

## INTERVIEW TRANSCRIPT

PARTICIPANT THIRTEEN

DATE: 1<sup>st</sup> March 2016      TIME: 09:06am

Researcher – R

Participant – CFLP (Child & Family Lead Practitioner, also known as centre manager)

/ - speaks at the same time

= - immediate response

[ ] – non-verbal communication

### **Beginning of Interview**

R: Okay. Welcome and thank you agreeing to take part in this research. I am Naomi Simpson. I'm the researcher for the research 'a case study of a maternity services development programme, and its influence on maternity services and interagency collaboration.' I will be conducting this interview. I would like to confirm the recording that you have provided consent in writing...

CFLP: I have, yep.

R: Erm, the current date is the 1<sup>st</sup> of March 2016, and the time is, erm, 9:06. Erm, you have been allocated the participant number, participant 1[CFLP: um-hm] I will start with some general questions and then move on to the use of some vignettes or short scenarios. If you took part in, well we haven't done any observations just yet but, erm, if there are any episodes or examples in practice that might be relevant to the topic that we are talking about I would encourage you to reflect on that.

CFLP: Okay.

R: Like I say, so everything will be confidential.

CFLP: Yep.

1 R: Okay. So if we start, what in your experience contributes to good working relations with  
2 professionals in this children's centre?

3

4 CFLP: I think it's, erm, its very good communication... [PARTICIPANT MOVES IN HER CHAIR] sorry. Good  
5 communication works, that's, I suppose to me is the key to, erm, obviously working together well [R:  
6 *um-hm*] and also an understanding of each other's job roles, [R: *um-hm*] and I suppose boundaries,  
7 processes and procedures, so when you've got a good understanding of what the midwife, what the  
8 health visitor, what the play development worker is, [R: *um-hm*] then that, that means that we all work  
9 together very well because we know, we have, you know, how we work together and how we fit  
10 together [R: *um-hm*] as a service.

11

12 R: Okay. Is there anything else more you can elaborate on roles? So understanding what each other's,  
13 understanding roles can, can you use an example potentially of where you have found that having a  
14 good understanding of, of, of different roles has helped you work together?

15

16 CFLP: Erm, I think, I think because, say for example with a health visitor, erm, with a health visitor we  
17 know that they will have done that very first, erm, meeting with a family, erm, the handover from the  
18 midwife [R: *um-hm*] and if we are working together with a family that we know, that then we've been  
19 asked to do some work with, we will know that they will have maybe done a home visit or maybe had a  
20 little bit more of than insight. And obviously they have their codes of confidentiality as we do but  
21 they... we do share information, just so that it, it helps us work together better, so to speak, [R: *um*] so  
22 that we're not going in blind to a family, or maybe going to basically upset a family [R: *um*] or maybe  
23 not look for the best outcomes for that child by, you know, by working together [R: *um*]. Erm, the  
24 outcomes of the child is going to be much better because we've gotten a much broader shared  
25 knowledge of that family and child. [R: *um*]

26

27 R: And what do you think helps you understand this role, or understand other's roles?

28

29 CFLP: Erm, I think it's meeting with professionals quite regularly. We have regular meetings; we have  
30 shared space in the office so we work together quite regularly. We have regular, regular  
31 communications so, erm; there is a shared office space. So there's that, that I suppose, that  
32 relationship and working although its professional [R: *um-hm*] it's also, erm, it's just that greater  
33 understanding because we are together. It's not like they sit in another office, erm, if you didn't meet  
34 with people regularly I don't think you would actually get, you to understand like, erm what they do,  
35 and what their boundaries are because you're with them and their on the phone and they're working  
36 with families. And with joint work with families you get time to understand how people work together  
37 and how you work together [R: *um*] to provide the sort of dovetailed sort of service.

38

1 R: And I'm just going back, you mentioned obviously communication [CFLP: *um-hm*] as well as key....

2

3 CFLP: Yeah.

4

5 R: ...to, to those good working relations. Can you elaborate on that, on, on what around

6 communication?

7

8 CFLP: Erm, I think it's, it's that clear understanding of what peoples roles are going to be so from just

9 picking up the phone introducing yourself, I mean from the, from the real basics of I suppose etiquette

10 really isn't it. its "this is me, this is what I'm going to be doing, what are you going to be doing" and not

11 in a confrontational way but it's actually 'how are we going to work together?' and making sure that if

12 you've seen a family or done something then you have informed them, and hopefully the respect of

13 that will come back, so therefore things don't slip through the net. [R: *um*] Because I think all of us are

14 very well aware from serious case reviews that's what happens when communication is poor, and I

15 think it's sort of been drummed into us now that actually necessary communications, that can continue

16 to happen [R: *um*] so therefore that is more especially for here, for this building, communication is key,

17 it's far better to have more communication, not tittle tattle but its communication for communications

18 sake, you know, for a purpose. [R: *um*] Erm, so that's why it's really, its key, it is absolutely key to, and

19 by having those good relationships and that high level of communication all it does is actually empower

20 what we're doing with the family so...yeah.

21

22 R: And like I asked before, do you have an example, where you feel there's been very /good....

23

24 CFLP: /Yeah. There is a really good example and it was an older child, it wasn't baby, [R: *um-hm*] well

25 actually it was it was a pregnant woman, erm, I can't quite remember how it started, but I was aware

26 that a woman was pregnant. She was coming to see the midwife and there were concerns because we,

27 I had knowledge from, she'd had a previous child removed through, erm, just well she had had a

28 previous child removed with different concerns. [R: *um-hm*] Erm, and I was sat in the office and, erm,

29 and I'd voiced these concerns to the health visitor that you know 'was she aware that this mum has

30 had previous children removed', and there were concerns and was she aware where the... and so we'd

31 been asked by social care to do a, a, erm, a CAF. So we decided to work on it together. She was on the

32 phone to the mum to set up a meeting and mentioned the address of where she was living which rang

33 alarm bells as soon as I saw, heard her, you know. I was overhearing [R: *um-hm*] and I knew that this

34 house, this address was very dangerous and there are known, I suppose perpetrators of crimes against

35 children really. Erm, so it was, and this mum, who was a vulnerable mum, was living in this address. So

36 from that I was able to say to her actually, 'do you know that this address is...' which is where she is

37 living, the health visitor and I weren't going to visit in that house but equally this mum who was

38 pregnant shouldn't be living in this address either because she was a vulnerable mum. Anyway, and

1 then was living with three or four people that were not safe so from that we managed to, as I say we  
2 let social care know [R: *um-hm*] and all things happened. But by having that really high level of  
3 communication about the family and the family circumstances and all that background information  
4 that this safeguarded that baby. I mean it was removed but it did safeguard that baby.

