

## INTERVIEW TRANSCRIPT

PARTICIPANT SEVEN

DATE: 27<sup>th</sup> January 2016                      TIME: 10:40-09:30hrs

Researcher – R

Participant – M (Midwife)

/ - speaks at the same time

= - immediate response

[ ] – non-verbal communication

### Beginning of interview

R: Okay, there we go. We are recording there [puts the Dictaphone onto the desk]. So this is just going to be my little statement I'm going to read before any questions, okay? So it's, Welcome, and thank you for agreeing to take part in this research. I'm Naomi Simpson; I'm the researcher for the study 'a case study of a Maternity Services Development Programme, and its influence on maternity services and interagency collaboration'. So I will be conducting this interview. Er, I would like to confirm for the recoding that you have provided consent in writing, which is just given me, which is great, just to take part in the interview. The current date is the **27<sup>th</sup> of January, 2016**. And the time is just after 10:40. Erm, I've allocated you a participant number, which is **participant seven**. Ok. Er, so, just as we mentioned I'm going to start off with some general questions, we will move onto some vignettes which are the scenarios I was talking about. Erm, you haven't participated in any observation really, so we will ignore all that but if there are sort of... if you can think of examples in any sort of clinic, anything like that, it might be influencing you or helping you to answer questions just go with it. Okay?

M: Okay.

R: Erm, so my first question is so what in your experience do you think contributes to good working relationships, er, with the professionals in this children centre?

M: Erm, well obviously communication [R: *uh-hu*] is the most important thing I think. I think the fact that I come here every week [R: *uh-hu*] means there's a friendly face so they know who I am [R: *uh-hu*] and when they do call me they know who they /are talking to.

1

2 R: /who they are talking to? Yep.

3

4 M: So as it can be relative, erm. [pause]

5

6 R: Would you say, so you have a quite a good working relationship within the centre?

7

8 M: I think so yeah, I think the receptionist and all the team know who I am.

9

10 R: Yeah.

11

12 M: So when I call up they know /who they are talking to.

13

14 R: /yeah, who they are speaking to. Okay.

15

16 M: Er, they know what time to expect me every week, they know what time my clinic is so,  
17 they can always...if they get ladies come at other days of the week they can always, tell them where I am and  
18 when or how to contact me when I'm not here. Erm. Which I think is definitely better than the GP's surgery.

19

20 R: Yeah? Ok.

21

22 M: Cos often GP surgeries are [pause] so busy.

23

24 R: Yeah.

25

26 M: Erm.

27

28 R: Yeah?

29

30 M: Yeah.

31

32 R: Okay that's great. Yeah. Erm, can you give a, can you a... give me a specific sort of example where you think  
33 the relationships you have with the others in the centre I actually facilitated potentially any ... any working  
34 practices, can you think of any examples of where you've specifically had to go to any other professionals within  
35 the centre or even the centre staff about somebody, or a family, or...

36

37 M: Erm, the health visitor [R: uh-hu] comes here, erm, [pause] on different days of the week to me but  
38 sometimes she also runs a clinic alongside /me.

1

2 R: /okay.

3

4 M: Which is really helpful cos we can share information. Erm. And often [*pause*] share equipment, [*laugh*]  
5 /which is handy.

6

7 R: /yeah.

8

9 M: Erm, and I think that by us both being here we both know each other better.

10

11 R: Yes.

12

13 M: And work together better.

14

15 R: Okay.

16

17 M: Erm.

18

19 R: So do you have the opportunity to go and see her during your clinic /then?

20

21 M: /yeah.

22

23 R: Yeah.

24

25 M: So we will often, we have official meetings that we plan in once a month.

26

27 R: Okay.

28

29 M: But we also during the day will... [*pause*]

30

31 R: Sort of nip in and out?

32

33 M: Yeah.

34

35 R: So /whereabouts...

36

37 M: /So that's really good.

38

1 R: Yeah. So are they close by? /Are they...

2

3 M: /They are in the next room.

4

5 R: The next /room?

6

7 M: /Yeah.

8

9 R: Great. Okay

10

11 M: So often, erm, [pause] especially for when we are handing over patients, erm, you know

12 at around 14 days [R: uh-hu] or something like that then it seems to be a smoother transition, because I know

13 when she's going to see their ladies...

14

15 R: Sure.

16

17 M: ...so I can tell them and reassure /them...

18

19 R: /Yeah.

20

21 M: ...she's gonna see them.

22 R: Yeah? So is she, erm, [pause] you say you don't always have you clinics planned together so how often do you

23 manage to see her next door? Sort of...

24

25 M: Erm I would say, I probably...she...I've probably see her every other /clinic.

26

27 R: /Okay.

28

29 M: Yeah, so even if she's not doing a clinic she's using other facilities...

30

31 R: Okay.

32

33 M: ... here so often we will catch up at least every other week so I think that's definitely a benefit to the

34 children's centre. Erm, I've also gone to the centre staff before with regards to sort of parenting skills and

35 attachment classes. Obviously [MIDWIFERY BASE - HOSPITAL] runs the basic antenatal classes...

36

37 R: Okay, yeah.

38

1 M: ...but for anything like with mums with previous post-natal depression where they've had struggles bonding  
2 with their babies they do special classes at [ANOTHER LOCAL CHILDREN'S CENTRE].

