

INTERVIEW TRANSCRIPT

PARTICIPANT SEVENTEEN

DATE: 28th April 2016 TIME: 03:00pm

Researcher – R

Participant – HV (Health Visitor)

/ - speaks at the same time

= - immediate response

[] – non-verbal communication

Beginning on interview

R: Welcome and thank you for agreeing to take part in this research. I am Naomi Simpson and I am the researcher for the study, a case study of a maternity services development programme and its influence on maternity services and interagency collaboration. I will be conducting this interview and I would like to confirm for the recording that you've provided consent in writing to take part in the interview. The current date is the 28th April and the current time is 3pm. You've been allocated the participant number Participant 17. I will start with some general questions and move on to the use of some vignettes. If you took part in any observational episodes, which you did and we have two different data collection episodes, then I would encourage you to reflect upon this in your answers and in addition if there are any examples of any good answers that you feel suitable scenarios outside of anything that I've observed you can still use that, as I mentioned everything is going to be confidential.

HV: OK.

R: I do have a copy of any observational data forms from when I've been observing so if you wish to see them for any prompting or anything that we've discussed then that's absolutely fine too. OK?

HV: Yes.

R: OK, so we're going to start. What in your experience contributes to good working relationships with professionals in this Children's Centre?

1

2 HV: So, in this Children's Centre myself I have the benefit of the surgery that I'm connected to, the midwife of
3 that surgery works here every Thursday afternoon and because our clinic is every Thursday afternoon that helps
4 me so that if I've got a question to ask my midwife Tracey about anyone I can just go and knock on her door and
5 she will let me know when I can just have five minutes' talk with her. I think especially this Children's Centre the
6 manager is so brilliant that she will actually pull together professionals for a meeting if she feels it's necessary.
7 She'll phone us and say, do you think this family needs to have everyone in, and not a lot of Children Centre
8 managers do that, so she is fantastic. We can always phone up and book a room to meet with someone here.
9 We've also got Charlene who you saw earlier, she does two-year funding so we can ask her any questions that
10 we want to. There's a parenting practitioner based here as well so again we're just popping in and out and in
11 between visits we just come in and pick up some timetables for groups for mums and think, oh I need to talk to
12 you about something, and it just works really well.

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14 R: So, you are talking a lot about actually just being within the same locality as others as well?

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16 HV: Yes.

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18 R: You feel that being accessible?

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20 HV: Definitely, the moment we just walk in everyone seems to be available for a chat and if they're not they just
21 say give me five minutes and I'll come out and speak to you. On the phone as well it's just really, like you say
22 accessible, very accessible. There are no barriers that I can think of really.

23

24 R: No?

25

26 HV: No.

27

28 R: Can you give me an example from your experience where you think interagency working has been particularly
29 effective?

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31 HV: Let me think. Just for an example, we had a baby come into clinic who hadn't heard from the midwife and I
32 think she was a week old so then because the midwife was here I said I'll just go and ask the midwife and they
33 contacted PARTRIDGE CITY MATERNITY CENTRE and booked her an appointment in and if we didn't have that, I
34 think it was just so easy just to go in and arrange that appointment with mum because she's obviously just fell
35 through somehow. What else? We've had clinic again we've had a mum come in in tears because of her child's
36 behaviour, parenting practitioners are here, straight through to parenting practitioner and made an
37 appointment to go and see them. Oh, we've also got Talking Change here, mental health services and we've also
38 got Job Centre Plus here as well, so there is a lot.

1

2 R: So this Centre itself compared to some of the other Children's Centres actually it's a very small Centre but
3 from what you are saying there is actually a lot of services that work from it.

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5 HV: There is, yes.

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7 R: So, they are accessible, are they accessible all the time though?

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9 HV: Well say for Talking Change I think they're only here Wednesday mornings but if the health visitors or a
10 parent self refers in the receptionist can make an appointment on their system for Talking Change, so even
11 though they are not actually here they can still make an appointment to see them.

12

13 R: OK.

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15 HV: So if they are not here there is always a contact number or someone that can help really.

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17 R: So you know a lot of people's schedules then I take it as when they are going to be here or not?

18

19 HV: Yes, I think the more because we work here as well doing the one and two year health reviews I think
20 because you work here probably twice a month we do four days here you just kind of get to know when you are
21 booking rooms who is around and, yes.

