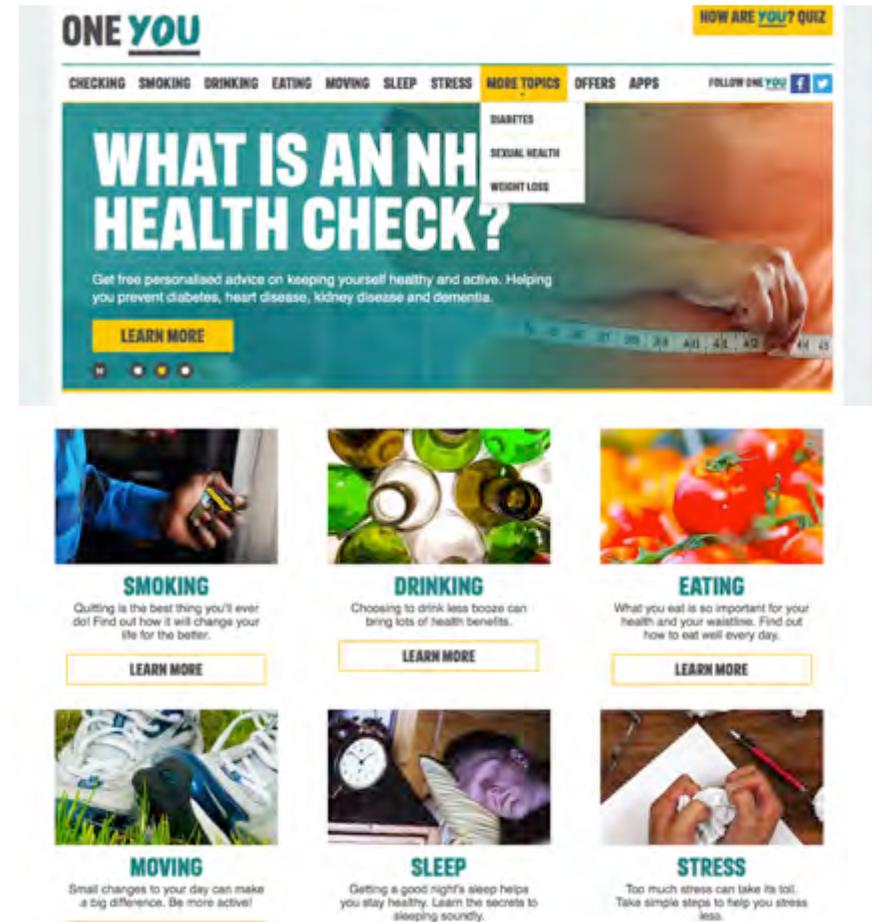
In Small Groups...

- Think about the **'key facts or messages'** you might **give someone** on each of these topics / or need **to know yourself**
- Try and identify **one or two key message** for each topic
- Write this information down on flip chart paper

1. STOPPING SMOKING
2. HEALTHY DIET
3. SENSIBLE DRINKING
4. HEALTHY WEIGHT
5. PHYSICAL ACTIVITY
6. 5 WAYS TO WELLBEING

Summing up

- Depending on **your job**, and the **type of people** you meet, **some issues are more likely than others** to come up in a conversation
- It's valuable to have some **basic knowledge about each topic** to share with people if they need it
- Try and be aware of the nationally (and any locally) **recognised key healthy living messages**
- PHE's **One You** website – information, tools, support and encouragement to help people be healthier



Communication skills

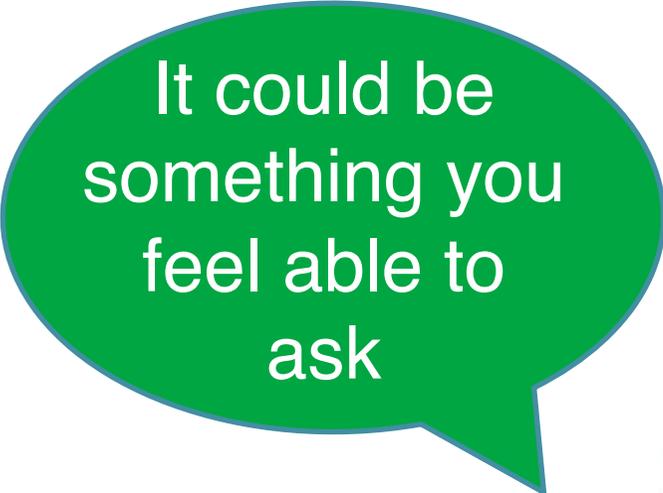
Getting a conversation started

Opening up a conversation

- Let's think about where a person's situation may give you cause for concern and where you sense an **opportunity** to open up a conversation
- **How do conversations get started?**



It could be something they say



It could be something you feel able to ask

Some common anxieties and worries...

How do I ask the difficult question?

This will take me out of my comfort zone!

Is this really my business?

Will I appear judgmental?



OTHER WORRIES?

Try a gentle step forward. Withdraw if it doesn't feel right

How might you respond to...?

- ...in a way that allows you **explore** and **discover**

I've lost count of the times I've tried to stop smoking, it's hopeless

I should cut down on alcohol, but my partner likes to open a bottle of wine after work

...what do you think?

How might you respond to...?

- ...in a way that allows you **explore** and **discover**

*I feel embarrassed
going to the gym*

*It's too expensive to
eat healthily*

...what do you think?

Types of questions and language

Open questions

Closed questions

Listening

Suggesting

Telling

Here are two conversations between the same two people.

Let's listen to both. What are the main differences in
the two 'talking styles'?