3

4 R: Right.

5

6 M: Which I didn't know about until I had spoken to the centre staff...

7

8 R: Okay.

9

10 M: ...and then they had got me in touch with that person, so that was really helpful, erm.

11

12 R: Great, yeah.

13

14 M: Yeah. And just being able to promote everything here, I think, to get them to come in  
15 here while they're pregnant is, and the ladies at reception can register them.

16

17 R: Yeah.

18

19 M: And then that's it, they're in the system for after they've had the baby.

20

21 R: Yeah. Okay. Changing tack [*participant coughs*] a little about what we are talking about in regards to now  
22 documentation, erm, how do you think, sort of, certain documentation you use, for example, er, if you had to  
23 make any referrals, I know they have a lot of different referral forms for different specialist services, or, or CAF  
24 forms, things like that. Erm, do you think that helps towards good communication, or do you think there's  
25 anything as part of those which inhibits communication? Or hinders?

26

27 M: [*M: um*] Forms specifically for the children centres?

28 R: Yeah. More so within...within anybody...any referrals within the children centre. Yeah.

29

30 M: [*M: um*] [*Pause*] To be honest the only thing I really use is the CAF.

31

32 R: Yeah

33

34 M: Erm, anything else, the [*pause*] reception staff tends to deal with...they register them and then I say I would  
35 like to put this lady forward for...

36

37 R: Okay.

38

1 M: ...x, y and z and they would do the referrals, so...I don't really see... have anything to do with them, But,  
2 erm...

3  
4 R: So do you think that your CAF, the CAF is a useful tool to...

5  
6 M: Erm.

7  
8 R: ...or you know having used it do you find that there are things you would change about it?

9  
10 M: [Pause] Yeah. [M: um] It is useful, erm, I think some...it is quite a long document, [M: uh-hm], erm and I think  
11 sometimes [pause] it's used [pause] when [pause] we know that it's going to be a much higher level.

12  
13 R: Okay...

14  
15 M: But we are encouraged to use that first so sometimes I feel like it's a waste of time, because it should be  
16 going higher.

17  
18 R: Oh...

19  
20 M: At a higher level /earlier

21  
22 R: /So is it...yeah. Okay.

23  
24 M: And we are advised to do the CAF first,

25  
26 R: So it's like /a...

27  
28 M: /which is a very long appointment.

29  
30 R: Right.

31  
32 M: You have to handwrite it all, takes about an hour...

33  
34 R: Okay.

35 M: ...to sit with the lady, we then have to type it up, and then we have to get consent from the lady after she's  
36 read it all so it's a very lengthy process.

37  
38 R: Right.

1

2 M: And when you know [*pause*] sometimes it's definitely going to go down the social service route...

3

4 R: Yeah.

5

6 M: ...erm, that's a long time to waste.

7

8 R: Okay. Yeah.

9

10 M: That makes sense?

11

12 R: Is it, er, do you find you then duplicate the information then in subsequent referrals if you know they are  
13 going to be...

14

15 M: Yeah

16

17 R: Yeah, okay.

18

19 M: So, erm. But obviously it can be really helpful because often in a booking appointment  
20 you don't manage to get [*pause*], it's sort of a more in-depth booking /basically...

21

22 R: /Yes, yeah.

23

24 M: ...so you get...you drag out information that perhaps you didn't realise before and you can get other agencies  
25 involved. So on that respect it's really good, but sometimes I think it's used sort of to...

26

27 R: /Yeah, it's inappropriate?

28

29 M: /...blanket cover everyone...

30

31 R: Yes, yeah.

32

33 M: ...but really it should... [*pause*]

34

35 R: It should be used in those for...when you're trying to determine how vulnerable they are?

36

37 M: Yeah.

38

1 R: Or if they are vulnerable?

2

3 M: Yeah.

4 R: Or needing any extra help?

5

6 M: Yeah.

7

8 R: Okay. Erm, [pause] saying that is there any way...do you think you could, er, suggest any way in which the  
9 paperwork could improve, er, for communication between, between you guys in the centre or between other  
10 referral professionals?

11

12 M: Erm...

13

14 R: Like you say, potentially quite a lengthy document

15

16 M: Yeah.

17

18 R: Do you think there are ways where...or is that in-depth really actually required for the referral?

19

20 M: [long pause] [M: Um] I don't know.

21

22 R: That's all right, don't, don't.

23

24 M: Erm, I...no...I think both of...so, if we weren't going to do a CAF we would do an inter-agency referral form...

25

26 R: Okay.

27

28 M: ...which is a /step higher,

29

30 R: /Yep, [pause] okay.

31

32 M: So I would...I mean the document itself is good, the CAF, because that's what is...you do require that  
33 information, but sometimes, this...I mean it's not really related to the children's centre but more social services  
34 recommend going down the CAF route first.

35

36 R: Yeah.

37

38 M: When really...



1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38

R: Yeah.

M: ...it should just be interagency referral.

R: Okay.

M: But I mean I don't have any [pause], erm, any of the leaflet, erm, what was it called, forms I filled out here...

R: No..

M: ...are all quite straight forward.

R: Okay so there is nothing as in terminology in them that makes them potentially difficult to fill out? They're quite [pause]... sometimes... er, I mean, er, so do you use the forms quite regularly?

M: Yeah.

R: So you know them actually...

M: I think I probably know them quite well [R: uh-hu] because I have quite a high safeguarding on my case load. But definitely other midwives struggle with CAF's [R: uh-hu] because [pause] you've got to know how to ask [pause] the question...