22

23 R: Is there anything else the Centre you feel does to help with this accessibility?

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25 HV: I think they're just always open 8.30am to 4.30pm and I've seen parents just drop in and ask questions
26 about the courses that they run and there's a sensory room at the end that is bookable as well, and I think by
27 our word of mouth to mums that they can just pop into the Children's Centre for things like I've mentioned and
28 they do. I think the word of mouth spreads amongst the mums but this is a very busy Children's Centre so
29 something is working very well.

30

31 R: Is there anything else aside from being particularly accessible that you think actually, you know, aside from
32 that is there anything that you think still works very well, what about other lines of communication even if you
33 are not in the Centre are these different services or practitioners still accessible to you over the phone or by
34 email or that sort of?

35

36 HV: Yes, so Talking Change they are accessible by phone. Charlene, I needed to speak to her about two year
37 funding the other day and she wasn't here but the Children's Centre gave me her mobile number so I got hold

1 of her really easily. Tracey, parenting practitioners, is nearly always based here but if she's in another Children's
2 Centre the receptionist knows and just gives us the number for where she is so I've never had a problem really.

3
4 R: So you've found that even if you had to maybe to get in contact with somebody via the phone you find, I
5 don't know it sounds silly but using a phone actually is a method of getting hold.

6
7 HV: Yes, definitely.

8
9 R: So people are timely in getting back to you?

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11 HV: Yes, they really are.

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13 R: What about if you ever have to leave messages? Is that ever a problem do you think?

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15 HV: No, because just for an example Cath the manager we had a meeting arranged with a family and the
16 specialist health visitor couldn't make it so we had to change the day with mum and Cath wasn't here so I just
17 left a message and I just know that she's going to get it, so yes, it is really good.

18
19 R: That is really good.

20
21 HV: I don't know about other children's centres but this one is just really efficient, the staff are really good.

22
23 R: So do you know many of the other core staff, obviously you know health visitors, midwife, parenting
24 practitioners, two-year funding, the manager.

25
26 HV: Talking Change.

27
28 R: Talking Change. So are there any other key staff members that you know, so how about the receptionists and
29 things like that?

30
31 HV: Yep, so the receptionists I think they must have a double job really because they often help out with the
32 groups that are here as well.

33
34 R: Oh, OK.

35
36 HV: So, I don't know, I'm not.

37
38 R: Do you not go through them as much? You tend to go direct if you want to speak to somebody?

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2 HV: Well I normally always phone the receptionist because they know where everyone is when they are going
3 to be back and all the phone numbers so I do generally come to reception first. Who else here? The Job Centre
4 Plus but we don't really have a lot to do with them.

5

6 R: Would you ever refer anybody to the Job Centre Plus?

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8 HV: No, I haven't myself but I guess that you can but I haven't myself.

9

10 R: OK. Now I've seen you as well working, so the first observation I did with you wasn't it was a routine midwife
11 appointment?

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13 HV: Yes.

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15 R: Can you tell me a little bit about that?

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17 HV: Yes. I work for Devonshire, I'm the health visitor for the Devonshire practice and Tracey is the midwife for
18 the Devonshire practice so every month we book in here to have a midwifery liaison so I will have my list from
19 our admin team of who is due in a certain month and I come along and just discuss them with Tracey and she
20 lets me know if there are any problems that she knows of and it's really good because sometimes she will have
21 someone who is not on my list and I'll have someone who has been taken over by another midwife that we
22 wouldn't know unless it was on my list, if you see what I mean? So it just brings us both up to date with what's
23 going on and from there because we used to offer ante-natal for every mum but at the moment we're only
24 offering for first time mums and mums who have had a history of needing support so that helps me to arrange
25 my appointments around that so it's really, really good.

26

27 R: Do you think you could provide your care as effectively without that visit, without that meeting?

28

29 HV: No, it would be much more difficult, much more difficult because it probably takes us 20 minutes to go
30 through the months of ante-natals and all information is there whereas if I didn't and it was different midwives
31 caring for these mums it would just so much longer to go through each different midwife and say are you caring
32 for this lady, no I'm not so and so is, and it would just probably take two hours rather than 20 minutes to find
33 out and then that's if you can get hold of some of the midwives as well. So because it's planned and Tracey
34 knows everyone it just works.