Source: National MECC e-learning course, PHE. Go to page 17 at:

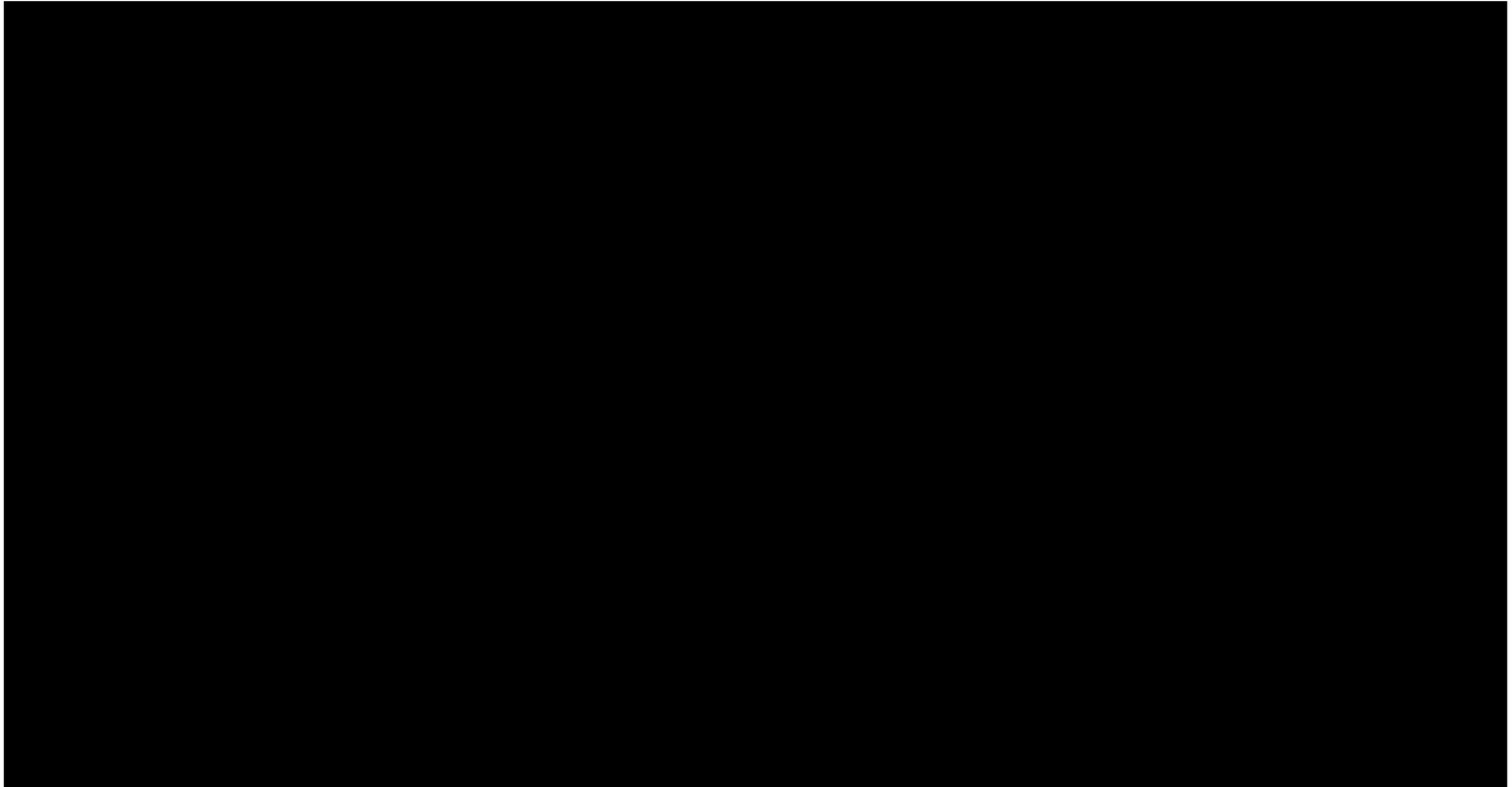
http://cs1.e-learningforhealthcare.org.uk/public/MEC/MECOA_01_002/d/ELFH_Session/568/session.html?lms=n#free_746.html

Also available at:

<https://www.youtube.com/watch?v=Q2nmboFCvnc>

<https://www.youtube.com/watch?v=8LIKDVmNFM8>

Healthy Conversation Videos



Healthy Conversation Videos



Summing up

- Try and **'judge'** when it's appropriate to have a MECC conversation
- Look for **'cues'** that suggest the person may be open to talk – what they say, how they look/behave
- Onus is often on **YOU** to get the conversation started
- **Open Discovery Questions** help you to do this
- Do more **Listening** than **Telling/Suggesting**

BREAK

Short Chats

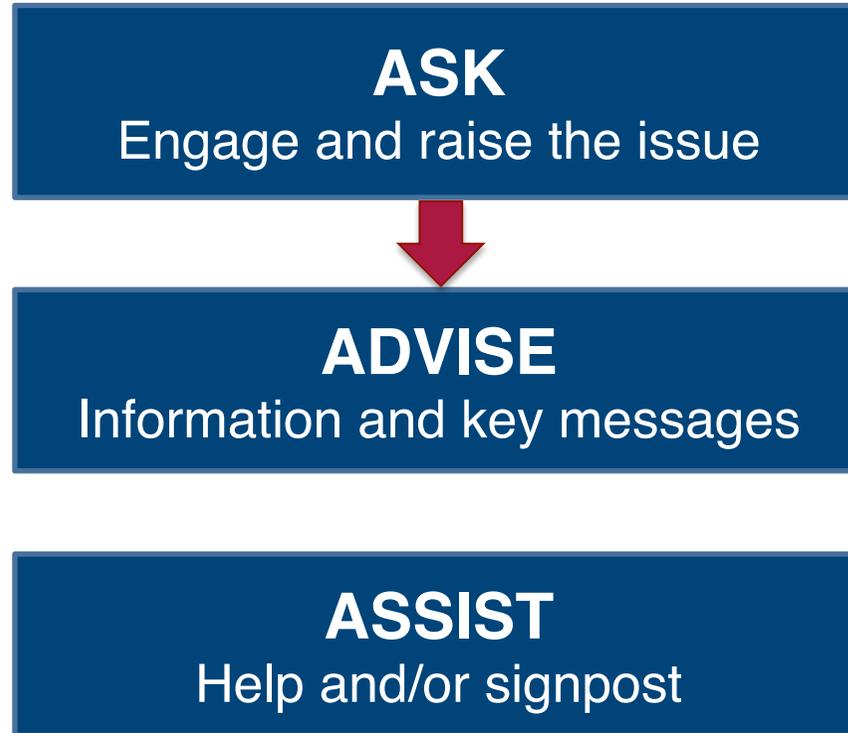
Delivering Brief Advice and Signposting

Very short conversations

- What might be done when you only have a **‘very’** short space of time
- Picture a situation from **your** practice - you have **only a minute or less** for a healthy chat
- What can be achieved?
- How can you approach these situations?