R: Okay.

M: ...and get the inf... the right information [R: uh-hu] and I think practice /is...

R: /Yeah.

M: ...what [pause]

R: You need?

M: Yeah. So often the teenage pregnancy midwives are really good at CAF's...

R: Right yeah.

1 M: ...but other midwives who don't access them very much tend to need some support.

2

3 R: Okay.

4

5 M: So... [pause]

6

7 R: You think that's because of...just, just like they...knowing the information and drawing it out of the woman, or  
8 sometimes potentially is it what's they're asking within the form?

9

10 M: Yeah, I think maybe they could be clearer in what they ask because I know what they're  
11 gonna...what information they're gonna need, for...I know what social services are gonna want to know.

12

13 R: Yes.

14

15 M: So I...

16

17 R: You know what to ask?

18

19 M: Yeah. Whereas I think...yeah, maybe the forms could be a little bit more [pause] clearer on that, or give us  
20 sort of a question and then, you know, explaining why we need to know that information.

21

22 R: Okay yeah.

23

24 M: Because then it makes it more... [pause]

25

26 R: Yeah, we know why we asking what we are asking?

27

28 M: If you are asking a question and you are not really knowing why you want to know that information it makes  
29 it hard to get that information. That makes sense? [laugh]

30

31 R: Yeah that's great. Erm, talking a little bit about, er, working together and your role [M: uh-hu].Er, so in your  
32 experience how do other people perceive and understand, sort of, your role as a midwife? [pause] Erm, do you  
33 sort of...

34

35 M: In the professionals?

36

37 R: Yeah.

38

- 1 M: Or clients?  
2  
3 R: From professionals, yeah.  
4  
5 M: Erm, at the centre?  
6  
7 R: At the centre, yeah.  
8  
9 M: I think most of the, er, centre staff understand my role, [R: *uh-hu*] as while I'm here...  
10  
11 R: Yeah.  
12  
13 M: ...I don't think they know what else a midwife does,...  
14  
15 R: Right.  
16  
17 M: ...as in they probably think that I do clinic every single day.  
18  
19 R: Yeah.  
20  
21 M: And they don't realise about looking after ladies in labour, they are always quite surprised.  
22  
23 R: Okay.  
24 M: Erm, "delivered babies? [R: *uh-hu*], really that's what you do as well?!" Erm, but yeah I think especially when  
25 they are trying to get hold of me on days that I'm not on a clinic [R: *uh-hu*] they can be a bit, like not understand  
26 why I'm not answering my phone.  
27  
28 R: Yeah.  
29  
30 M: And it's because I'm on the labour ward.  
31  
32 R: Sure.  
33  
34 M: So I think they, they're really good while I'm here but maybe while I'm not here they just... [pause]  
35  
36 R: Don't see as much...  
37  
38 M: Yeah, don't understand what other roles I have.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37

R: Okay.

R: Erm, looking at the role, regarding if you had to liaise with another professional. Do you think they would understand or, or whether you would know actually the extent of your role when you are, sort of, looking after somebody within a...who's high risk in the team? So do you know what your roles and responsibilities would be or is that something you would normally talk to the other professional about? What you would be responsible for regarding this lady.

M: Yeah I think I don't always know, erm, especially if it's something that I haven't dealt with before [R: *uh-hu*]. Erm, things like, erm, for example a couple of weeks ago I had a lady who was suffering from domestic violence [R: *uh-hu*] so obviously I know my role is to ask her if she is suffering from domestic violence, refer her to the appropriate people...

R: Yep.

M: Erm, but then obviously the social working was asking me to call the police if the partner attended with her.

R: Right.

M: And I didn't know if that was my role to do that or not. Erm, because obviously I want to have a good relationship with this woman [R: *uh-hu*] and to some extent I've got to involve the family and her family unit. So I don't want to be that person that...

R: Yep.

M: ...stops that from happening, and I don't want her to lie to me.

R: Yes, yeah.

M: So I felt it was more appropriate to inform the social worker that he had attended...

R: Okay.

M: ...and for them to decide...

R: Yeah.

1 M: ...what they wanted to do because it was to do with his bail conditions and things like that. So I wasn't sure  
2 on my role so I discussed it with the safeguarding team and they said it was more appropriate to go through the  
3 social workers. So things like that I would involve... [pause]

4  
5 R: And how did the social worker...so then work with you? Were they happy with that or did they challenge that  
6 or...

7  
8 M: No. I think they were happy with that. I said to them at the meeting I wasn't sure I was going to have to, [R:  
9 uh-hu] ask, the safeguarding team. And I just got back to them and told them the outcome. And they were fine  
10 with that.

11  
12 R: Great.

13  
14 M: Yeah.

15  
16 R: Okay so that's a good example actually of potential role, sort of an identity about your responsibility. So  
17 that's....

18  
19 M: And often the social worker doesn't know my role either. [R: uh-hu] So if we can both get it clarified by  
20 someone else, then that helps us both.

21  
22 R: Sure. And is that something obviously something you try and try and identify initially during that relationship  
23 with the social worker. Is that something you do as standard where you explain your boundaries and your roles?

24  
25 M: Yeah, well I normally ask them what they want me to do, and I say whether that is feasible or appropriate.  
26 And if I'm not sure about anything then I will direct it to safeguarding, supervisor of midwives or...

27  
28 R: Great.

29  
30 M: ...wherever I think it needs to go.