35

36 R: So is there no documentation the women carry that would be able to give you the information that you get
37 from the midwife?

38

1 HV: They would but we wouldn't be seeing them until the antenatal, so that's why we need it before then
2 anyway. But yes if we were going to, well we wouldn't, but they would have that information, if you see what I
3 mean?

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5 R: I'm just being deliberately difficult really.

6
7 HV: No, but yes they do have it but we wouldn't see them, so.

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9 R: OK, great.

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11 HV: And then I suppose we could phone and ask them from the midwife but then if it's a mum that you are not
12 going to see and then you have to explain why you've phoned them and say actually I'm not going to come and
13 see you it would just be more difficult.

14
15 R: Yes, sure, OK. Moving a little bit on, how does the documentation you use, so I want you to think about all the
16 different sort of, when I talk about documentation I'm talking your everyday like the forms you were filling out
17 in the clinic earlier just documenting names, weights, postcodes, things like that routine to the child health
18 records to referral forms. How does the documentation you use help contribute towards good communication
19 with professionals working in the centre?

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21 HV: The lists that we were using today they wouldn't because they are just for us to take back to our admin
22 team to put on the system to say that the mums had been to clinic, so that wouldn't.

23
24 R: So why is that an essential piece of, is it more for?

25
26 HV: Just so we know when the mums have accessed clinics so we know that their baby has been seen and if
27 there was anything that we feel needs to be written about on the records or in the red book we would put that
28 in ourselves anyway. So, electronic records wouldn't help anyone because no one else has access to them.

29
30 R: So is your regular documentation electronic?

31
32 HV: Yes, we use System One but then the red book I suppose is the main documentation that other people
33 would see because the midwives see that, well anyone can see that that the mum allows to because it's a
34 mum's record, so the GP will see that, any other health visitor, if they go to hospital they fill that in as well so,
35 yes, it's mainly the red book. The one year check form that you saw today no one else would see that because
36 that's uploaded to our System One but we would write briefly in the red book that they are meeting all their
37 developmental milestones or if they're not, so the red book is the main, yes.

1 R: So, you use something called System One, that's not something I've ever used being a midwife, so, what is
2 the purpose of System One then?

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4 HV: It just takes over from the paper records, it replaced Rio, did you have Rio?

5
6 R: No.

7
8 HV: No, so it was just somewhere you could document everything that's happened but the only, not problem,
9 but issue with that is that no one else apart from Speech & Language can see what we've written on there,
10 community paediatricians can't, GP can't, midwifery can't. So, in terms of other professionals it's not that
11 helpful. What else? Even referrals that we do go on System One so they wouldn't be seen by the those
12 professionals either.

13
14 R: So referrals, so you don't have, so, I was under the impression that some referrals are universal referrals as in
15 universal referral form and therefore things like a SAF.

16
17 HV: Oh SAF.

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19 R: Well it's not a CAF now it's a single assessment isn't it?

20
21 HV: Yes. So in that case every professional involved would have a copy of that so that's a bit different. So I'm
22 going to do a SAF actually here on Tuesday with the manager and that will be disseminated to our MASH team
23 and all professionals involved, so yes, everyone can see that and that's updated at every team around the child
24 meeting as well.

25
26 R: So that form itself, do you think that's an efficient form in its entirety?

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28 HV: I haven't filled one in yet myself but for families with additional needs it is very useful because you can see
29 what the problems or the issues are and every meeting a plan is devised and every professional knows what
30 they should be doing before the next meeting and then it's completed again at the next meeting, so it is
31 supposed to be very useful.

32
33 R: OK. Can I ask a little bit, so how long have you been in your role as a health visitor?

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35 HV: 15 months.

36
37 R: OK, so, do you think you haven't filled one in before because of how long you've been in your role, because of
38 the demographics of the area?

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2 HV: I think it's the demographics, I don't have a lot of safeguarding in my caseload. I have some but I've just
3 never had a reason to actually do one yet. I've been involved with a couple of TAC meetings before but then I
4 wouldn't be the lead professional so maybe the nursery has done the SAF because they are seeing the child
5 more, I think that's happened a couple of times but yes it just hasn't arisen.

6

7 R: Is this why you are doing it with Cath?

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9 HV: Yes, because she's very helpful.