5

6 R: So you think potentially that happened things happened more efficiently?

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8 CFLP: Very efficiently, and, erm, we were saying if we hadn't, if I hadn't been sat there she most  
9 probably would have gone into that home, wouldn't have, and still maybe wouldn't have even realised  
10 that there was an issue. [R: *um*] Erm because social care weren't at that time prepared to pick it up, so  
11 that baby would have gone to hospital; it was due to be born and would have gone into hospital  
12 without a risk alert. [R: *um*] It would have been born and would have gone home unless something had  
13 been placed in hospital because there was nothing flagged before, whereas it was flagged and as I say  
14 as soon as it was born it was removed. So it, it could have been quite... yeah, yeah.

15

16 R: Yeah, worse...?

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18 CFLP: It could have been worse, yes.

19

20 R: Okay, that's really useful, yes, that's really interesting. Thank you.

21

22 CFLP: Yeah.

23

24 R: Just going onto a little change, well still talking about communication, but how does the  
25 documentation you use, such as, you mentioned the use there of the CAF...

26

27 CFLP: Yeah.

28

29 R: ...or just considering your everyday documentation, er, how does that help contribute towards good  
30 communication with professionals in the centre?

31

32 CFLP: We, erm, as I say, we have our own database system, erm, obviously we have, I say obviously, we  
33 have chronologies of everything, every conversation, every contact we have with a family, or every  
34 contact we have, meaningful contact, we have with a professional. So therefore it's logged and agreed  
35 actions are, and with timescales, are put on everything that we have. [R: *um-hm*] Equally I know that  
36 the health visitors or the midwives have similar sort of recordings. Er, so I think it, it keeps you to  
37 timescales if you've got actions I suppose, but again it gives clear boundaries on who's doing what [R:  
38 *um-hm*] and whether you're doing things jointly. And also when you are reviewing and looking at

1 casework supervision, I suppose reflecting on what is happening for a family, and, I mean I know this is  
2 not for now but I think eventually with our new service coming forward we are looking at joint  
3 supervision with the services for families so that we can be quite reflective in how we are looking at  
4 what we are offering to a family, whether that be a midwife and health visitor, and a nursery nurse, [R:  
5 *um-hm*] and they're all coming together. So I suppose by having those records and that, that way of  
6 recording information it does, I suppose, put the facts and the, the information behind what is actually  
7 going on. [R: *um*] Doesn't it?! [R: *um*]

8

9 R: So who has access to those records?

10

11 CFLP: Erm, for a us they are just for our children centre, erm, we would use those records, erm, if we're  
12 going to meetings to write our reports.

13

14 R: Right.

15

16 CFLP: And if we have obviously the, erm, the consent when discussing things, we will discuss what's on  
17 our records with other professionals. So if we have consent to share [R: *um-hm*] erm, I would say for  
18 most of the children's Centre people that are registered we do have consent to share with the health  
19 professions. I don't think we've got any that haven't, do you know what I mean, [R: *um-hm*] they go  
20 together. Sometimes they don't want us to share with odd people if you know what I mean, I don't  
21 know, say housing, or benefits. [R: *um-hm*] Erm, but although we wouldn't let them have, read on the  
22 computer, or access to the computer, the information that we have, we would share. [R: *um*]  
23 Definitely, yeah.

24

25 R: And, erm, are there any ways that you would suggest in which documentation or your paperwork  
26 could improve communication?

27

28 CFLP: Erm, I think sometimes it would be good if we, we all had access to each other's databases [R:  
29 *um-hm*] on a front sheets type of level. Because things like addresses and phone numbers and last  
30 contacts, so for instance, if you can't get hold of a health visitor, and lots of our work comes through  
31 from referrals from health visitors, so 'can you work with this family, this mum' [R: *um-hm*] you know.  
32 Erm, and then we don't know if someone's got in, maybe if we are having trouble getting into see  
33 family and we don't know whether health, whether the health visitor has been in or whether someone  
34 has been in the, erm. And there's obviously at times you can't always phone, its, it's difficult to trace [R:  
35 *um*] people at times. If you could look on the system and think 'oh that's okay because the health  
36 visitors saw her yesterday, I won't be that worried [R: *um*] because I haven't seen her this week' that  
37 would be good, erm. And I think that there are, there are systems afoot that you most probably would  
38 go on to the same database, [R: *um*] which would be great if we do. And I suppose there are again data

1 protection things with should children's Centres know about, I don't know, some postnatal depression  
2 or other bits and pieces, but I suppose putting those safeguards in, in information, [R: um] but the top  
3 level of, someone's been in and seen, would be very useful. [R: um] All these, where the issues, you  
4 know, so that we don't duplicate work.

5

6 R: Yes. Do you find that work does get duplicated?

7

8 CFLP: Not so much now.

9

10 R: Okay.

11

12 CFLP: Erm, I think in the past it used to, and the whole point of the CAF, erm, has lessened that,  
13 whereas people are answering the same questions time and time again, the same old stuff retelling  
14 this story again and again and again, that is much better. Erm, I still think there is at times when people  
15 change workers that, erm, the way that people keep having to retell their story again [R: um] for the  
16 new worker or someone really, you know. But on the whole when you've got a stable staff and stable, I  
17 say us and health visitors and midwives, I think it's easier [R: um] you know to, just, just, just to swap  
18 between the two, three people. But I do think it would be much better with one system. [R: um]

19

20 R: Do you think that's likely?

21

22 CFLP: Yeah.

23

24 R: Yeah, okay.

25

26 CFLP: I think we're going to trial it here.

27

28 R: Okay, are you?

29

30 CFLP: Because the health visitors and midwives are on System One [R: um] and I think we're going to  
31 try out with the same system for the /city.

32

33 R: /Ah, okay.

34

35 CFLP: So [CHILDREN'S CENTRE] have been asked to trial it.

36

37 R: Because GPs are on System One as /well aren't they?

38

1 CFLP: /Yeah, yes I've seen it.

2

3 R: Yeah.

4

5 CFLP: So I mean, I do completely understand not having full access, but I think that, that front-page  
6 stuff or, I mean I haven't seen it yet so, but that a level of [R: *um-hm*] would be very useful.

7

8 R: And when are you likely to trial that do you think?

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10 CFLP: This summer.

11

12 R: Oh really, as quickly as that?

13

14 CFLP: Yeah.

15

16 R: Because health visitors have only just gone onto it as well, haven't they?

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18 CFLP: Yeah.

19

20 R: So that's /quite...

21

22 CFLP: /I think because we are going to the new MATS system in [CITY], the multiagency teams...

23

24 R: Okay, yes.

25

26 CFLP: Where, erm, the city is being divided into three, and then this part of the city will be the central  
27 part, so we've got social care, health visitors, the midwives will be coming on board eventually I think.