- The **‘3 As model’** can help

3 As - Brief Advice Model



NB MECC is not about offering professional Advice and Guidance.

Brief alcohol conversation



Brief smoking conversation



Brief Advice and Signposting – Paired Exercise (15mins)

- Select **one** ‘real life’ example of a **very short** healthy chat (e.g. 30secs – 1 min)
- Use the A’s framework to **‘tell the story’**:
 - what you **asked**, how you decided how to help
 - what **advice**/information you gave (e.g. **healthy living messages**)
 - what (if any) **assistance** you gave (e.g. **signposting** to other services)
- Write up the story on one sheet of **flip chart paper**

Feedback and discussion

Do you find yourself in this type of situation often?

Could the opportunity have been handled any differently?

Did you know where to signpost people to?

What have you learned from the experience?

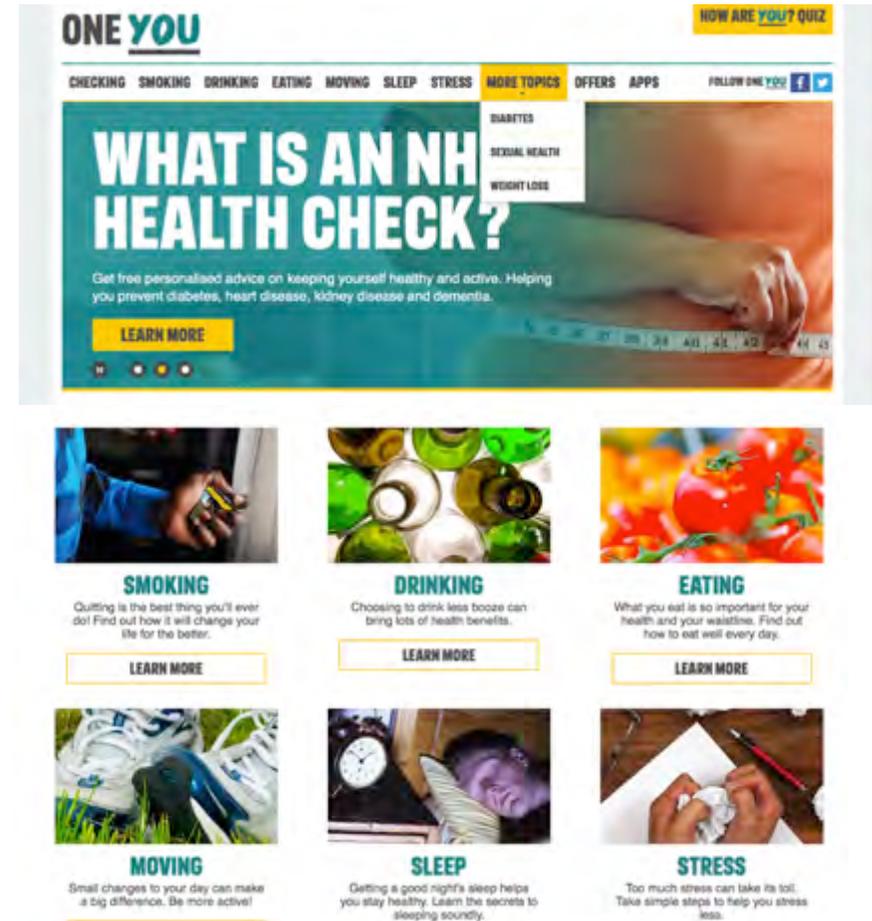
Summing up

- **Limits** to what can be achieved in a **short chat**
- Think about strengthening **self-care**
- Be comfortable you know the recognised **key healthy living messages**, or where to find them
- Be alert to opportunities to **signpost** + know the **key contacts** in your **local** area
- Be aware of **key online sources of information** – for you and members of the public to use

Thinking about the range of topics covered by MECC, are you confident you know where to signpost people to?

One YOU www.nhs.uk/oneyou

- National healthy living campaign - tools, support and encouragement to help people be healthier
- Comprehensive information and advice covering: smoking, drinking, eating, moving, sleep, stress, diabetes, sexual health and weight loss
- MECC areas of focus: **smoking, healthy eating, alcohol, physical activity, mental health and wellbeing, weight management**



NHS Choices

<http://www.nhs.uk/pages/home.aspx>



- Legal right to choose a GP practice.
- More information: [patient choice of GP practices.](#)
- [your legal rights to choice in the NHS on the GOV.UK website.](#)
- Any problems registering: [contact NHS England's Customer Contact Centre.](#)