10

11 R: Oh great, and did she offer to do that with you?

12

13 HV: Yes, yes, so that's another reason she's amazing. She is really, really good and she knows, she's very
14 knowledgeable. If you go to her with a problem she knows exactly where to point you to so she's very valuable.

15

16 R: So did you go to Cath, to her saying I've got a concern. What was the little bit of a story around it?

17

18 HV: Well we had, there's a two year old girl who I was seeing her mum because she became pregnant again and
19 my gut instinct was that she was on the autistic spectrum but because I've only just met mum I thought we'll
20 see how things go because she wasn't talking, she had a bit of delayed speech, and so mum had the brother and
21 so I've seen her a bit more and mum actually said to me, do you think there's something wrong with child, so we
22 filled in loads of different referrals – that was here, and mum is very isolated so she'll just pop in here for
23 support and have a cup of coffee and her daughter goes and plays in the sensory room which is really good for
24 her. So because she was coming in a lot, and I didn't realise, Cath came to me and said shall we do a team
25 around the child, so we did that and then from that team around the child last week we all decided to do the
26 SAF so I said to Cath I haven't done one before and she said oh that's absolutely fine, we'll arrange for next
27 week and we'll all do it together.

28

29 R: Are you doing the SAF because you are going to be the lead professional with this lady?

30

31 HV: Yes.

32

33 R: How have you been picked out as the lead?

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35 HV: Well, we haven't discussed it but I presume I will be because she's not at nursery yet. She's due to got
36 Willow's.

37

38 R: What's Willow's? A nursery?

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2 HV: Oh, sorry, yes, a specialist nursery. So at the moment between me and the Children's Centre we are the
3 people who will see her most and because I'm still seeing mum with the younger child as well I presume that I
4 will be, so it's good experience.

5

6 R: Yes, that does sound good experience.

7

8 HV: Yes.

9

10 R: Just going back to your System One.

11

12 HV: Yes.

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14 R: So if you did make a referral on System One or if you had any information you did want to share on there how
15 would you go about doing that?

16

17 HV: So, for instance with that child we do referrals to the Early Years panel, community paediatrician and do the
18 questionnaire that you saw earlier and the social and emotional questionnaire and because the paediatrician is
19 not on System One we'd photocopy it all, put it in with the referral and actually send it to the paediatrician
20 because there's no way, if they are not on System One you can't share it so it would have to either be post or
21 email.

22

23 R: Yes. Could you suggest a way in which there would be an improved communication?

24

25 HV: Yes, well we had a system one refresher a couple of weeks ago and our specialist health visiting team for
26 children with disabilities they can see things from the community paediatrician and the other way around so
27 there is a way, apparently, of if we want a group to be shared then high up in the IT chain they can do it on
28 System One so it's just getting them to do it, so we asked them if they could. So it is possible but that's only
29 because they are on System One, if they weren't on System One we couldn't so it would have to be, because
30 our GP's are on System One but we can't see what they write and they can't see what we do but I think that's.

31

32 R: Is it right that you can ping messages to the GP though?

33

34 HV: Yes, you can send a task which is the same as emailing really and I think if you ping'd them on System One
35 you can't say look at this person's record because they still can't see what you've written. It's very frustrating.

36

37 R: OK. Is there anything about any other documentation that we've mentioned that you think could be
38 improved to help communication of information?

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HV: Er.

R: It might be that there isn't but.

HV: I think it's just everyone needs to be on the same system. I think that's all it is.

R: Have you ever had problems when you've received a referral or anything like that, are there any examples when you've had a poor referral or poor notes or something like that?

HV: I haven't but a colleague referred to physio and it was sent back without an explanation of why it was sent back.

R: Oh, right.

HV: But that's all I can think of at the moment. It's mainly a lack of information, if you haven't got enough information on a referral then it would probably be sent back to you or they will contact you but I haven't had myself.

R: OK. In your experience how do other people perceive and understand your role as a health visitor?

HV: I think it's quite mixed really, if you have a mum who is in the service at this moment then they would have a really good understanding because we explain as we go along what we do whereas some people who are not on the system at the moment just think we weigh babies and that's it. It's quite hard, even other professionals don't really understand our whole role but then we probably don't understand other professionals if we're not involved with them. Yes, it's mixed, it's very mixed.