28 [R: *um*] Erm, the school nurseries, Barnados, the whole... and they would, they wanted us, information  
29 at the moment is on loads of different systems to become a little bit more central...

30

31 R: Yeah.

32

33 CFLP: ...to make it easier, so yes. And that's why I'm talking about the supervision, [R: *um*] if you've got  
34 several professionals that are all getting different bits of supervision it would be sometimes more  
35 useful at that sort of level supervision together.

36

37 R: To supervise together... so your, so do you have joint supervision within your centre, centre staff?

38

1 CFLP: Yes we do, we, yeah. We have, erm, er, I can't remember her name [SUPERVISOR], she does  
2 these psychological talks with us, type of stuff /with us.

3

4 R: /Okay.

5

6 CFLP: So on really difficult cases, yeah.

7

8 R: And how often does that happen?

9

10 CFLP: That normally happens monthly.

11

12 R: Okay, so quite frequently then?

13

14 CFLP: Yeah.

15

16 R: Do staff, do staff still get individual/supervision?

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18 CFLP: /We have individual supervision; we have four levels of supervision. So, erm, they have individual  
19 one-to-one, like management staff, erm, a casework supervision on their cases, and then the, erm, so  
20 the [SUPERVISOR] [R: *um*] sort of specialist supervision. And then we are, as I say, we are looking at  
21 another, the extra one, which will be the whole team around the child type supervision, when they are  
22 initially, when initially....

23

24 R: So even further multiagency's...?

25

26 CFLP: ...yeah.

27

28 R: And what are your thoughts, at the moment, on your joint supervision? So you think...

29

30 CFLP: The one we have at the moment?

31

32 R: Yes.

33

34 CFLP: It's very good.

35

36 R: Yeah.

37



1 CFLP: It's very useful, yes and, erm I suppose it's, it makes you sometimes think outside the box, or  
2 reaffirms what you're doing is right, [R: um-hm] you're on the right track. [R: um] And I suppose it gives  
3 you that space to voice your worries, erm, [R: um] and you know, and I suppose let go of some stuff  
4 really, [R: um] you know. It gives you, I think a lot of people tend to, I would say, not poo-poo, but don't  
5 realise quite the level of work we do in the children centres. There is still quite an old-fashioned myth  
6 that actually all we are doing is doing groups when actually that's like that's a fraction of the work.

7

8 R: Yeah.

9

10 CFLP: So yes the bulk of the work is the family work, so yes.

11

12 R: And how about, so if you are having things like joint, joint supervisions do you do any joint training  
13 together as well?

14

15 CFLP: Erm, no we've done the same training as the health visitors, so they did the Solihull training, we  
16 did the Solihull training, erm, and I suppose because with [LOCAL CITY COUNCIL], a lot of the training is  
17 generic if you know what I mean. So everybody will all have done exactly [R: um-hm] the same training,  
18 erm, and the more specialized, erm, stuff, and again because of money cuts etcetera and lots of that  
19 stuff has gone, but some of us for instance, I mean they have paid for me to do like the CBT and the  
20 brief solutions, and all the rest of it, you know the residential stuff. [R: um] So there are, a few of us  
21 have done quite in depth training, erm, but on the whole it does tend to be quite sort of bog standard,  
22 you know, the generic paediatric stuff.

23

24 R: Yeah.

25

26 CFLP: You know.

27

28 R: Yeah, so you don't do any joint training with any sort of any midwives or health visitors?

29

30 CFLP: No.

31

32 R: But in regards to like, your immediate team, do you guys do, or like you say, is it quite limited in  
33 what you do?

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35 CFLP: It is quite limited because in the past we've have had one of the health visitors, was a, a sleep  
36 specialist.

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38 R: Okay.

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CFLP: And she delivered sleep training to the health visitors, and she delivered it to our team. So that was really useful for us, but that was just, that was something we just arranged ourselves, if you know what I mean, but that was joint, that was the health visitors and our team doing that.

R: Do you think joint training is something that would be beneficial?

CFLP: I really think it would be really beneficial, because again that is, that shared level of understanding, and I think that really supports the team to work together [R: um] and it sort of dispels some myths that, that's their job, that's our job, rather than actually, yeah, we are all, I suppose there's a little bit of respect really. [R: um] I think there are times when, erm, you feel that not all health visitors, but some, will say look down, you know, they have their degrees, lots of our girls don't have degrees if you know what I mean, [R: um] and will be, there's a little bit of a hierarchy going on there.

R: Yeah, yeah.

CFLP: If you know what I mean, and I'm not saying that's done in a malicious way, but it's almost like you know, 'oh, I've got a degree and so therefore what I say goes'.

R: Right, yeah.

CFLP: We do have a little bit of that going.

R: Do you?

CFLP: Not so much here, but in other places it does, it does happen with some health visitors, yeah. And you know, midwives.

R: Yeah, yeah. Erm, in your experience how do people perceive and understand your role?

CFLP: My particular role?

R: Yeah, your particular role.

CFLP: Erm, I think it's very much seen as the manager, which is not my title. I'm not allowed to be called that because I don't get paid as a manager.

R: Right.

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CFLP: But it is, is the lead as they call it, erm, I suppose, I suppose it's almost like the orchestrator really of, of all the services. [R: um] I mean a few years ago we were called coordinators, which fitted better [R: um-hm] because it was coordinating services and coordinating what was going on and what, when, where and so it, I think as a title, it fitted better. [R: um] Erm, so it's really, as I say, as a coordinator of what is going on in the services, and where people should be targeting and what we need to target in this area of [LOCAL AREA] if you know what I mean. What services that need to go out there, yeah.

R: And how do you think, erm, so both your core staff, so your practitioners like [CHILD AND FAMILY PRACTITIONER] and the EIP's, how do you think they understand your role and perceive that?

CFLP: Erm, I think they, they understand obviously that I am responsible for everything [R: um] that happens [R: um] so I think they know that. Erm, as again as, as not the person that actually dictates what's happening but organises [R: um] and analyses what is going on [R: um] so they know that I will be fed a lot of information I have to analyse it I don't do anything without really consulting everyone, but I have the information and all of the data so then it's for me to agree obviously with the performance team and then say actually this is where we're going, [R: um] this is the direction we going in, erm, so they, so I would say they see me as, as, as, as gathering the information and then directing them [R: um] really, yeah.

R: And what do you think contributes to that view?

