

Homeless Health ‘Making Every Contact Count’ (MECC) Evaluation Executive Summary

1. Background

Tower Hamlets has the 9th highest homeless population in the United Kingdom.¹ Homeless people experience health inequalities, including a higher prevalence of disease and ill health than other population groups and barriers to accessing health services. Resolving health issues and behavioural triggers can be an important step to supporting individuals to build a life away from the streets.

Making Every Contact Count (MECC) is a national initiative which encourages those who work with the public to make the most of every opportunity to have a conversation about health and lifestyle issues and to offer signposting information to facilitate behaviour change. MECC has been delivered in Tower Hamlets for the last three years and more than 1,000 frontline staff have been trained across over 100 organisations.

2. Introduction

At the start of 2018, the Tower Hamlets MECC Steering Group agreed to fund a small pilot Homeless Health MECC Training Programme. This was in recognition of the breadth of health issues affecting the homeless population and that a more stepped approach might be needed to tackle some of the health behaviours which are the focus of the ‘general MECC’ training. A Project Working Group was established to take this forward. The pilot included two half-day training sessions with space for up to 32 members of staff to be trained and the development of training materials, including slides and an accompanying Homeless Health Handbook. The Project Working Group produced the materials for the training and the organisation of the training was coordinated by members of the Tower Hamlets Community Education Provider Network.

3. Aims of the pilot

The aims of the pilot training were for staff to:

- Be able to identify opportunities to raise health and lifestyle issues with homeless service users but also with colleagues, friends, family and members of the public
- Have the confidence to raise health and lifestyle issues with service users
- Have awareness of common health issues affecting homeless people and know where to signpost them for support.

4. Overview of the pilot training

The two pilot training sessions were held on 5 June 2018, each lasting 3 hours. The training provided participants with:

- An overview of homeless health and barriers to accessing services
- Key messages to encourage clients to access ‘the right healthcare at the right time’
- An introduction to the accompanying ‘Homeless Health Handbook’ covering 22 health topics

¹ London Borough of Tower Hamlets Health Scrutiny Sub-Committee, Scrutiny Review of Health & Social Care Provision for Homeless Residents, March 2018, <https://democracy.towerhamlets.gov.uk/documents/s123991/Homeless%20Health%20Scrutiny%20Report%20V3.pdf>

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- Training around the 'MECC approach' – covering an overview of change theory and ambivalence; communication techniques, including asking open questions, giving positive affirmations, reflective listening and summarising; and the 4 A's strategy (ask, advise, assess and assist) for having a MECC conversation, with role-playing opportunities to practise.

Participants were given a copy of the training slides, a hard copy of the Homeless Health Handbook and a 'My right to access health care' card on the day.

28 front-line staff in a variety of roles attended the training, including representatives from 7 local organisations providing homeless support services.

5. Impact of the training

Feedback from trainers and participants was gathered in a variety of ways: a pre- and post-session questionnaire completed by participants immediately before and after the session; a small evaluation discussion held after the afternoon training with 7 participants; a follow-up email to participants asking additional questions and an email sent to the two trainers.

The feedback received is summarised below. It also informed the recommendations outlined in **Section 7**.

5.1 Increased knowledge, skills and confidence around health and wellbeing

As a result of MECC training:

- Participants' knowledge of the health and wellbeing issues which affect homeless people increased on average from 6.6/10 to 8.1/10
- Participants' knowledge of how best to apply brief interventions related to health and wellbeing increased on average from 5.7/10 to 8.1/10
- Participants' confidence of how best to apply brief interventions related to health and wellbeing increased on average from 6.0/10 to 8.4/10
- 89% participants agreed/strongly agreed that they felt more confident in raising health and wellbeing issues with clients
- 85% participants agreed/strongly agreed that they felt more confident to signpost clients appropriately to support services
- 89% participants agreed/strongly agreed that they had better skills to help clients to make changes to impact their health and wellbeing.

5.2 Intentions to change practice

As a result of MECC training, 89% of participants reported an intention to promote health more often with clients when the opportunity presents itself.

Participants found the contents on listening and communication skills and the 'MECC approach' to having a conversation, as well as the Homeless Health Handbook, the most useful aspects of the training and those which they would put into practice as a result.

5.3 Improvements to training

Having a longer training session and more role-playing opportunities were the most frequently cited improvements that could be made to the training.