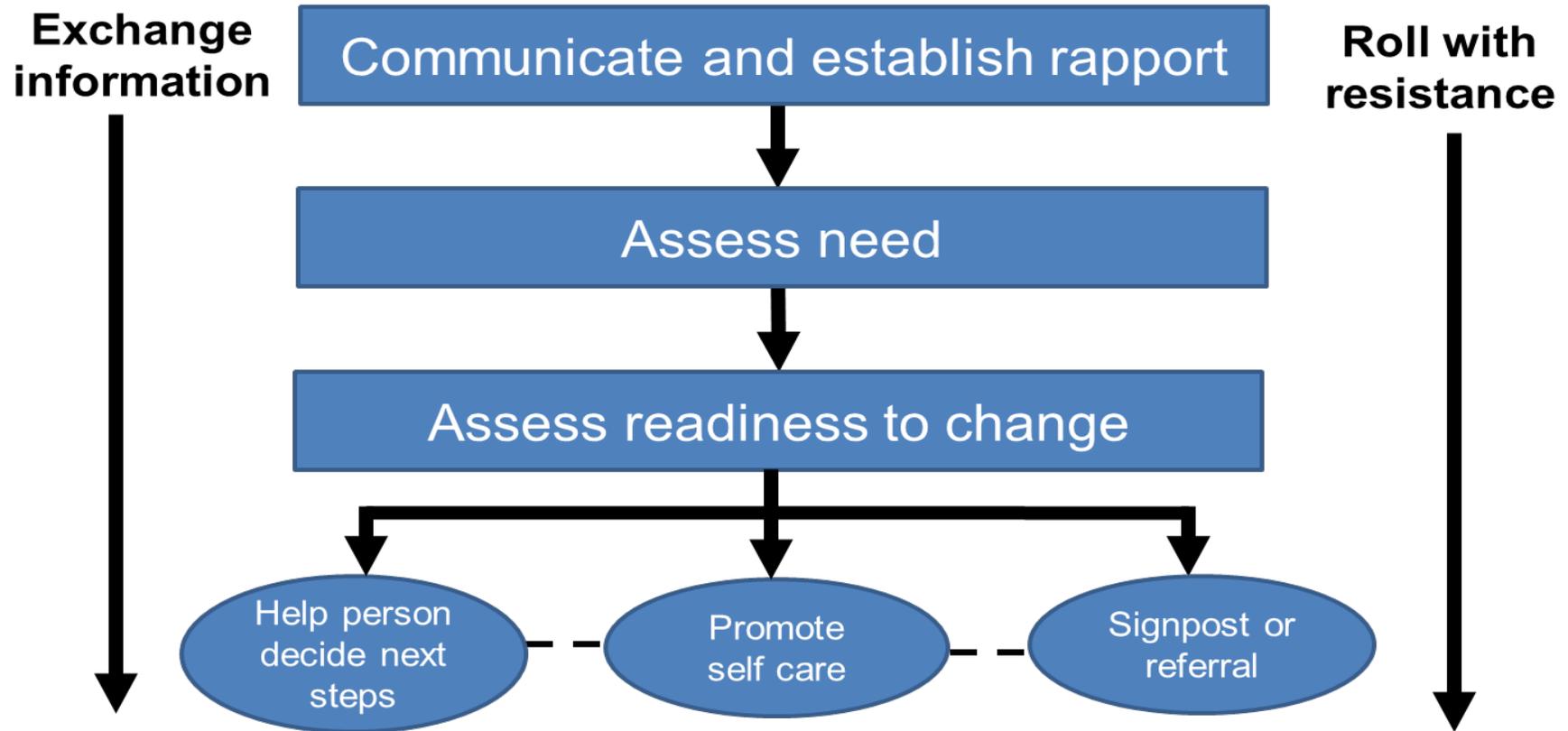
Longer conversations

Delivering Brief Interventions

Short chats v Longer conversations

- Limitations when having a very short chat
- Where there is an opportunity to have a longer, more in-depth conversation...
- **More can be achieved**
- This is a different conversational context
- A different **model** is useful to think about and work within

Brief Intervention Model



Which best represents a Brief Intervention?



Characteristics of a Brief Intervention

- Remains **'light touch'** – not a full consultation
- Time for a **'motivational conversation'**
- Understand the person's **needs**
- Assess how **ready they are to change**
- **Decide** how to help / what to say and do to:
 - improve their knowledge, confidence, and motivation
- Use of **'talking tools and techniques'**

Your Behaviour Change Toolbox



Experiencing the Tools

- We'll now look at **each** Tool or group of Tools
- Consider the **role** of each, and
- How **YOU** might **use** it in your practice
- Give a few a **try**



OARS

Useful in responding to 'change talk'. Uses 4 basic principles of Motivational Interviewing:

Open Questions

That give people freedom to talk and elaborate

Affirmations

Help people to feel good about themselves to have high self esteem and confidence to change

Reflective listening

Repeating back - show you are really interested

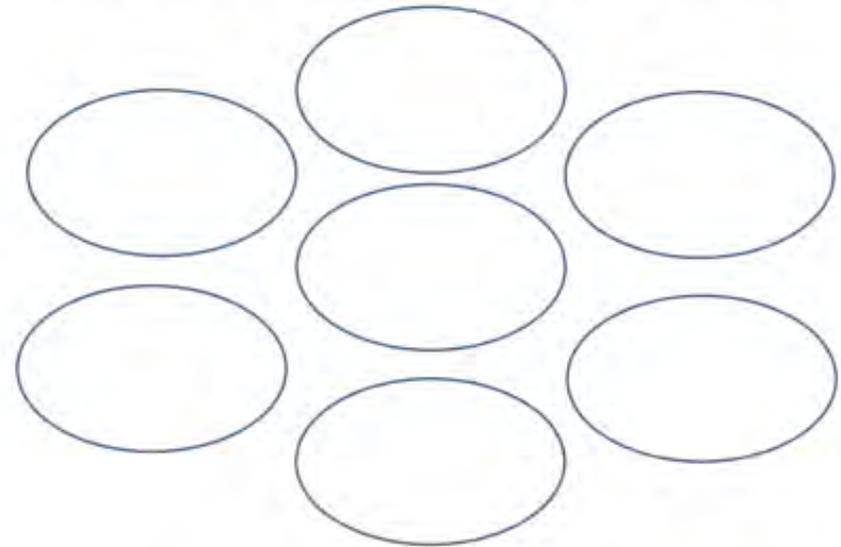
Summaries

Take the person through the big steps in the conversation / reflect back their decision at the end

Using the Tool

- Can be used (either verbally or paper-based)
- Help identify need during the conversation
- Useful when someone has several concerns - *What are the key issues for you at present?...*
- Can help you and the client 'map out' what these are
- Brings the main things to the surface
- Enables you to jointly where to focus the conversation – *Where is the best place to start?*

What are the key issues for you at present?