CFLP: I suppose because I do it, if you know what I mean, that's going to sound that, they will see me getting it, I will explain [R: um] it. I, I don't, I'm very free with the information I share and I think that it's right so that they know that I'm not coming up with something arbitrary, [R: um] I am, I've got this information, "this is really low, that's really low, this data is high, therefore we are going to be doing this" [R: um] you know, "got any views?" [R: um] Erm, you know, "do you think we could do anything better?" but you know, we need to say for instance, at the moment up our engagement with black Africans, its dipped 8%.

R: /Okay.

CFLP: /I don't know why, so I'm just looking [R: um] at that the moment why have we dipped 8% over the last quarter. And it could be as small as four people have moved out of area and have gone to school.

R: Right.

1 CFLP: It...and I just need to look at that....

2

3 R: Yeah.

4

5 CFLP: ...and see what is actually, what does that actually mean. But again I will explain that, and for  
6 instance at the moment [EARLY INTERVENTION PRACTITIONER] is quite interested in actually all of the  
7 data that comes in and how we look at that, so I'm going through obviously as part of her  
8 development, you know, [R: um] start to understand this and see how we use it. So, yeah.

9

10 R: And how about, erm, the perception of your role from those that aren't part of your core team, so  
11 the health visitors?

12

13 CFLP: Yeah.

14

15 R: Midwives...?

16

17 CFLP: Erm, I think the health visitors that we know and know me, erm, will know again equally that, I  
18 think that they are not, maybe quite as au fait as actually understanding the analysis of the data staff  
19 and how we do things, erm. I think that their management do [R: um] understand [R: um] that but  
20 maybe they don't... I still think they maybe see me as coordinator of what is going on...

21

22 R: Yeah.

23

24 CFLP: ...rather than actually what I really do.

25

26 R: You do a bit more /really.

27

28 CFLP: /Yeah.

29

30 R: Yeah, do you think that affects how you work together?

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32 CFLP: No, no, because I don't, it's going to sound really awful but I don't really think they need to know.

33

34 R: No?

35

36 CFLP: No.

37

38 R: Okay.

1

2 CFLP: Because we have an advisory board which, we've got the meeting, erm, later on in March and  
3 two health visitors will be on that, or on that board. They they will understand the data because that's  
4 very much part of the advisory board. Again its "this is low" [R: um] "that's low", that is why we are  
5 going to be driving forward with at, at the moment, it's still, still working on obesity [R: um] and we will  
6 be I would imagine forever if you know what I mean

7

8 R: Yeah, well yeah I /think so.

9

10 CFLP: /But equally we've got, we've gone down 3% so, you know, it's, it's massive so we will keep  
11 working on it. But, erm, those health visitors that were on the board or maybe understand that level of  
12 erm, but, [R: um] I don't think it's massively important...

13

14 R: Okay.

15

16 CFLP: ...that they understand it.

17

18 R: Yeah.

19

20 CFLP: I mean some that are interested, yeah, but yeah.

21

22 R: Okay, erm, to what extent has working with the nurture programme, and so by the nurture  
23 programme I'm talking about how the midwives are being relocated into the centres. So how has that  
24 relocation helped others to understand your role so the midwives?

25

26 R: Erm, I think it's been quite important. I will be quite honest I'm sure [CENTRE MIDWIFE 1] and, erm,  
27 [CENTRE MIDWIFE 2] will say it at the beginning there was massive resistance. [R: um-hm] Erm, the  
28 midwives didn't want to be located in the children's Centres, erm, and it's taken, I would say quite a  
29 while to get them to, to being happy here [R: um] so to speak. Erm, and that's happened because I  
30 think we've tried really hard to be really nice and very accommodating, [R: um-hm] and I think initially  
31 the issue was from, I would say from... can I name names?

32

33 R: Yeah, like I say it's all going to be confidential.

34

35 CFLP: [CENTRE MIDWIFE 1], and [CENTRE MIDWIFE 2] has always been fabulous [R: um-hm] and  
36 enjoyed being here, and you know, [R: um] things needed ironing out initially but you, we all work  
37 together and it's been fine. Whereas [CENTRE MIDWIFE 1] made it very obvious she didn't want to be  
38 here and said so, but not in a nasty way. [R: um] But [R: um] she just didn't want to be here, she didn't

1 think that it fitted with seeing pregnant women; she wanted to be around health professionals because  
2 she didn't basically view us as very professional. Erm, which obviously sort of grated, ever so slightly.  
3 Erm, and she did anything to not be here and made life quite difficult. It wasn't... it was quite difficult  
4 [R: um] to put it mildly. Eventually though I think her management did tell her she had to be here so  
5 there was a degree of resentment for a little while, being here, but now we are okay and I think some  
6 of the breakthrough came was, when I was, erm. There was a family that came in and needed a, erm, it  
7 was an interagency referral, social care family, and I was at a meeting and she was there and she was,  
8 she looked at me and said "what are you doing here?" and I said "this is what I do."

9

10 R: Right, yeah.

11

12 CFLP: And she's like, and I'd written a report, my report was very, my report was very comprehensive  
13 and hers had about four lines in it. And she looked and said "so you will write reports?" and I was like  
14 "yes I do write reports, this is my job" ...

15

16 R: Yeah.

17

18 CFLP: ... "to write child protection reports." Before I worked for social care and I used to write court  
19 reports.

20

21 R: Yeah.

22

23 CFLP: So this is what I do and ever since then she's been fine.

24

25 R: Funny, yeah, so with that there...

26

27 CFLP: And so no, then it was, you know, we had another incident when she came down in a flap and  
28 she needed this very important document to be emailed and it turned out all it was, was a CAF form, as  
29 we were like "well we've got those in the drawer" and she said "well why have you got those?"  
30 "because that's what we do, we, we write CAF's all the time", and ever since then [R: um] it's been  
31 absolutely fine and I think, I think there's a degree of respect.

32

33 R: Yeah, yeah.

34

35 CFLP: Whereas before I would just say we were 'just' children's centre workers and we just do groups.

36

37 R: Yeah.

38

1 CFLP: And there wasn't that level of, actually respect, and actually we do have some qualifications.

2

3 R: Yeah.

4

5 CFLP: And understanding doing what we're doing...

6

7 R: And understanding of depth?

8

9 CFLP: ...of doing what we doing.

10

11 R: Yeah.

12

13 CFLP: And, erm, since then we've worked with a couple of families that have, you know, and because  
14 she's been here now for 3, 4 years we've got some families that are on their third, fourth or second  
15 baby should I say, and they are all, you know, have all got issues, [R: um] and she will come down and  
16 say "oh this family is coming through, she might need a little bit of support." I mean [CENTRE MIDWIFE  
17 1] is quite slow in she, they could use us far more than they do.

18

19 R: Right, okay.

20

21 CFLP: And they, erm, [CENTRE MIDWIFE 2] will in an informal way, but they could do a needs led very  
22 quickly, it would take them all of two seconds and say this mum is going to need support.