6. Summary

The Homeless Health Making Every Contact Count programme has been designed as a bespoke training package to meet the needs of staff working with homeless people within Tower Hamlets. Although the training around the 'MECC approach' is very similar to the 'general MECC' training programme on offer, the health topics have been substantially expanded and changed. There is no other similar initiative available in the borough and this training complements other training planned for frontline workers working with homeless people in the borough, recommended by the London Borough of Tower Hamlet's recent *Scrutiny Review of Health & Social Care Provision for Homeless Residents*.²

The evaluation has shown that the training represents a valuable addition to support available for staff working with homeless clients locally and it is recommended that the programme continues.

7. Recommendations

Expanding pilot

1. It is recommended that the Homeless Health Making Every Count Programme in Tower Hamlets continues and that potential funding streams are investigated to allow this to happen.
2. It is recommended that the local homeless support services and their staff are mapped to understand who should be included in future training sessions.
3. It is recommended that members of the Project Working Group work with colleagues at the CCG and LBTH responsible for taking forward the training recommendations from the recent *Scrutiny Review of Health & Social Care Provision for Homeless Residents* to ensure that any potential synergies between Homeless Health MECC training and other training for frontline staff around homelessness are recognised.

Changes to the training

4. It is recommended that the half-day format of training continues, as a compromise between staff time out of work and the time needed to cover the necessary material. However, it is recommended that the training time is expanded by 30 minutes to allow for additional role-playing opportunities.
5. The pilot training worked well having one trainer with expertise around homeless services and homeless health and another with expertise around behaviour change. If in future only one trainer delivers the training, consideration should be given as to how the training package itself could be strengthened to ensure that the experience of homeless people and the expertise of staff delivering services to homeless people is incorporated, without necessarily needing the trainer themselves to bring these to the delivery of the training. Participants attending the pilot training felt it would be useful to include a 'success' story of where the MECC approach had been used with a homeless client, and had led to a positive impact.
6. It is recommended that an electronic copy of the Homeless Health Handbook is sent out to participants at least a week prior to training (in addition to giving them a hard copy on the day). In preparation for the course, participants should be asked to familiarise themselves with the structure of the document and have read through two of the topics, one that they feel more

²<https://democracy.towerhamlets.gov.uk/documents/s123991/Homeless%20Health%20Scrutiny%20Report%20V3.pdf>

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- familiar with, and a second that is less familiar, so that they can use these as part of the practice exercises during the training.
7. It is recommended that there is at least 45 minutes-1 hour at the end of the training session to allow the trainer to do a 'role-play' demonstration and for participants to practise having a full 'MECC conversation' at least twice in pairs, with support from the trainer. This would allow them to practise conversations around at least two different health topics.
 8. Consideration should be given to filming a 'MECC conversation' on a homeless health topic which could be incorporated into future training sessions.
 9. It is recommended that participants are asked to set their own learning agreement or 'ground rules' at the start of the session, ensuring that behaviours such as being respectful are covered. It is also important for participants to be reminded that some sensitive material may come up in discussion given that the Handbook covers topics such as suicide and to be mindful of other people's personal experiences either of homelessness or working with vulnerable homeless clients.
 10. If using video clips within the training content, consideration should be given to adding subtitles to ensure that participants who are hard of hearing are able to participate.
 11. It is recommended that additional information is added to the training slides around how to refer to the Groundswell Homeless Health Peer Advocacy Service and their location.
 12. It is recommended service managers as well as frontline staff are encouraged to come on the training to support a whole team and whole organisation approach to supporting clients around health issues.

Changes to the training resources

13. Feedback from participants on the structure and contents of the Homeless Health Handbook was very positive. It is recommended that this continues to be used and updated as relevant. It is recommended that funding to have the Handbook professionally designed and printed is built into any future business case for funding.
14. If available, it is recommended that participants continue to receive a 'My right to access healthcare' card to take away after training.

Evaluation

15. It is recommended that the same pre- and post-session evaluation questionnaires are used in future training sessions, as they provided useful feedback. This will also allow comparisons to be made across time.
16. Consideration should be given to running a follow up survey with participants 2 months after completing training to see how MECC has been used in their work and their thoughts on the Homeless Health Manual, and to evaluate the impact over a longer time period.

Future ambitions

17. It is recommended that members of the Project Working Group work with organisations who have had staff trained in MECC, to embed the approach and health promotion in general within their workplaces. For example, this might include ensuring that the environment for staff and service users is health promoting and that MECC is included within job descriptions and reporting systems.
18. It is recommended that further scoping work is undertaken to consider whether this programme could be expanded London-wide in the future.