Where is the best place to start?

Readiness to Change Tools



Unimportant



Top priority

How important is it to you to change?
Put a cross on the line to represent how you feel

I couldn't do it



It would be easy

How confident are you that you could change if you chose to?
Put a cross on the line to represent how you feel

Using the Tools

- More scope to have a helpful conversation if the person is **'ready'** and is **'receptive'** to the idea of changing
- The 3 tools can be used verbally or in paper form to help you and the client identify how ready they are to change
- You can explore perceived overall **'readiness'** to change, **'importance'** to change, or **'confidence'** to change
- This may help focus the conversation – e.g. highlight 'why the person may benefit from changing (importance) or on building up the person's self-efficacy to change (confidence)

- LET'S HAVE TRY.....

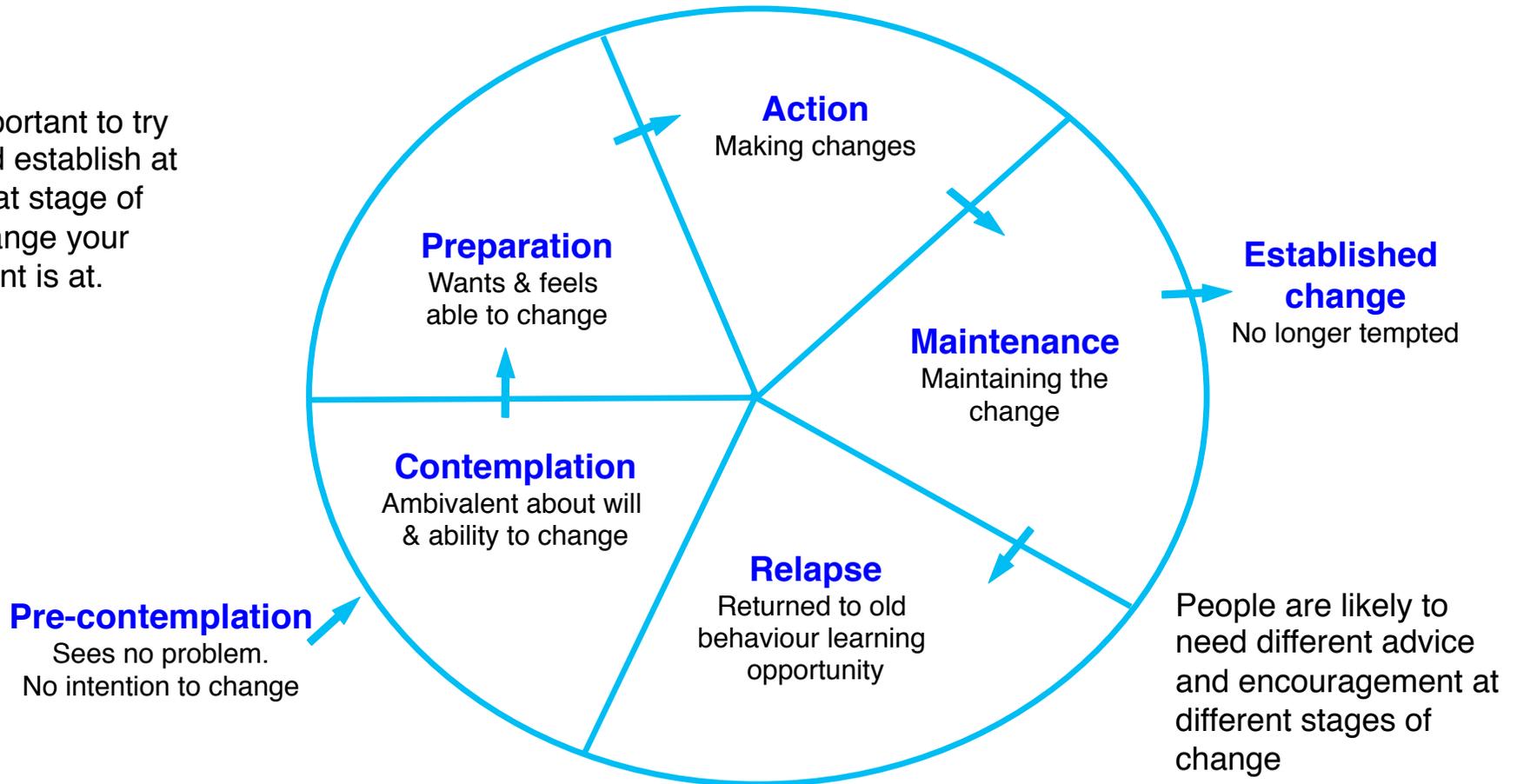
Individual task– how ready are you to change? (3mins)

- Reflect on a **change that you have considered** that would improve your health and wellbeing, but **not yet made**
- Use the 3 ‘Rulers’
- Mark where you currently stand in each
- Line up along the wall – one end representing ‘not at all ready to make this change’, the other ‘very ready to make this change’

Observations?