R: Yes, like you say you think maybe the fact that if you don't deal with somebody or work with a professional they don't particularly understand your role is there anything else that you think might contribute to that? Do you not work with most roles a little bit?

HV: Yes, I'm just trying to think who probably wouldn't understand. The only reason I said that is we had a multi-agency workshop a couple of weeks ago and it was someone who worked in a school, it wasn't a school nurse, I don't know what she did now but she didn't know what kind of work we did but then she probably wouldn't need to because she worked in a school with 0-5, so other than that actually the professionals that we work with they do have a good understanding.

R: Do you think being here within the centre contributes?

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HV: Yes, definitely, and the same vice versa as well, we understand what the professionals here do.

R: How so? Just because of?

HV: Just I suppose talking to them really, yes, just chats and just trying to find out.

R: Yes. Do you think there's anything that could improve understanding of your role?

HV: I don't think so really because those who aren't involved in our service, like I mean families, they probably don't need to know what we do unless they are involved with us. I don't know.

R: What about other people's roles, do you think you've got a fair understanding of everybody else's role?

HV: Yes, I think we need to in our jobs, social care, everyone here, we have a good understanding of what they do and they have of us as well and that comes through working in child protection conferences as well so you need to know who does what and the Children's Centres go to child protection conferences too. I think that's a really strong point actually that we do, we are good at referring when we need to as well and to the right person.

R: Yes, OK, great. So, moving on to a little bit about the nurture programme, so the nurture programme because I know in different roles the nurture programme actually means different things to other working professionals, in maternity the nurture programme consists of various different service changes, one of which was bringing the midwives back in to the Children's Centre, so I just want to talk about the nurture programme.

HV: Yep.

R: So that change bringing midwives back in to here, so to what extent do you feel that change has helped others including the midwives understanding your role? Does that question make sense?

HV: Erm, yes, I think my experience is that the midwives that I've worked with have understood, I haven't had to clarify anything with them, they seem to have a good understanding and I think that's helped by the midwifery liaison and having that talk with them. Yes, so for me it's just always worked really well but I don't know how it worked before though that's the thing.

R: Yes. I mean if you potentially had to do the same thing in the GP surgeries do you think that would work?

HV: Er.

1 R: It's very difficult to say really isn't it, it's a tricky question because it's.

2
3 HV: Yes, I think from what I'd heard health visitors were based in with GPs at one time which would be really
4 good to be able to like here just go and ask them something rather than not being able to get through to them
5 on the phone. So that would work really well with prescriptions and things like that but.

6
7 R: Do you think there's a benefit from being in the Children's Centre instead of a GP?

8
9 HV: Yes, definitely. It would be just GP's and nurses there but here we've got so many people that are more
10 helpful to our role than just the GPs so it's much better here.

11
12 R: OK. To what extent do you feel the nurture programme moving midwives here has enabled you to work more
13 effectively? So, actually I mean saying that you've probably understood, you've answered that with your
14 previous question.

15
16 HV: It's just knowing, having a background before you go into someone is really important and I think especially
17 as some families will withhold information but if they know that you've spoken to the midwife you can be quite
18 honest with them and say well I know you have a history of depression whereas maybe they wouldn't have even
19 mentioned that before. So knowing the history is really important before you go in.

20
21 R: Do you think collaborative working is essential to your practice?

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23 HV: Definitely.

24
25 R: Yes?

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27 HV: 100% yes.

28
29 R: Why is that?

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31 HV: You need that communication to be able to provide the families with the best care that they can have really
32 and I think if you haven't got that collaboration it makes it so much harder and I think families would miss out
33 on some services because we don't know what each other has to offer.

34
35 R: What would you say then to people, well do you think it's with all the best will in the world if everything is put
36 in place for you to effectively collaborate with somebody do you think it's down to the individual to make that
37 collaboration more effective?

1 HV: Yes, I think you need to have a good working relationship so aside from, so like seeing Tracey every month I
2 go and see the GP every month and I think if you didn't go in and have that face to face, if they don't know who
3 you are I think it would be a lot more difficult to have that relationship. So, yes, I think you do need to try and
4 actually show your face and let them know that you are interested in what they have to say and take on what
5 they are going to say as well so it is something that you need to work on, it's not just going to happen I think.

6
7 R: Have you had any experience where you feel potentially another professional hasn't been as invested in
8 making a partnership or collaborative work or have you found that's not been the case here?