31  
32 R: Okay, fab. Erm, this has been answered potentially in a little bit of what we were talking about a couple of  
33 questions ago. To what extent, erm, has working within the, the [MATERNITY SERVICES DEVELOPMENT  
34 PROGRAMME] helped others understand your role? So when I talk about the, the [MATERNITY SERVICES  
35 DEVELOPMENT PROGRAMME] I am talking about the move from you, from the GP's centre and into the  
36 children's centre, and so we did mention a little bit earlier about how you are here. Others tend to know about  
37 your role while you are here? Do you think that move here with the the [MATERNITY SERVICES DEVELOPMENT  
38 PROGRAMME] or the programme itself has improved others... how they see you?

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37

M: Yeah I think it's improved my relationship with the health visitor, [R: *uh-hu*] definitely, definitely helped improve my knowledge of the facilities that are here, and I can encourage my ladies to access them. Erm, but at the same time it's probably affected the relationship with the GP.

R: Okay.

M: Because now they don't see my familiar face every week, [R: *uh-hu*] I do try and go there every week...

R: Okay.

M: ...but reception staff just so they know I'm their contact [R: *uh-hu*]. I always work on a Wednesday erm, just things like that, but I've never unfortunately met any GPs at my surgery and I've worked there two years.

R: Right.

M: So that can be quite difficult when I want, erm, you know to get information from them or refer a patient back [R: *uh-hu*]. They don't know me so they might not trust me [R: *uh-hu*] or you know it makes it slightly more difficult. So it's been good and bad. I think [Laugh].

R: Yeah, yeah. Great, yeah. Um, well actually this is just an extension...yes, to what extent do you feel the, the [MATERNITY SERVICES DEVELOPMENT PROGRAMME] has enabled you to work more efficiently with other agencies and professionals? So we've just mentioned there that improved the sort of, er, relationship with the health visitor but maybe not the GP so much so. But is there anything else, do you think it has helped you work more efficiently... yes you've just said yes haven't you, so I'm just repeating myself.

M: [Laughs]

R: Apologies for...

M: I'm answering all your questions /before you're asking them, sorry!

R: You are, you are...

M: [Laughs]

1 R: No, certainly don't say sorry! I will tell you what, what we will do then, we've gone over a few of my key  
2 questions. If we go over a couple of, well we've got three scenarios. Like I say they're they each look potentially  
3 at a specific area which, which may sort of help or hinder sort of working together. I'm going to give you that  
4 one first, just have a, have a quick, well don't have a quick read, have a read and we will just go over the  
5 questions together as well.

6  
7 **[Gives participant vignette one]**

8  
9 *[Long pause while participant reads vignette]*

10  
11 M: Okay.

12  
13 R: Okay?

14  
15 M: Yeah.

16  
17 R: So a little scenario here, potentially looking at communication, [M: uh-hu] I would encourage you like I say,  
18 draw on, potentially if you can think of an example yourself [M: uh-hu]. Erm, so looking at communication wise,  
19 potentially this lady we've had a bit of, a lack of communication between the GP and, um, the midwife. Talking  
20 about you here. So, what are your views on what inhibits effective communication between professional  
21 agencies? Is there anything you think of where it hasn't worked and you can sort of identify why?

22  
23 M: Yeah. I can't think of an example

24  
25 R: No that's okay then.

26  
27 M: ...but I think often the GP's don't know who to contact.

28  
29 R: Right.

30  
31 M: Erm, because it gets very confusing between [LOCAL HOSPITAL], [R: uh-hu] [MIDWIFERY BASE - HOSPITAL],  
32 whether the Health visitor should be involved at this point and I think they don't know who to contact...

33  
34 R: Yeah.

35  
36 M: ...so maybe that stops them from calling us.

37  
38 R: Right, okay, yeah.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38

M: We assume everything is okay because we haven't heard from the GP...

R: Sure.

M: ...so it's not until this stage that we are then contacting the GP ourselves [R: *uh-hu*]. Erm.

R: So not knowing really about whether you, you should be contacted or not?

M: Erm, yeah. Just not to do with this scenario but often GP's will ask me erm, oh. You know, "I had this lady in this morning, what should I have done?" [R: *uh-hu*] "This is what I did, but it was quite time consuming so I ended up calling so many different people, what should I have done?" And to be honest because every scenario is different it's really difficult to say to them...

R: Yeah.

M: ...because it depends on how many weeks gestation they are or how many days postnatal they are as to where they call [R: *uh-hu*] and I think GP's often don't know. Where to call, and also when it's their responsibility as well.

R: Yeah. Okay. And so if you do, like you say if they see you, is that when you go into the GP surgeries that they say "oh, I should /have contacted you..."

M: /Yeah, sometimes they will pop in and say "oh I had a lady pop in this morning X, Y and Z. What's your...what's the advice you give?" Because my GP surgery doesn't do any antenatal care for their ladies.

R: Right.

M: So when they do do it they often, you know /they...

R: /Yeah.

M: ...haven't done it for months.

R: They're not sure?

M: Yeah, and I don't think they always know what stage the health visitor takes over and stuff like that.