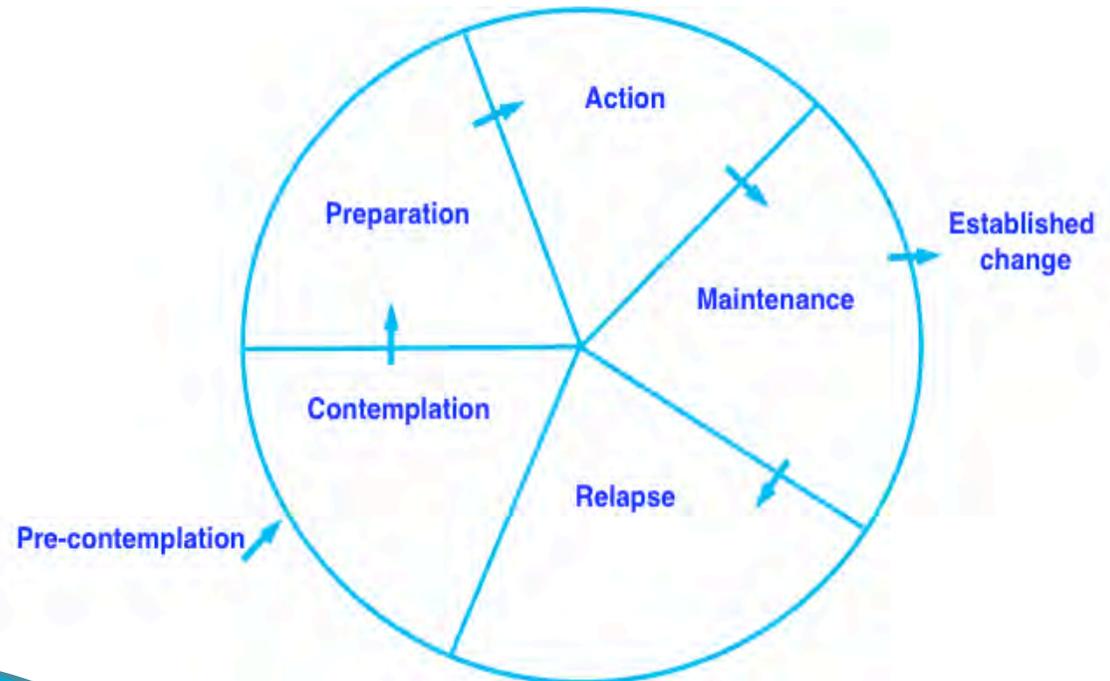
Cycle of Change Tool

Important to try and establish at what stage of change your client is at.



Using the Tool

- Helps you locate where the person is at on their change journey
- Consider how they managed to move from the previous stage
- Discuss what might be holding them back from the next stage



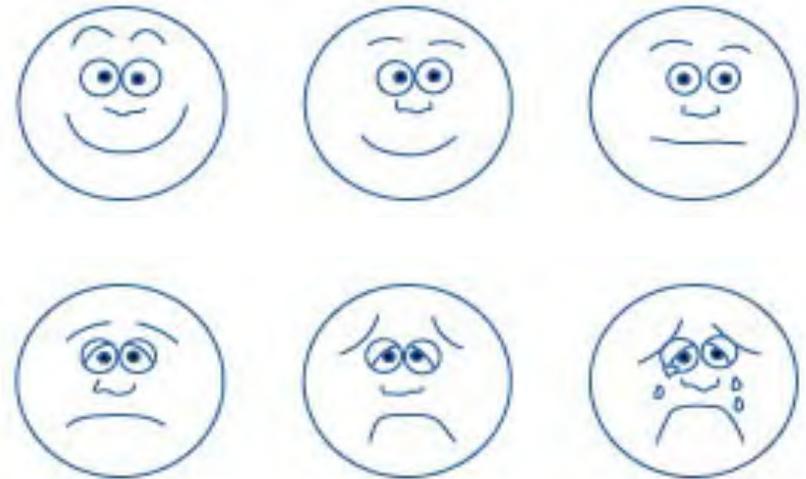
Where were you in the readiness to change exercise?

Faces Tool



Using the Tool

- It gives the person a range of faces to choose from – very happy to very unhappy.
- Can be useful when trying to establish how happy someone is about a change.
- You can ask the person what face best fits how they feel, and take the conversation from there
e.g.: *why do you think you feel that way?*



Balance Sheet Tool

No change	Change
Costs	Costs
Benefits	Benefits

Using the Tool

- It may be possible to explore the pros and cons of changing or not changing behaviour
- Helps you map out perceived: costs and benefits of 'no change' v 'change'
- Insight can help focus conversation on the benefits of changing, the costs of not changing etc

No change	Change
Costs	Costs
Benefits	Benefits

People like to get benefits, but they dislike incurring costs more!

Client Action Planning Tool

Goal (general)	Strategies (specific)	Targets (very specific)

Using the Tool

- Possibly useful at the conclusion of a relatively full MECC conversation when you have jointly agreed on actions
- You may want to fill something like this in with your client if the conversation gets into the territory of setting specific goals and actions

Goal (general)	Strategies (specific)	Targets (very specific)

Feedback & Discussion

How did you find that exercise?

Any interesting conversations to share?

Can you see yourself using these tools?

Can you see how the Tools may help you in a MECC conversation?

Summing up

- **Ambivalence** (wanting to change and not wanting to change) is normal
 - ‘people want to have their cake and eat it’
- People might just not be interested in changing **for now**
- People need to **value the benefits** of the changed behaviour
 - needs to be important to them and be a current priority
- **Motivation** is important to move from one stage to another
- People need **knowledge, skills and confidence** – but not all in the same amount at the same time!
- **Knowledge + confidence = readiness to change**

...and things you can do...