9
10 HV: No, it's all been good.

11
12 R: Would you consider yourself a member of the team of the Children's Centre?

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14 HV: Probably not because we're health visitors and this is Children Centre staff but they do, if they've got a
15 query they will phone us up and we will do to them so maybe an extended member of the team definitely.

16
17 R: Do you think the way you are treated then affects the way you work with them at the Centre?

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19 HV: Yes, they are just so approachable and they contact us when they need to and it's all appropriate questions
20 and reasons, so yes, I've got nothing bad to say really.

21
22 R: OK. Well what we'll do we'll go on to the use of some of these scenarios, so there is a basic scenario here,
23 have a read of that and then we'll go over the questions together. You can read the questions if you like but I
24 will read them aloud for the recording. So just let me know when you are done reading through that and then
25 we'll go through those questions.

26
27 HV: I think I'm ready.

28
29 R: OK, so in this scenario there has been a bit of a miscommunication, well no communication from the GP and
30 the midwife, whether you think that's relevant or not, so what are your views on what might inhibit effective
31 communication between the professional agencies? So, you can use this as an example, you can consider
32 maybe what might inhibit that but also generally.

33
34 HV: I mean nothing should inhibit effective communication so I don't, there should have been no reason why
35 the GP, well that they didn't communicate about it so. I mean her not going to the appointments that should
36 have been picked up. I don't really know.

37
38 R: So from your point of view you can't see why they didn't contact?

1

2 HV: No, they should have done definitely because she's obviously a very vulnerable adult at the moment.

3

4 R: Have you ever had difficulties in trying to get in touch with somebody?

5

6 HV: Oh, definitely, yes.

7

8 R: So what sort of problems do you have?

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10 HV: We just have non-engagement where people just won't be in or they won't answer the phone.

11

12 R: So is this like families rather than professionals?

13

14 HV: Oh, yes, yes.

15

16 R: So what about have you had difficulty engaging with other professionals?

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18 HV: No.

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20 R: No, that's fair enough.

21

22 HV: No.

23

24 R: So you've not really had any experience where you wish somebody had contacted you a bit earlier and they
25 hadn't or?

26

27 HV: Not really, no.

28

29 R: That's fine. That's alright. This might make it a little bit difficult, more difficult to answer the second question
30 but if you've not.

31

32 HV: Yes, yes.

33

34 R: Key things you are picking up that might cause a problem but what might make communication easier do you
35 think?

36

37 HV: Having the same electronic records.

38

1 R: Yes.

2

3 HV: There's nothing to stop anyone from picking up the phone to someone really because we all information
4 share and this is a vulnerable mum so, I don't know.

5

6 R: OK, that's fine. Let's move on from that one then. If there is anything that suddenly comes to mind and think
7 of actually yes, that might have been it, yes, then we can come back to it but it doesn't matter.

8

9 HV: I suppose if you've got the wrong telephone number for someone but that's a parent not the professionals.

10

11 R: Yes. What about getting through, do you find it easy getting through to GPs themselves?

12

13 HV: Oh, OK, no.

14

15 R: So what sort of problems do you have getting through?

16

17 HV: I can get hold of any other professional really easily but actually the GPs are really hard to get hold of. I find
18 it easier to email them but if you want to speak to them over the phone it's really, really difficult because they
19 are either in a meeting with someone or as with my surgery patients are told if they want an appointment that
20 day they need to phone from 8.30am so the whole morning is engaged so you can't get hold of them, however,
21 I have got an ex-directory number for them so they have a different phone for emergency calls, so it is difficult
22 but not.

23

24 R: Impossible.

25

26 HV: Yes.

27

28 R: It's not impossible.

29

30 HV: Yes.

31

32 R: You just need to know how to do it.

33

34 HV: That's it.

35

36 R: Do you think that information is readily available to people such as yourself who might actually need that?

37

38 HV: What the ex-directory number?

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R: Yes.

HV: They don't give it out to any patients so it's only professionals and they made sure I knew that when I first went to see them.

R: That's good.

HV: Yes, so that is the only issue. Midwife I can get hold of her really easily and if I can't I just phone PARTRIDGE CITY MATERNITY CENTRE. Children's Centre, because we only work the same hours as the Children's Centre there is not going to be any time that we can't get hold of anyone here.