1 R: Yeah.  
2  
3 M: Erm...  
4  
5 R: Yeah. What about...  
6  
7 M: ...to make it easier.  
8  
9 R: What about, not necessarily GP's...  
10  
11 M: Okay?  
12  
13 R: ...but what do you think might limit good communication even between the Health visitor who's working next  
14 door? Do you think there is anything that might, you know...good relationships there, or what are we talking  
15 about er even if you're potentially very rushed in the clinic and you actually don't have time [M: *uh-hu*], things  
16 like that. /Anything you can think of?  
17  
18 M: /Definitely. If you're rushed in a clinic, or sickness [R: *uh-hu*] can effect often if one of us is off sick then we  
19 have to meet a colleague, and obviously that colleague doesn't really know, they can only read what's on paper,  
20 they have met these people so they can't actually hand over[R: *uh-hu*]. Because often it's not just what's on  
21 paper, its, you obviously have instincts and things like that that you need to be able to...and obviously you know  
22 because you've met them, you can't write every single feeling on paper.  
23  
24 R: Yeah.  
25  
26 M: So I think face-to-face is definitely...like being able to talk to her face-to-face is definitely a benefit.  
27  
28 R: Right, yep.  
29  
30 M: Erm, [pause] I think often other midwives don't have face-to-face contact with their health visitor; often they  
31 have to do it over the phone or by email...  
32  
33 R: Okay.  
34  
35 M: ...and that can...  
36  
37 R: Why do you think that is?  
38

1 M: Because of time.

2

3 R: Yeah?

4

5 M: And I think we don't have that problem here because she is next door.

6

7 R: Yeah.

8

9 M: So if we have 10 minutes...

10

11 R: Yeah.

12

13 M: ...we use that 10 minutes, whereas if you're at [MIDWIFERY BASE - HOSPITAL] and the health visitor is at  
14 [HEALTH VISITOR BASE - HOSPITAL] and you have 10 minutes you have to do it over the phone...

15

16 R: Yeah.

17

18 M: ...and the way you obviously read information is different, to how it can come across differently, cant it?

19

20 R: Very much so. Yeah. Erm so just following here so, having mentioned that, again we've probably been over a  
21 little bit in this question. So what in your view do you think would make communication between professionals  
22 easier?

23

24 M: So, more time! *[laughs]*

25

26 R: Yes!

27

28 M: Being here together, I mean I don't know how the other children centres work, I don't know if they see the  
29 health visitor or not *[R: uh-hu]*. I think we're just quite lucky. Because also our shift patterns, erm, tend to...we  
30 both work on a Wednesday, some midwives have their clinic on a Monday *[R: uh-hu]* and the health visitor  
31 doesn't even work on a Monday.

32

33 R: Right, yeah.

34

35 M: So that's just never going to work.

36

37 R: Yeah.

38

1 M: Erm, and there's not really, I mean I don't know how you would unless you were to try and change your  
2 clinic days, but yeah. Erm.

3

4 R: So being face-to-face is /really...

5

6 M: /Yeah I think so.

7

8 R: How about anything like, so do you guys use the same sort of documentation, if ever you need to look at  
9 notes? Is it, or you don't ever look at notes, er...

10

11 M: Yeah, no, that would definitely make things easier. I know they have Rio, I think...

12

13 R: Okay.

14

15 M: ...or something like that. We don't have that. So I can look up, erm, like when a lady is an inpatient like when  
16 they've delivered, [R: uh-hu] and they can look up they can't see any of that information...

17

18 R: Okay.

19

20 M: ...so they don't know anything of what's gone on in the labour except for what they get on a discharge  
21 summary...

22

23 R: Okay.

24

25 M: ...which would be quite basic. Erm, and they can look up things like family, involvement, past family  
26 involvement [R: uh-hu] with social services. They can tell me all their other children whereas I can't access that.  
27 [R: uh-hu]. So often [pause] I mean it's good that we both have access to each different ones so we can share it  
28 but ideally we should have both have access to both... [R: uh-hu]

29

30 R: So...

31

32 M: ...to make our jobs easier.

33

34 R: Yeah. So the, the, the discharge summary they get, erm, having not really worked with mid... mid... Health  
35 visitors myself, so would you be happy they could understand everything on that sheet as well?

36

37 M: No maybe not. Some of them are previous midwives, but some have come from an intensive care unit for  
38 adults. So it could completely different language.

1

2 R: Okay. And how about you with their resources? Would you feel confident, if you did have access to Rio,  
3 would you be happy knowing, do they use the same terminology? Or...

4

5 M: I'm not sure, because I've never looked at it, but, um. *[pause]* No probably not.

6

7 R: Do they use the same...when you are discussing, when you are discussing erm, potentially a lady or...

8

9 M: So I mean we both understand like, parity, "so this is her second baby", things like that, how many week  
10 gestation she is, we understand that. Things that I probably won't understand from their point of view is, erm,  
11 of the more in-depth safeguarding language.

12

13 R: Okay.

14

15 M: So things like CAF, TAC I can understand.

16

17 R: Yeah.

18

19 M: Anything that goes beyond that, especially that doesn't cover...that goes on after when the child is older...

20

21 R: Yes.

22

23 M: ...after I don't know anything about that. When they go to school I'm sure they have different...

24

25 R: Language again?

26

27 M: ...language, so I don't know anything about that.

28

29 R: Do you think that hinders your, the relationship you have and the care your able to give?

30

31 M: No I don't think so. I think if I'm not sure about anything I will just ask her. I'm conformable enough with her  
32 to say actually I need you to explain that. *[laugh]*

33

34 R: Yeah.

35

36 M: But I guess if you're not having that regular contact with your health visitor, if I don't understand something  
37 she's going to reply to me within 2 days, if other midwives don't understanding something it could take a couple

1 of weeks to get that information back because of shifts. And not being in the same place, so that would hinder. I  
2 don't think it affects us here. But it could do elsewhere.