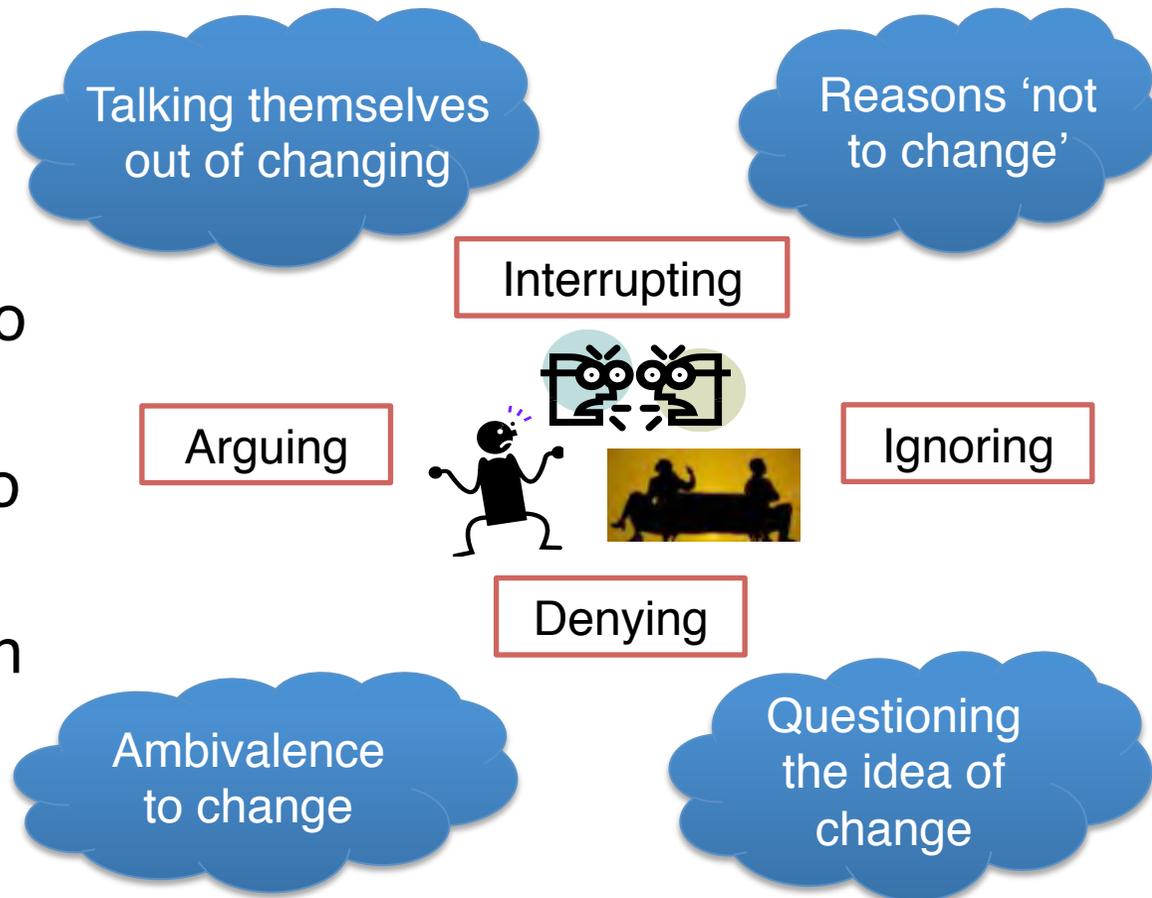
- Remind people of the value of change – the health and other benefits that they might enjoy
- Point out that there are sources of support they can turn to - *'you're not alone', 'there are people who can and want to help'*
- Try and build motivation – *'people just like you have', 'you have managed to do it before'*
- Accentuate the pros e.g. *'and why do you think you'd feel better if you did that?'*

Dealing with Difficult Conversations

Discord and Resistance

Rolling with Resistance

- A tool in the Toolbox
- Discord/Resistance a dynamic to be alert to
- Important to know how to spot it and respond
- Several **'talking tools'** to draw on
- To keep the conversation moving forward



Exercise: how might you respond to

“I couldn’t just give up drinking. What would my friends think?”

“My manager said I had to come here, so tell me what it is I have to do”

Exercise: how might you respond to

*“I’ve tried to stop
so many times
and never been
able to....”*

*“I don’t think this
group is going to
work for me, either.
I feel that it is quite
useless”*

Exercise: how might you respond to

“You are probably going to hand me out a diet sheet and I’ll need to stick to it and go on to tell me that I have to exercise at the gym all the time. I just don’t take that kind of advice well”

“Are you telling me I have to stop smoking?”

Techniques to Roll with Resistance

Reflection

Acknowledge the person's views

Shifting focus

"Could we leave that just now and focus on . . ."

Siding with the negative
Acknowledge the truth, that is the negative side



Reframing
Turn a negative into a positive

Emphasising personal control
Assure the person that only they can determine what happens

Agreement with a twist
A reflection followed by a reframe

Reflection

A good way of responding to resistance is with non-resistance. Acknowledgement of the person's disagreement, perception or feeling may allow further exploration rather than continuing defensiveness and can avoid taking sides.

Technique: *Sounds like...*, summarising and repeating the last few words.



"I couldn't just give up drinking. What would my friends think?"



"So you couldn't handle your friends' reaction if you stopped."

Reframing

Changing the words to help the client see the risk in their behaviours – taking something the client does not like and reframing it as a strength