23

24 R: Why do you think they don't?

25

26 CFLP: I don't know. I think they do it to the health visitors, and then the health visitors do it to us. But  
27 we could get in there before, [R: um] we really could, erm, and start to do that nicey nicey stuff to  
28 maybe get those mums ready. Even whether it be breastfeeding, or anything, any little bit of parenting,  
29 because you know which parents are going to struggle. And there was an example of a one family that  
30 we are working with which we did pick up and they came to see [CENTRE MIDWIFE 1]. And [CENTRE  
31 MIDWIFE 1] was running late, and we knew that they weren't registered and the mum has got special  
32 needs. So I went up in her room and she was, the young mum was with her mum, and they were  
33 waiting and I registered them and I sat and had a chat and a chat. And I was like "this is going to be  
34 really tricky" if you know what I mean. [R: um] And ever since then, [CENTRE MIDWIFE 1] never  
35 referred them to us, but we picked them up ourselves [R: um] from waiting [R: um] and we are still  
36 working with them now, and the child has now got special needs as well. It's all, but that was through  
37 us, whereas it could have been a little bit better, they could have [R: um] put us in touch, they could

1 have done it another way because it might have been that we weren't here, we didn't see them, they  
2 went in and out very quickly and we didn't catch them. [R: um]

3

4 R: Do you think there is anything that can improve that, I'm just wondering? I mean do you /think...?

5

6 CFLP: /I wonder whether maybe, I know their management as in the midwifery [COMMUNITY  
7 MATERNITY SENIOR MANAGER] [R: um] knows about our needs lead referral, but I wonder whether  
8 they've made a strategic decision to basically, because they do their handover at 36 weeks to the  
9 health visitor [R: um-hm] any families that are going to be universal plus, that they are then thinking  
10 actually health visitors, you work with and then refer to children centres afterwards. [R: um] And, and  
11 that's fine as long as they are picked up. My worry is that somehow in translation they get lost [R: um]  
12 and even if there was just a little "can you keep an eye on this family once they come through, once  
13 the baby is born, because they will be coming to clinic" [R: um] that we are ready for them and  
14 whether that would be just an informal, you know, "this name, that name" whatever they... and I think  
15 a lot of people get very hung up on, and rightly so on data protection and personal names [R: um] and  
16 so yeah.

17

18 R: I'm just wondering, so, erm, obviously being a midwife myself, but then I've not worked in  
19 community before, so not knowing even when a needs lead referral is done, so do, do [CENTRE  
20 MIDWIFE 2] and [CENTRE MIDWIFE 1], I know it's difficult because I'm asking about what they know,  
21 do they know about these needs led /referrals?

22

23 CFLP: /I, I know we've definitely told them in the past, but whether it's there in their heads...

24

25 R: Yeah.

26

27 CFLP: ...and as I say now, [CENTRE MIDWIFE 2] will run down and say do you know this family, [R: um]  
28 you know and I think if it was a real major worry I would say "well you know, you need to do, you need  
29 to do an interagency" rather than leaving it to us.

30

31 R: Yes.

32

33 CFLP: Not us because we're not working with them, but on the whole every one she is worried about,  
34 we already know about, which is quite good.

35

36 R: Yeah, that is a positive sign.

37

38 CFLP: Yeah, it is good. It shows that we are getting them there, are just one or two that have gone...



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R: Yeah.

CFLP: ...and you think ‘they should have been picked up a while ago’, yeah.

R: Okay.

CFLP: But that might be something extra that, as I say, that conversation we have with [CENTRE MIDWIFE 1] and [CENTRE MIDWIFE 2], do they actually know? Just in case again it's a reminder. *[R: um]*

R: So to what extent do you feel that having [CENTRE MIDWIFE 1] and [CENTRE MIDWIFE 2] here has enabled you to work more effectively as well with other agencies?

CFLP: I think, I mean to be honest it's amazing, it's that one stop *[R: um]* shop as, what, because those pregnant mums that are coming through to see, we get to know, we get to have that relationship with them especially like [FRONT LINE RECEPTIONIST] who sees them in and out, and growing bumps and you can make those you know those nice comments.

R: Yeah.

CFLP: And it is, as all, as I said on paper it sounds very superficial you know just the receptionists saying hello and “oh your bumps getting bigger, you've only got a few weeks to go” and all the rest of it, and “did you know...” but you do that. “We’ve got a baby massage next week” or you know, “when your baby is six weeks old you can come to baby massage”, its all of those low level messages sort of going in.

R: Yeah.

CFLP: “Oh the sensory room is there, you can always come especially if you need a coffee, or” and the clinic and its all of that sort of thing, so I think it really, those mums that have come through to clinic, we do, we do see again so that has helped. Whereas before I think if they were in the surgery then we wouldn't see them, if it was, midwife is over there then we may never see them all those parents, those mums and dads would never know what was on offer here for everybody. Because quite a few people I think, that method is almost gone now, it's, it was actually the Sure Start centres before for families that had issues then actually these are you know, they are for everybody, they are universal so, so I think it is key them being in the community *[R: um]*.

R: That is great.

1

2 CFLP: And pregnancy, its, I mean I can understand [CENTRE MIDWIFE 1]'s original reluctance was if she  
3 needed a doctor for X, Y or Z then she didn't have anybody on hand for... and they have had, we have  
4 had a few families or mums in the last few weeks who have had to be sent straight up to the hospital  
5 but whether they are being sent to the hospital from here or from the GP surgery doesn't make much  
6 difference really does it?!

7

8 R: No.

9

10 CFLP: And we have said and we've always said to [CENTRE MIDWIFE 1] if somebody needed to get over  
11 to a GP and they didn't know where it was, and literally both of the surgeries are just there, then we  
12 would walk with them one of us would walk them over.

13

14 R: Yeah.

15

16 CFLP: We really would, if you know, if they were "I don't know where it is, I can't get there" erm, so,  
17 and that was one of her, "they wouldn't know how to get there", you know I think they would!

18

19 R: Erm, I have got some scenarios here that I would like you to read if that's all right. There is a couple  
20 of questions at the bottom; they just focus on a couple of different areas about collaboration. I will  
21 leave you to read them for the moment.

22

23 CFLP: Yeah.

24

25 R: And then we are going to the questions.

26

27 [GIVES PARTICIPANT VIGNETTE ONE]

28

29 CFLP: So this is from like a health visitor's point of view?

30

31 R: This could be, I mean, yeah. Obviously these scenarios, I've had to write for potentially a range of  
32 different professionals but I don't want you to get too hung up on different roles in this one, but it's an  
33 example where actually there's been a real barrier in communication.