R: Yes, what about the social workers?

HV: That's not too bad. If we really, really need to speak to someone then we can even if it's not the social worker that we want to speak to but in my experience if I leave a message for the social worker they get back to me as soon as they can. Yes, if you want to speak to someone about something that's quite pressing if you say that on the phone then they'll direct you to someone who is actually in the office to talk to and then they will relay back to the social worker.

R: You can still feel that actually.

HV: Yes, it works.

R: OK, let's move on. Let's go on to something about roles, so have a look at that second scenario for me.

HV: OK.

R: So to what extent do you consider you would be able to meet the health and social care needs of this family?

HV: So, I would obviously make a home visit and make an assessment on actually going to see the family. If social services that it doesn't meet their threshold then you won't get any further with that. What we can do is we can phone our MASH team and they have, it's gone from my head, oh early support workers and they can come and do a joint visit with us so that's not social care but it's early help. So, we've got things like Home Start who can go in to help the family, I'd refer to the Children's Centre. Housing, we don't really have any effect on so that wouldn't really help. Yes, I think this happens quite a lot and we're quite good at managing that.

1 R: OK. You've mentioned there a little bit about the agencies and professionals you might draw upon, what's
2 your understanding about the support that might be offered from those people? Would it fulfil the needs of
3 this family?

4
5 HV: Yes, so they're very isolated, they haven't got anywhere around so that's where the Children's Centre can
6 help because they can come in and go to groups. The Home Start can go into the home, they help with isolation,
7 finances, home conditions, anything that the parents need really. Because she's pregnant there are antenatal
8 groups that we can signpost to as well. The midwife would be involved but not to this extent but we would keep
9 in contact with the midwife about them because this is someone that Tracey would tell me about anyway.
10 There's no low mood is there, but if there was low mood you'd get the GP involved as well, Talking Change, so
11 there's always someone that you can refer to if the parents want to.

12
13 R: If they want to, so you think if they, so actually this goes on to a little bit about the next question whether
14 there are any challenges you would anticipate in achieving the appropriate level of support? So do you think
15 user engagement is significant?

16
17 HV: Yes, because if they don't want to refer then you can't just refer unless they are in social care, the threshold,
18 but they're not. Sorry.

19
20 R: Don't apologise.

21
22 HV: So, Home Start they can have because they are volunteers they can have quite a long waiting list, so that
23 might be a little bit of a challenge. Again, with Talking Change sometimes that's a two-month waiting list but
24 then they have a telephone referral system. So, waiting times really and yes, if they consent but that's about it I
25 think.

26
27 R: So waiting times, do you think waiting times could significantly impact on?

28
29 HV: I think it depends really, if you've got the children's centre involved as well then they can alleviate some of
30 the isolation in the meantime and if the parents know that they have been referred to say Home Start and they
31 will be seen I think them just knowing that can help the situation as well but it probably wouldn't hinder too
32 much because the situation is not that extreme.

33
34 R: OK.

35
36 HV: But yes, other than that I think this is quite a familiar scenario really, we are lucky enough to have lots of
37 people we can signpost to and of course we can go in more often if we need to as well just to keep monitoring,

1 and obviously when she has her baby the midwives will be heavily involved for the first couple of weeks. And the
2 GP as well for the post-natal checks. So yes, it's quite manageable.

3
4 R: You mentioned a little bit about as long as the family consent, can you talk a little bit about consent and do
5 you feel obtaining or having to obtain consent may influence the way you are able to work with other
6 professionals? Does it, you know?

7
8 HV: Yes, because, so the referrals like the Early Years panel, well actually all referrals need at least verbal
9 consent, some of them need a signature so if a parent doesn't want it to refer to an agency then you can't.

10
11 R: So, that's for any agency is it despite your concerns?

12
13 HV: Yes.

14
15 R: Really? OK.

16
17 HV: If that happened I would ask for a joint visit with the MASH team and what they would probably do which I
18 had before is they will mention that if you don't help yourselves then it will be escalated to Social Care, so go
19 down that route because if they didn't have any help it probably would.

20
21 R: So what are your thoughts on consent and confidentiality around collaboration?