3  
4 R: Okay. That's really useful. That's great. So we will go onto the second scenario. So again have a read of that  
5 for me.

6  
7 **[Gives participant vignette two]**

8  
9 *[Long pause while participant reads vignette]*

10  
11 M: Okay.

12  
13 R: Okay. So just a Dictaphone here, so the question we've got so with the scenario, erm, with, er, the two, er, in  
14 the parents in need here, so to what extent to you consider you are able to meet the health and social care  
15 needs of this particular family? Do you think you would be able to?

16  
17 M: Yeah, so in terms of health obviously that's my main role. I would say *[R: uh-hu]* to ensure she and her baby  
18 are healthy during her pregnancy, she's pregnant...

19  
20 R: She is ye...

21  
22 M: *[Laugh]* ...erm, and obviously if there anything more concerning she can see her GP. Erm, social *[pause]*, erm  
23 obviously the social worker is saying it's not its, erm, meeting their threshold, then I...doing a CAF *[R: uh-hu]*,  
24 assessing her needs, inviting other professionals to the TAC meeting and I would use the, erm, children's centre  
25 to say "who do you think? What service's are there?"

26  
27 R: Okay.

28  
29 M: That would help this lady. So the children's centre always come to TAC meetings, *[R: uh-hu]* and they are  
30 normally held here.

31  
32 R: Right.

33  
34 M: So. Erm. It's again introducing the woman to this environment, and her family. Getting them involved in the  
35 children centre early on.

36  
37 R: Yep.

1 M: Erm, and then hopefully other people that can be recommended to attend will come as well. And that  
2 should [pause] erm, [pause], help with her social needs.

3

4 R: Okay, yeah.

5

6 M: If that makes sense?

7

8 R: Yes, yeah.

9

10 M: Help, parenting housing support. So I know, know the children centre do parenting classes here, they do  
11 baby massage, they have the sensory room they have groups and can do things like that. They can do one to  
12 ones as well. Housing I don't really get involved in but I know someone from the children's centre will go with  
13 them to the housing department...

14

15 R: Great.

16

17 M: ...for support in their application so that's really useful.

18

19 R: Yeah, so we've gone on their a bit with the second question.

20

21 M: Sorry.

22

23 R: No, no, not at all, don't be silly. So what's your understanding about the agency professions you might draw  
24 on? So you've mentioned a lot there actually and a lot about using the children's centre themselves so looking  
25 at yourself as that starting point.

26

27 M: Yeah cos I only know the things that go on here, they know all the children's centres in the locality so they  
28 can tell me. Erm, [pause]. I have a lady at the moment, erm, has had all of her previous children removed and  
29 she's gonna have, she's keeping this baby but she's obviously really anxious about bonding with the baby as she  
30 had them taken away really early on before so she's never really looked after a baby. And the children's centre  
31 here recommended some parenting classes that they do one to one at [LOCAL CHILDREN'S CENTRE]. So, that's a  
32 great...

33

34 R: /Yep.

35

36 M: /resource.

37

38 R: So you feel that they were able to, you were quite happy to, approach them to ask about that as well?

1

2 M: Yeah.

3

4 R: Do you think there was anything that would have made that a bit easier for you? Or...

5

6 M: The only thing is if, I mean, if I were to have a timetable of all the groups, but to be honest they change so  
7 frequently.

8 R: Right.

9

10 M: And I don't know if I would understand what each group was for if it was written on a timetable.

11

12 R: Sure.

13

14 M: So I think the best things is to just explain the situation to the staff here [R: *uh-hu*] and they can recommend  
15 what they think.

16

17 R: Okay.

18

19 M: And even if they've recommended someone and I've contacted them and they say "oh no I don't think that  
20 really fits what we're here for" they can normally recommend someone else, so [R: *uh-hu*] it tends to get us  
21 there eventually.

22

23 R: Great.

24

25 M: Erm, yeah.

26

27 R: Er, so what's your understanding about the support that might be offered, if any? So I think we've actually  
28 probably been through that about, a bit about the support. Or we could look at, I mean, [*pause*], would you be  
29 happy that the support would cover their social needs there or would you look elsewhere as well?

30

31 M: For myself?

32

33 R: Yeah.

34

35 M: I don't think that I probably provide enough social support. Not, I mean as a midwife, [R: *uh-hu*] not me  
36 personally. We don't do any home visits anymore in the antenatal period. So you don't know what their  
37 environment is like. [R: *uh-hu*] Often the health visitor can go in at 34 weeks and discover, not a very nice, damp,

1 cold, no carpet, things like that, and if I had gone in earlier I could have probably recognised those things sooner  
2 and got that sorted out [*pause*].

3

4 R: Okay.

5

6 M: Erm. But I know that we don't do that now, I know there are other people that can provide that service...

7

8 R: Okay.

9

10 M: ...but probably a little bit later on than me.

11

12 R: Right. And that would be, so who would that be?

13

14 M: The health visitor.

15

16 R: The health visitor?

17

18 M: Yeah. They can involve charities and get funding for anything in their home that they don't have.

19

20 R: Okay.

21

22 M: Erm, yeah.

23

24 R: Erm, are there any challenges that you would anticipate in achieving the appropriate level of support? So you  
25 were quite good at actually pin pointing quite specifically what you would do and who you would speak to. Do  
26 you think you would come up against any barriers? Or...