34

35 CFLP: Yeah.

36

37 R: Okay, erm, and so it's just to get you to think maybe about communication as a whole. I know we've  
38 talked a little bit about it as well but then, so then, I can go one to these questions.

1

2 CFLP: Yeah, I was going to say if you were worried [R: *um-hm*] about [R: *um*] this particular mum,  
3 whether it was us or the health visitor, as you say whoever it was and you've checked with the GP and  
4 she hasn't actually been to the GP...

5

6 R: So in this scenario it mentions that she sort of has been to their GP, it may have just been the way  
7 it's being written as well, but just, and, and actually there is concerning, sort of evidence there that  
8 basically she, she might be becoming depressed again.

9

10 CFLP: Oh I see what you're saying.

11

12 R: But the GP hasn't...

13

14 CFLP: He hasn't let anybody know, he hasn't passed the information on...

15

16 R: Yeah. So if you think, if you can think of any examples where something significant has happened  
17 with one of your ladies and actually it would have been helpful...

18

19 CFLP: Yeah.

20

21 R: ...for you to have known that information but it's not been passed on...

22

23 CFLP: Yeah.

24

25 R: ...and so just to think about, what are your views on what potentially inhibits that effective  
26 communication?

27

28 CFLP: Yeah and I, I mean from my, if you were looking at it from the GP point of view through to the  
29 other, another professional [R: *um*] I think again it comes down to people worrying about data  
30 protection [R: *um-hm*] and sharing information...

31

32 R: Yeah.

33

34 CFLP: ...rather than looking at actually what's best for this mum, this baby. [R: *um*]

35

36 R: Yeah.

37

1 CFLP: Because obviously in hindsight you could say that GP should have contacted the health visitor or  
2 said person, or done a home visit, and I know that that's a lovely bubbly ideal world and that's not  
3 going to happen but if you were worried that actually she's not really taking medication and things are  
4 slipping...

5

6 R: Yeah.

7

8 CFLP: ...and you check and think actually like we were saying no one has seen this family [R: um] you  
9 got no system that is comprehensive enough to think, because as you say you might have five or six  
10 professionals all you know, generally I would say most mums have maybe three or four, and you might  
11 think that someone is seeing them and everyone assumes [R: um] someone else has seen them.

12

13 R: Yes.

14

15 CFLP: And in essence if you have one system you can actually say well 'no-ones seen them'.

16

17 R: Yes, yeah.

18

19 CFLP: And then that should trigger alarm bells.

20

21 R: Yeah.

22

23 CFLP: But I think what stops it is I think people assuming someone else is seeing them. [R: um] I think  
24 you get that assumption because she is a new mum she's bound to have other people seeing her [R:  
25 um-hm].

26

27 R: Have you had examples of that?

28

29 CFLP: We've had some, we've had people as I say, we've got one at the moment, erm, she has quite  
30 significance depression. Erm, and again she's sort of hides away but she tends to lie and say "oh yeah  
31 I've seen so and so"...

32

33 R: Right.

34

35 CFLP: ..."I've seen so and so". And we've learned that now because actually in essence she hadn't seen  
36 somebody for 6 weeks and everyone was phoning her was saying she was saying "oh I can't see you  
37 but I saw the health visitor last week" and you think 'oh that's okay' and she did that with everybody  
38 and she'd actually, only again through a conversation in the office "no I didn't see her, I haven't seen

1 her for weeks she told me she had seen you” and “she told me she'd seen... “and then a phone call  
2 went to the nursery and the older child hadn't been seen and she hadn't been out of the house for 6  
3 weeks and no one had seen her and she was significantly depressed.

4

5 R: Yeah.

6

7 CFLP: So, but then that's somebody [R: um] being relatively calculated as well, [R: um] and it makes you  
8 think actually just checking out “have you actually seen them?”

9

10 R: Yeah.

11

12 CFLP: Yeah. “What did you think?” you know, “what did she look like to you?”

13

14 R: Is that a fairly recent example?

15

16 CFLP: Yeah.

17

18 R: So now do you find like you say that you are now checking?

19

20 CFLP: We check yeah, we do check yeah.

21

22 R: Okay.

23

24 CFLP: And who has seen.. and actually one of the new recommendations we've got again, it's about to  
25 come through again from social care because we become lead professionals for the families...

26

27 R: Yeah.

28

29 CFLP: Erm, when social care step down social care have a statutory thing to visit and see families. So  
30 that's fine however when they get stepped down and you are a lead professional, say a children's  
31 centre worker and they are on a TAC there is no obligation to home visit as a lead professional.

32

33 R: Okay.

34

35 CFLP: So they are writing that in that actually if you are a lead professional you do need to see these  
36 families [R: um] and, and you know see their homes, see their families, because you could be a lead  
37 professional and not have to see them for 6 weeks or six months.

38

1 R: Yeah.

2

3 CFLP: And that needs to sort of to go in and again that is then in response to family's not being seen  
4 when we know that there might be isolation or depression, or especially for us with mums and it is the  
5 depression and the isolation and things slipping from being sort of acceptable and feeling mums being  
6 a bit low to actually sort of plummeting really, yeah. And this, this mum was thinking of self-harming  
7 etcetera so it was quite significant.

8

9 R: Yeah, yeah.

10

11 CFLP: So so it does make you think, erm, as I say when I'm talking with [EARLY INTERVENTION  
12 PRACTITIONER] and [CHILD AND FAMILY PRACTITIONER] have you seen, and we've got a few mums  
13 that have suffered with depression and we've got, [FRONTLINE RECEPTIONIST]'s got a list, and we've  
14 got a list, if we haven't seen them we phone them and then we expect them to come in and see us and  
15 they know that we're doing that to them "so we haven't seen you [SERVICE USER] where have you  
16 been? What are you up to?" "I've been really busy, I've been shopping, been doing this". "Can you just  
17 pop in? Can we just see you" and then they come in and then you know, they really like it.

18

19 R: Well it's somebody caring about /them...

20

21 CFLP: /Yes, yeah and we do it, we don't do it fortnightly. It's a monthly thing for some of our mums. We  
22 are like "we haven't seen you, what's going on" and then one of them is like "well I've got a job",  
23 "woah great that fab" [R: *um*] and you're like "where you working then" and it's that sort of stuff. But it  
24 is you know, it is that it's just checking where people are and where they are at.

25

26 R: Okay.

27

28 CFLP: Yeah.

29

30 R: Just, erm, we've been over a little bit about this but just to go on a little bit about communication,  
31 I'm just thinking really back about some of the other information that has cropped up from other  
32 people that I've spoken to. What are your feelings on email as a method of communication?