22
23 HV: Mixed really, I do think it's fair enough if someone doesn't want a service then they don't need to have it
24 however, if it's going to impact on them or their children then by bringing say the MASH team in and saying
25 actually this is going to be detrimental to yours and your children's health and development if you don't then if
26 they know that and they still refuse then it would be escalated anyway. But sometimes it is a barrier but if you
27 refer someone and they didn't want it they are going to refuse that service anyway and waste their time, so.

28
29 R: OK. Fab. Let's go on to our last one, there you go, have a read of that for me. This one actually sounds slightly
30 familiar for the little scenario you were telling me about anyway.

31
32 HV: OK.

33
34 R: So in your experience what are the advantages? I mean it maybe that we repeat ourselves a little bit but
35 that's absolutely fine. In your experience what are the advantages of being colocated with other agency
36 professionals in the same building.

1 HV: OK, so talking about S like you said earlier, she accesses children's centres exactly the same as this scenario
2 and the Children's Centre did pick up that she wasn't coping very well and so relayed back to me whereas I
3 wouldn't have known because I don't think I was due to see the family for at least another five months I think so
4 without that I wouldn't have known. Obviously Talking Change are here if mum has low mood so the Children's
5 Centre can refer them to them anyway but by bringing me in to the situation I can do home visits just to make
6 sure that everything is OK at home because you just don't know. Then signposting them to the sensory room, if
7 she's having trouble with behaviour the parenting practitioner, so, yes, in that situation it was really helpful and
8 now they've got a team around the child meeting with other professionals so it's worked really well, whereas
9 otherwise I wouldn't have known about it.

10
11 R: In your experience are there any limitations to colocated working?

12
13 HV: Only sometimes space so if you wanted to book a room sometimes it's difficult but other than that, no, it
14 could do with being a bit bigger but no it's really good.

15
16 R: Now in some other interviews I've done people refer to the Children's Centres as sort of a hub – would you
17 agree with that?

18
19 HV: Yes.

20
21 R: Can you explain what you mean by that as well?

22
23 HV: It's one place that parents can come to with a problem about their child and they will get an answer of
24 what to do about it, so they will be signposted to someone to help them with that problem so they know they
25 can come here, they would never be turned away and they would get support from whoever needs to be
26 involved. Like you say we work together, everyone knows everyone's name which is really nice, and so Cath
27 knows she's got a list if the mum says what GP surgery she is with then she is like oh Emma is your health visitor
28 do you mind if I give her a call and so it just works really well.

29
30 R: Could you argue or do you think it's true that you could say well actually you could go to your GP to get that
31 sort of answer for your child's care?

32
33 HV: It depends what the problem is. If it was a GP problem then I know that Cath would know that it was and
34 she would say you probably need to go to a GP for that. Yes.

35
36 R: Do you think Children's Centres are visible to the local community?

1 HV: This one isn't because it's really hidden away. If you said to someone [name of] Children's Centre they don't
2 know where it is because it's right round the corner but I think if you are a mum or going to become a mum we
3 make a point of telling mums where the local Children's Centres are, they can easily see on the internet where
4 they are, so if they do have a child they will probably know where they are it's just the new mums who wouldn't
5 have a clue and that's why we need to make sure they know and we put it in front of the red book where all the
6 Children's Centres are, where all the clinics are so that they know they've got it all in one place. So once they are
7 introduced and in the system then they do know where they are. If they want to find out it's easy to find out as
8 well.

9
10 R: OK. That's great, well that's the last question on that. We've actually been through the majority of the
11 questions I've got here, I know I veered off on a couple of occasions but is there anything that you feel or think
12 about working together here, any strong feelings or opinions that we haven't covered?

13
14 HV: I don't think so, no, I think we've covered everything. I know that we're lucky to have this Children's Centre,
15 I don't know what the experience is with others but this Children's Centre is very well equipped as well, so some
16 Children's Centres won't have a sensory room and things like that and some won't have these professionals in
17 either, so we're just very lucky I think. Even a mum, so if I saw a mum for someone else I would say how good
18 this Children's Centre is because maybe one near her hasn't got as much or as many groups going on. So it's
19 word of mouth as well and signposting to here.

20
21 R: OK, fabulous. Well we've reached a suitable stage to now end the interview. I'd like to take the opportunity to
22 thank you for taking part in this research.

23
24 HV: Thank you.

25
26 R: Thank you very much.

27
28 **End of Interview**