27

28 M: I think [*pause*] erm [*pause*]. Just time, really. Erm, to attend TAC, doing the...carrying out the CAF and then  
29 attending the TAC meeting...

30

31 R: Okay.

32

33 M: If I'm not given the time to attend the TAC meeting if it's not on my clinic day...

34

35 R: Right.

36

37 M: ...and I have to get someone else to cover it.

38



1 R: Okay.

2

3 M: And if it's not me going I don't feel it's really that useful because this other midwife has never met this family.

4

5 R: Yeah sure.

6

7 M: Erm, and they can only read what I write down on a report.

8

9 R: Yeah.

10

11 M: Which, is not always ideal.

12

13 R: Is that something that you come across quite a lot?

14

15 M: Yeah.

16

17 R: Do you find you're not able to attend meetings?

18

19 M: Yeah.

20 R: Do you think that affects how the meeting goes? Or...

21

22 M: Yeah definitely.

23

24 R: Yeah?

25

26 M: And I think it affects the, I think the family feels more confident attending a meeting knowing I'm going to be  
27 there because they know me. And if they know their health visitor, especially if it's for a conference.

28

29 R: Yeah.

30

31 M: It's a scary environment I don't feel comfortable in that environment so god knows how these families feel,  
32 [R: uh-hu] and I think if they know who they are expecting at the meeting it makes them more likely to attend  
33 and more comfortable to talk in the meeting. Whereas if it's someone else they've never met before erm they  
34 don't feel comfortable and all the midwife can really do is relay information to me [R: uh-hu] and I think that by  
35 me attending it shows my support towards that family.

36

37 R: Yeah.

38

1 M: Erm. That I'm sort of dedicated and I'm going to their meetings, whereas if it's not me, it's out of my control  
2 but I think they must think "oh she hasn't bothered to come." *[laugh]*

3

4 R: Sure, when actually that's not the case?

5

6 M: No.

7

8 R: Okay. Okay that's fantastic thank you. So I've got one more little scenario.

9

10 ***[Gives participant vignette three]***

11

12 R: There we go. So Mary and Lucas, so if you have a read of that for me.

13

14 *[Long pause while participant reads vignette]*

15

16 M: Okay.

17

18 R: Okay. So again this one relates a little bit to the fact we are talking *[M: uh-hu]* about the [MATERNITY  
19 SERVICES DEVELOPMENT PROGRAMME].

20

21 M: Yeah.

22

23 R: Out of the GPs centres. Erm, So in your experience what are the advantages of being co-located, so within the  
24 same building *[M: uh-hu]*, with other agency professionals *[M: uh-hu]*?

25

26 M: So I think most of them I've already said.

27

28 R: Yeah.

29

30 M: But erm *[pause]* having better working relationships because you know each other, you know each other's  
31 *[pause]* working patterns.

32

33 R: Yep.

34

35 M: You know the face to the name. Erm, you can often see... communicate more often *[pause]* than if you were  
36 not in the same building. Erm *[pause]*

37

1 R: So do you find yourself instead of...so we are co-located within this building, erm, but we are in a clinic room,  
2 aren't we, [M: uh-hu] so actually hidden away from the rest of the building [M: uh-hu]. So potentially although  
3 we are co-located do you find that being in this room potentially you from speaking to anybody outside? Or  
4 actually does it not matter? You know you have to have a separate clinic room but do you find potentially you sit  
5 in here do your clinic and go out or is that not the case?

6  
7 M: Yeah, I think often because my clinic is busy [R: uh-hu] I literally do my clinic here and then go [R: uh-hu]. Erm,  
8 so I don't know what else really goes on at the children's centre, erm or other activities. I know that the Health  
9 Visitor is sometimes next door, but anything else sort of like baby groups like baby massage I don't know where  
10 they happen or when. [R: uh-hu] But I think that I know them well enough to ask if I am after something  
11 specific...

12  
13 R: /Yeah.

14  
15 M: /with someone. Erm.

16  
17 R: Would that be for, being here so long? So how long have you actually had your clinic here?

18  
19 M: So I've been here over 2 years.

20  
21 R: Okay.

22  
23 M: So, I think the staff have changed during that time, but I think yeah definitely I think the staff here think of  
24 me as well. So when they are introducing a new group...

25  
26 R: Yep.

27  
28 M: ...they will tell me about it when I arrive in the morning and say if there are any ladies. Whereas if I wasn't  
29 here they probably wouldn't bother to do that, or I might get an email and not read it and delete it both [laugh],  
30 if I'm honest.

31  
32 R: No, okay.

33  
34 M: Because I would just be like "Oh that's something else I need to do", whereas if I'm here and they are selling  
35 it to me...

36  
37 R: Yep.

1 M: ...and they give me a poster and I think “yes, I’m going to encourage someone to do this.” Whereas if I didn’t  
2 work here I wouldn’t really know what it was like to come here.

3

4 R: Sure.

5

6 M: So I can’t encourage people to come here if I don’t really know.

7

8 R: Yeah Completely. Erm, do you think, er, there’s any limitations to to how you work together by working  
9 within the same building?

10

11 M: Erm, [pause]. I don’t, I mean the only thing that I struggle with working here is the [pause] erm no access to  
12 the computer, no access to photocopier, emails.