33

34 CFLP: It's, its, I like it. It's good, erm, as long as it's professionally written. I have a bit of a, you know, I  
35 like things to be quite clear [R: *um-hm*] erm, and also again with actions and also it it it its a way of  
36 recording and making sure that you know you've sent something to somebody. So you might have had  
37 a conversation on the phone and you might have agreed something, but it is almost like a way of  
38 ensuring that there is a record of, of intent really, isn't there. Erm, but sometimes I think you can get

1 far more meaning from a conversation, so I like, I do like telephone, I like the face-to-face because you  
2 can you sort of can debate can't you especially if you're concerned whereas sometimes emails can  
3 come across as a little but curt or bossy. [R: um-hm] But again, equally I think you need them, and I  
4 think that's coming from my social care background, is actually get everything in writing.

5

6 R: Yeah, yeah.

7

8 CFLP: Cover your back. That sounds horrible, it's not cover your back, but it is actually let's have a  
9 trace...

10

11 R: Yes.

12

13 CFLP: ...of what's happening. [R: um] Yeah.

14

15 R: So you wouldn't though routinely send an email as a first line of communication then?

16

17 CFLP: No. No, mine would be a telephone call. So we get a referral [R: um-hm] and then it would be a  
18 phone call, [R: um] and only if you can't get hold of somebody then I would say send an email "really  
19 trying to contact you, just to have [R: um] a discussion about this referral you sent in, [R: um-hm] can  
20 you please phone back", you know, "I would really like to have a chat." Yeah.

21

22 R: Okay, that's great. Now on the back, here we have got our second scenario so have a read of that.

23

24 [SECOND VIGNETTE SHOWN TO PARTICIPANT]

25

26 CFLP: That's quite a, sort of straightforward one for us [R: um] because I can, she doesn't, I would  
27 imagine she doesn't meet social care's criteria and it's basically down, it is down to you [R: um] as, as  
28 that professional for that family, I mean for a children's centre point of view that would be our whole  
29 remit.

30

31 R: Yeah.

32

33 CFLP: We could do all of that. From a health visitor or a midwifery point of view if you were looking at it  
34 from their angle then that is when they should be referring to us.

35

36 R: Okay.

37

38 CFLP: Or somebody like Home Start but I would say to be honest that's that our, that's our role.

1

2 R: /Okay.

3

4 CFLP: /To, maybe I am, we would take somebody to housing or do that, I mean obviously we would do  
5 benefits and things like that, but there are other people that that they could give it to us and then we  
6 could do all of those bits of work if you see what I mean, [R: um]erm.

7

8 R: So what's your understanding about the agencies or professionals you might draw upon for the  
9 support for the family?

10

11 CFLP: Erm, we've got I, I suppose a completely comprehensive understanding...

12

13 R: Yeah.

14

15 CFLP: ...of all the agencies. So whether, if you need tenancy support, whether you would make a  
16 referral to tenancy support which would help, help them with budgeting. To be honest we have, as I  
17 say, I think I know all of the agencies whether you go down to housing options for housing it just goes  
18 on and on and on with Homes Start or, and that is, to be honest as a coordinator as a children's centre  
19 that is our role to signpost to understand [R: um-hm] to know all the services.

20

21 R: Okay.

22

23 CFLP: Yeah.

24

25 R: So you're the, yeah, you know who they should be referred to?

26

27 CFLP: Yeah, and then we can, I'm not saying we can do it all, because for instance I might do, erm, child  
28 benefit, I might do a JSA claim with the family, [R: um-hm] I might do all sorts of different claims but  
29 then if we've got major issues with housing benefit or something then I would then say right actually  
30 what we need to do is go to housing office and get your housing officer to sort that bit out. [R: um-hm]  
31 But almost like that broker really and getting people in the right places, or some of the families are  
32 quite empowered, but you could give them a list of actions. So for example I had a family that had  
33 about four or five different issues. She's quite, I say, a switched on mum but she just, head was  
34 frazzled. [R: um] So we gave her a list of 'to do', she would need to go to this office and sort this out,  
35 she would need to do that, that and then tick the boxes, and with that list she managed to get  
36 everything done but it actually, its obviously helping people plan really.

37



1 R: Yeah okay. Erm, I think what you've mentioned pretty much covered most of these questions here,  
2 but are there any challenges that you would anticipate in achieving the appropriate level of support for  
3 this family?

4

5 CFLP: Erm, sometimes the, the, some of the the challenges are, erm, it, it's things like time scales and  
6 waiting lists [R: *um-hm*] and to be honest, for us, at times it's there are three, three of us and quite a  
7 lot of people so we can have a lot of referrals coming [R: *um*] through and some families will take up an  
8 inordinate amount of time. So for instance you've got no housing, no food, X, Y and Z, that can be an  
9 intensive bit of work for maybe two or three days [R: *um*] bearing in mind everything else then has to  
10 almost stop to /support this family.

11

12 R: /Yes.

13

14 CFLP: Especially if you have a mum that's, for instance we've had one where she'd just been evicted so  
15 you are then taking her down to housing options and sitting there for four hours and you are sat there  
16 thinking I really have got so much to do, [R: *um*] but it's okay, I am fine sat here, you know, it's great!  
17 And then you're doing the [R: *um*] doing the whole bit, you know getting them sorted and, it just takes  
18 forever [R: *um*] and some families they are fine and you can sort of almost leave them to it but then  
19 there are others with three under five in tow and then, yeah.

20

21 R: Resources?

22

23 CFLP: Its resources yeah.

24

25 R: Talking about time, and yeah...

26

27 CFLP: Yeah.

28

29 R: Erm, so you say this is this sort of scenario would be essentially your remit?

30

31 CFLP: Yeah.

32

33 R: Erm, do you, do you, so if this sort of person approached say a health visitor or midwife do you think  
34 they would be appropriately signposted to you?

35

36 CFLP: Health visitor definitely, [R: *um-hm*] erm, midwife less confident that they would yeah.

37

38 R: Okay. And you think that's just because...

1

2 CFLP: I think again, it's still lack of knowledge on actually what it is...

3

4 R: Yeah.

5

6 CFLP: ...they could offer, or them not seeing it as within their role. [R: *um*]

7

8 R: Yeah. I'm just thinking, er, no. I'm just thinking of things going on in my head...

9

10 CFLP: Yeah.

11

12 R: There's too much going on at the moment in my head!

13

14 CFLP: Yeah!

15

16 R: Erm, okay let's move on to the, to the next this is the final scenario so have a peek at that.

17

18 [GIVES VIGNETTE THREE TO PARTICIPANT]

19

20 CFLP: Okey-dokey.

21

22 R: Okay?

23

24 CFLP: Yeah.

25

26 R: So in your experiences what are the advantages of being co-located with other agency professionals  
27 in this same building?