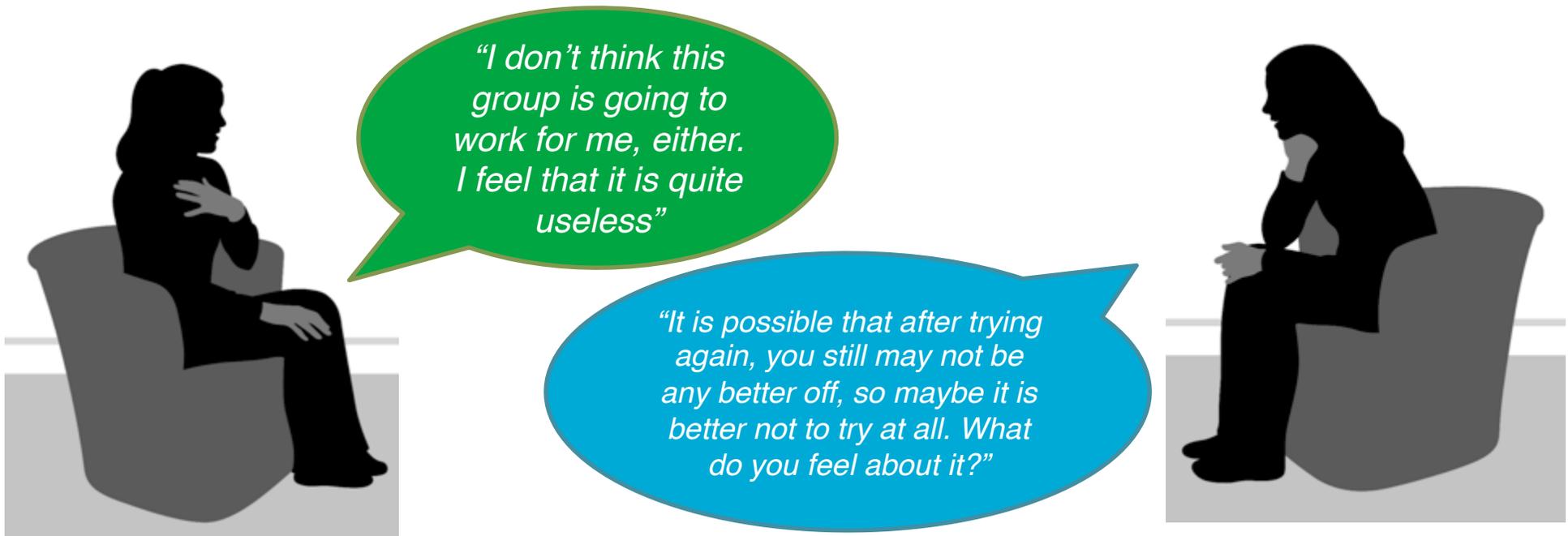
*“I’ve tried to stop
so many times
and never been
able to....”*



*“You’re very
persistent, even in the
face of
disappointment. This
change must be really
important to you.”*

Siding with the negative

Have to have a good rapport (no sarcasm should be used) we acknowledge the truth, that is the negative side, and possibly defend it, but don't prescribe more of ...drink/smoking/etc. This technique tends to encourage the client to explore the other side of the argument.

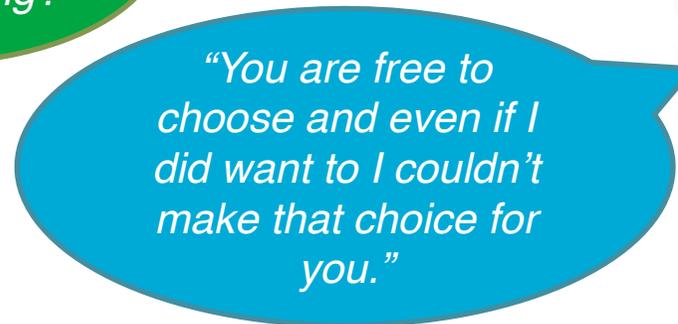


Emphasising personal choice and control

If people feel that their freedom of choice is being threatened they tend to react by asserting their liberty (“I’m not going to be told what to do”). This is a natural and common response to a threatening loss of choice. Possibly the best antidote to this reaction is to assure the client that in the end only they can determine what happens.



“Are you telling me I have to stop smoking?”



“You are free to choose and even if I did want to I couldn’t make that choice for you.”



Agreement with a twist

A reflection followed by a reframe



"You are probably going to hand me out a diet sheet and I'll need to stick to it and go on to tell me that I have to exercise at the gym all the time. I just don't take that kind of advice well"



"If I told you that there is a whole series of things you have to do, it would put you off even more. It is ironic isn't it, when you feel like you have to do something, it actually prevents you from doing what you want to do."

Summing up

- ✗ Don't meet force with force/confront
- ✗ Don't be the "expert"
- ✓ Be alert to resistance – if you see it change tack
- ✓ Be curious rather than intrusive
- ✓ Try to be impartial as to the outcome
- ✓ Demonstrate understanding through reflection and summary
- ✓ Use open questions that encourage elaboration
- ✓ Seek permission to ask questions and give advice
- ✓ Maintain focus and direction
- ✓ Find potential for change through understanding ambivalence



2ND Confidence vote

Now having done the session, how confident are you in chatting to people about how they are feeling and raising issues, like health and wellbeing?

What have you taken out of the session that you will make use of in your practice?

How do you now plan to implement MECC in your workplace?

Any barriers or challenges that you anticipate? How might they be overcome?

Give one or two examples of where you think you will be able to use these skills

Next steps

- Information & resources in your MECC Resource packs
- 3-month follow-up survey
- Think about – make a list – of MECC opportunities
- Keep a MECC diary – what you have done
 - Use the MECC record sheet and case study template
- Talk to others – what are they doing to MECC?
- **Enjoy MECC-ing – you are part of a large and growing MECC community that can really make a difference**

Making Every Contact Count & Healthy Conversation Monthly Record Sheet

Name:		
Job title/Role:		
Date/period (i.e. 1 st March – 31 st March):		
Using a tally record, make a note of how many people you have used 'Open Discovery Questions' with during the reporting period:		
"Open Discovery Questions: What? How?"		
Using a tally record, make a note of how many people you have had a conversation about health with, during the reporting period:		
If you have had a conversation about health and wellbeing and have provided details of a local service or signposted people to a website please record which area using a tally record below:		
Stopping Smoking		Service/website signposted to:
Wearable Wearing		
Healthy Diet		
Healthy Weight		
Physical Activity		
5 Ways to Wellbeing		
General Health & Wellbeing information		
(e.g. NHS Choices, NHS Health Checks, Change4Life/Health Trainer)		
Other (Please state):		
Please share below any useful case studies that will help to evaluate the effectiveness of the training on staff and for customers (both positive and less positive experiences). For example, have you helped a customer with a referral to a service?		
Thank you for your time - please forward your completed form to:		

Source: Adapted from - NHS Health Education England, Making Every Contact Count Implementation Toolkit