13

14 R: Okay.

15

16 M: Things like that. So often I will have to do my clinic and go back to [MIDWIFERY BASE - HOSPITAL] I can’t  
17 access anyone’s blood results. So if someone’s in my clinic and I need to know I wait until the end of the day and  
18 call them back which is quite time consuming. Or I have to phone someone at [MIDWIFERY BASE - HOSPITAL]  
19 and get them to look them up for me.

20

21 R: Right.

22

23 M: Erm, [pause]. So that’s the biggest thing or if I forget anything. What supplies I bring is  
24 what I’ve got.

25

26 R: Sure.

27

28 M: I can’t get them from any other room here, because this is the only clinical room and I’ve brought everything  
29 here. Nothing is provided. And [pause]...

30

31 R: I mean does that tend to be the case, or, erm [pause], have you... does it happen often potentially where you  
32 are like... I need that blood result and I haven’t managed to check...

33

34 M: Yeah.

35

36 R: ...that before and it’s quite a regular occurrence?

37

38 M: Yeah I would say every clinic.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38

R: Right, okay.

M: I go back with a list of things that I need to do. Erm. Yeah. That is the main thing. And I think because I know what I've got at my clinic I know when to restock it but if I'm sick and someone else is covering my clinic they don't know what's here [R: *uh-hu*]. I mean I try and tell them what they need to bring but [pause], they, you know they're not here. So that can be challenging for them. I often, because I'm here most of the time I tend to bring most of what I need but if someone else was to cover I think that would be a problem. But definitely the computer access is the main problem here.

R: Right.

M: Yeah. Definitely.

R: Okay. Anything else you want to mention about how you feel you work in the centre? Do you find it a positive experience?

M: Erm [pause], I think, [pause], yeah. I would say it's more positive than working in a GP surgery. I think the nice thing about here is I always have the same room as well so I think it's nice, I know at GP surgeries often you get pushed around into different rooms, whatever's available on the day. So Not only do you have to set up but I think it does also I think the women feel comfortable because they know, they know where to come when they arrive, they know where to wait; they know there's going to be a wee pot waiting for them to pick up at reception [laugh]. And they know...they are comfortable that I will come out and call them.

R: Right.

M: Whereas some people I think, if they don't know that they will be anxious thinking "she hasn't come out to call me, do you think I need to go and knock?" Whereas they know me, they know I'm always here so I think they feel comfortable to come [pause]. Cos they always know where they are coming.

R: Yeah.

M: If that makes sense?

R: Yeah. Completely.

M: Yeah.

R: Yeah rather than not knowing?

1

2 M: I mean if it's at a GP surgery they are just waiting in a waiting room, they don't know what room I'm in [R:  
3 uh-hu]. They don't know how to get hold of me. They're not sure if I'm even there. They are just waiting you  
4 know?

5

6 R: Yeah. So how long ago did you move from the GP surgery to here?

7

8 M: I've never worked in a GP surgery for this clinic.

9

10 R: Right okay.

11

12 M: It was...So I've been here [pause] 28 months. Erm, and I know it was here for at least a year before that.

13

14 R: Okay.

15

16 M: So quite a long time.

17

18 R: A little while.

19

20 M: Yeah.

21

22 R: Okay, well that's great, thank you.

23

24 M: The only /one other thing, sorry...

25

26 R: /Oh...no that's great.

27

28 M: ...is, erm, often the women know where the GP surgery is.

29

30 R: Yeah.

31

32 M: And I have to explain where we are here...

33

34 R: Okay.

35

36 M: ...and give them maps and things and often they don't know.

37

38 R: So...

1

2 M: Sometimes people go to the GP surgery thinking that's where the appointment is  
3 especially if they don't speak very good English. And I'm trying to tell them to come here but it can be quite  
4 challenging. And then they will be late for their appointment which then obviously affects other people, my time  
5 keeping, and other people have appointments. Erm.

6

7 R: Does it tend to be those that don't have children already, or do those who already have children registered  
8 here?

9

10 M: Most people who have children are but I do sometimes find people who come from out of area.

11

12 R: Okay.

13

14 M: They don't know where they are going erm, and because its tucked behind a school.

15 R: Right.

16

17 M: It's not very obvious.

18

19 R: Okay, yeah.

20

21 M: So that's the only problem, but I try and get people, I try and get everyone here by 16 weeks.

22

23 R: Okay.

24

25 M: So then the rest of their pregnancy they're comfortable coming here.

26

27 R: Right yeah, and you would run...Is this the clinic, the only clinic you run, or do you run another clinic?

28

29 M: I run one at [MIDWIFERY BASE - HOSPITAL] every other week.

30

31 R: Is that for people within this locality?

32

33 M: Yep.

34

35 R: Okay.

36

37 M: So I tend to do their bookings at [MIDWIFERY BASE - HOSPITAL] just because the amount of paperwork and  
38 blood tests I need take, it's easier to send them off there.

1

2 R: Okay.

3

4 M: And access the computer because I need to send all of the referrals off. And then from 16 weeks onwards I  
5 try and get them to come here [*R: uh-hu*] to get them as familiar as possible. Yeah That's it.

6

7 R: Fabulous. Thank you very much [PARTICIPANT]. Going back to my little script here so, we have reached a  
8 suitable stage to now end the interview. I would like to take the opportunity to thank you er, for taking part in  
9 my research.

10

11 R: That's alright.

12

13 M: Thank you.

14

15 **End of Interview**