28

29 CFLP: Erm, as I was saying if you are looking at that sort of scenario then that is again about, especially  
30 with a parent with a learning disability [R: *um-hm*] or difficulty that's, the messages that are shared are  
31 clear and consistent and not confusing. So for instance again we have a family that has got, mum has  
32 got a learning difficulty, [R: *um*] we've got several but we've got one in particular and when [CENTRE  
33 HEALTH VISITOR] the health visitor and I work with her we ensure that we say exactly the same thing in  
34 exactly the same way [R: *um-hm*] with the same messages. For instance this little boy is still using a  
35 bottle and we are trying to get him onto a cup so we tell her the benefits of the cup [R: *um-hm*] exactly  
36 the same way, you know what I mean. It's, it is making sure that there those messages are consistent  
37 and shared, erm and not, they are not duplicated but again this situation the benefits of being co-  
38 located are that maybe you would have one key person especially if you've got lots of professionals all

1 sort of saying the same things [R: um] can be very confusing for anybody but especially somebody with  
2 a learning difficulty. [R: um] So I think there is the support for the family is all is there from everybody,  
3 everybody's got their own little remit but that way of working, erm, will most probably be far more  
4 beneficial for that mum in getting the right, sort of bit of support in and whether it is you would have  
5 that discussion you know, what you think, how is she managing Lucas what do you think you know,  
6 what, what was happening, what was you know, all of those sort of discussions. Was it just a bad day, is  
7 he poorly, or is she really beginning to struggle now he is getting to two? [R: um] You know what shall  
8 we do? [R: um] It's you know, works much better. And I suppose the limitations [R: um] are if you are  
9 coming in at it from a different angle really I suppose if I suppose if I suppose you can have professional  
10 disagreements or differences of sort of opinion any way but I suppose if there are too many cooks it  
11 might become confusing if you are not all working together.

12  
13 R: Yeah, yeah.

14  
15 CFLP: It could become, I've not come across that yet but it could be, especially if you've got strong  
16 personalities, [R: um] that you think a family should do it this way or you know what I mean?

17  
18 R: Yeah.

19  
20 CFLP: So that could be a limitation if you have got a lot of may be strong individuals or differing of  
21 opinion, [R: um] then maybe a family could get caught in the middle.

22  
23 R: Erm, that's great. I think we will pop those scenarios aside. So we are going to be sort of wrapping  
24 up. Can you, is there anything you would like to say generally about your thoughts on how the centre  
25 works together and how you work with your core team and also other /professionals?

26  
27 CFLP: /Yeah. I think, for us here, the way this centre work's it, it is a success. We do have a really good  
28 communications, we have worked in partnerships and I think the partnership working is the strength of  
29 the centre. It has taken a fair bit of work and I think it's that sort of shared understanding when people  
30 come in that is instilled that people are always made to feel welcome it doesn't matter where they  
31 come from or what they do. Obviously. [R: um] And it's not our way or sort of, no way, there are rules  
32 but people tend to abide by them if you know what I mean. it's just, I just think it's like an ethos that  
33 seems to work that people share information and everyone does have their, you know sometimes  
34 comes with their little different hats and we do get bound up with, say the protocols and data  
35 protection although that has apparently been changed but we're waiting to hear what those new bits  
36 are. Things are all being signed off that we can share a little bit more information. Erm, but it works  
37 well and I think having that shared understanding of each other's professions, [R: um-hm] especially  
38 coming from the, from the midwives angle has made life a lot easier, happier, harmonious and say

1 joined up, and I think, I don't know, I can't speak for [CENTRE MIDWIFE 1] and [CENTRE MIDWIFE 2]  
2 but hopefully they feel supported in [R: um] what they you know...

3

4 R: Yeah.

5

6 CFLP: I know the health visitors do, and, and we do from each other it goes both ways you know we will  
7 use them "can you look on Rio and find this family for us" well not now they've got Capital, not Rio.  
8 And you know what I mean whatever it is but and they would do the same with us so we do get a lot of  
9 shared stuff [R: um] but hopefully you know, as I say the midwives feel the same really.

10

11 R: Do you think you are you're kept up-to-date with changes in their practice as well, do you know  
12 what I mean?

13

14 CFLP: Erm not so much. I mean there's a lot going on for the health visitors and midwives, we certainly  
15 don't with midwifery at all, erm, and we only tend to get it almost like third or fourth hand from our  
16 management, erm, and it would be "erm, oh yes midwives are doing that, or they doing it..."

17

18 R: Yes.

19

20 CFLP: ...so whereas with the health visitors we do get its far more and because I think they are here and  
21 sat in the office having coffee and working on the computers then it's just that general chat and so you  
22 do, you get to understand what is going on and, erm, as I say I do go to their monthly meeting, only for  
23 a little bit, they are slightly more guarded I suppose maybe than we are, I don't know because I think  
24 there are so many changes going on in everyone's organization [R: um] at the moment to be fair I don't  
25 think it's being guarded, I don't think anybody knows what's going on!

26

27 R: Yeah, everything is changing!

28

29 CFLP: I think that's more to the point people don't know what's going [R: um] on. so yeah!

30

31 R: So the health visitors use your main office alongside?

32

33 CFLP: Yes.

34

35 R: Whereas obviously midwives don't do they?

36

37 CFLP: The midwives come down and say use the photocopier and things like that, so yeah.

38

1 R: Do you think it would help you in your role if you had a, a, like you say with midwives you tend to  
2 get, things told changes in practice?

3

4 CFLP: I think it, it, it might do. I don't quite know what, but it might be, again it would make us  
5 understand. I mean I know they are very busy [R: *um-hm*] I know they have obviously very odd working  
6 patterns and you understand all of that and I don't quite, it might be useful to know actually what their  
7 criteria is for referring someone to social care. [R: *um*] What would be a flag to them?

8

9 R: Yeah.

10

11 CFLP: You know is it same as the flag to us?

12

13 R: Yeah.

14

15 CFLP: That might be interesting or what they choose to ignore and think 'oh the hospital will pick up'  
16 not ignore but, you know what I mean, it's or we will pass that along to, at a 36 week handover to the  
17 health visitors. You know what's what would be their flag you know. You know a smelly mum coming in  
18 is not particularly a flag but for me it would be maybe she needs a little bit of extra support. [R: *um*] Or  
19 whether you think I'll just ignore that. I don't know.

20

21 R: Okay.

22

23 CFLP: Okay.

24

25 R: That's great well we've reached a suitable stage to now end the interview.

26

27 CFLP: Okey-dokey.

28

29 R: Er, I would like to take the opportunity to thank you be taking part in this /research.

30

31 CFLP: /That's, Okay

32

33 R: Thank you very much.

34

35 **End of interview**