

## INTERVIEW TRANSCRIPT

PARTICIPANT FIVE

DATE: 15<sup>th</sup> February 2016    TIME: 09:10am

Researcher – R

Participant – EIP (Early Intervention Practitioner)

/ - speaks at the same time

= - immediate response

[ ] – non-verbal communication

### **Beginning on interview**

R: I want to welcome and thank you for agreeing to take part in this research. I am Naomi and I am the researcher for the study, a case study of a maternity services development programme and its influence on maternity services in interagency collaboration – bit of a mouthful! I will be conducting this interview and I would like to confirm for the recording that you've provided consent.

EIP: Yes.

R: In writing to take part. The current date and time is 15th February and the time is 9.10am. You've been allocated participant number 5, which we've just mentioned. Can I get you to confirm your or your title?

EIP: My role, I'm the early intervention practitioner for locality B of children centres.

R: Perfect. I'll start with some general questions and then we'll move on to the use of some vignettes or short scenarios. While we didn't take part in any observational data collection I'd encourage you to reflect upon practice and potential examples in day to day, again as I mentioned do not worry about names and confidentiality, any names will be removed in any transcription. OK?

EIP: Yep.

1 R: Can you explain what in your experience contributes to good working relations with professionals in the  
2 children's?

3  
4 EIP: Sorry, what was the beginning of the question?

5  
6 R: What in your experience do you think contributes to good working relationships with other professionals in  
7 this centre?

8  
9 EIP: What contributes towards it?

10  
11 R: Yes.

12  
13 EIP: I'm wondering if I fully understood the question. So things like I think it's always easier if those professionals  
14 are around in the same environment as yourself, so you are seeing them maybe not day to day but quite  
15 regularly, at regular intervals, and you can have off the cuff discussions about families rather than having to get  
16 on the telephone. Sometimes you can't always get through to them and they have to call you back and then it  
17 can take a while. So that's definitely I think one of the major factors that contributes towards good relationships.  
18 A good understanding of what their job role is and what my job role is so they understand what my remit is and  
19 how I can help families – that always is a big help.

20  
21 R: Can you elaborate on that a little bit? Why do you think that really helps, can you think of any examples?

22  
23 EIP: My memory is not great, examples.

24  
25 R: Why do you think that helps?

26  
27 EIP: For them to know what I do? It gives the family the best support really, if there is something that a family  
28 needs they don't realise that I can provide that then they're not always going to share the information about  
29 that family with me or refer the family to me.

30  
31 R: Great. Anything else you think helps?

32  
33 EIP: Contributes. [Reads question]. Gosh, my mind has gone blank.

34  
35 R: That's fine, there's no pressure to answer. Can you think of an example where you think that you've had  
36 really good working relations with somebody within the centre, whether it be day to day? If you can give me an  
37 example? So think about who else you closely work with in here?

1 EIP: So are we talking about other Children Centre staff?

2

3 R: Yes, so it can be other centre staff that you work with day to day in the office, I know we run here regular  
4 health visitor clinics and midwifery clinics as well, so how do you find the relationship working with the midwife  
5 here?

6

7 EIP: I don't work with the midwives here, I'm not actually based at this centre so my main base is [LOCAL  
8 CHILDREN'S CENTRE], we don't have a midwifery clinic running from there so I don't have that regular contact  
9 with the midwife. I'd say the only time I really see a midwife is if they are involved with a family who I'm working  
10 with, so say an expecting mum it would be at the meetings, the SIM/SIN meetings, the core group meetings.  
11 Other than I don't really have any.

12

13 R: What are your thoughts on that, do you think that's a good or bad thing?

14

15 EIP: A bad thing. Yes, definitely. From working with health visitors I've noticed that if there is a family that comes  
16 up on their radar very early on they've got that relationship with myself where they see me they can tell me  
17 about that family and it's quite early on so it just speeds up the whole process really, whereas with the midwife I  
18 probably won't meet them until it's already got to the level of a core group or child protection and I would be  
19 meeting them and I'd usually only be seeing them at the meetings. So yes, my experience differs with health  
20 visitors to with midwives.

21

22 R: Can you tell me a little bit about your experience with the health visitors then?

23

24 EIP: The health visitors I'll know them by name and I'll be able to put a name to a face.

25

26 R: That's because they're here a lot more when you are here?

27

28 EIP: Yes, definitely. I'm just trying to think of an example. I'm working with a family at the moment and the  
29 health visitor was here delivering and the mum and dad turned up for a one to one with myself, we were in the  
30 room doing a one to one and the health visitor popped in to make a cup of tea and she got a chance then to  
31 catch up with the family, catch up with myself, there was a bit of a query over whether dad should actually be in  
32 the session. I'd already cleared that up obviously but the health visitor was a bit like, oh why is dad here, so then  
33 I could explain to her, oh this is what's happened I've been on the phone to social care they said it's fine, so then  
34 she'd got that information that she didn't know previously. So just things like that happen day to day whereas I  
35 don't have that same experience with midwifery.

36

37 R: OK, that's great. How about any other people you regularly work with here, so how about do you find the  
38 relationships with even management staff or child and family practitioners?

1

2 EIP: Yes, very good. We are quite a close team so we are quite good at information sharing about families and  
3 things like that. I'm trying to think over at [LOCAL CHILDREN'S CENTRE] what other professionals I work with;  
4 childminders – so I've done some information sharing with childminders. A childminder had a concern about a  
5 child in her care and came to me and asked about it and I was able to phone up social care and find out a bit  
6 more, so we did some good joint work there.

7

8 R: This information sharing you think that's helping your working practices?

9

10 EIP: Yes, definitely.

11

12 R: Can you explain a little bit about your information sharing?

13

14 EIP: Explain about it in?

15

16 R: Yes, what do you mean by information sharing, what is your context?

17

18 EIP: Oh, OK. It can be a number of things, it could be a family that I'm not aware of so another professional  
19 saying oh there's this family explaining a bit about them, you'll hear about them when they come to case  
20 allocation but it's good that we've already had that initial conversation. Information sharing, other ways that we  
21 do. So families that I do already know about that I'm working with and I know another professional is working  
22 with them we can share information about that family, so anything that has happened recently that is significant  
23 we don't have to wait until a social care meeting to update each other we can update each other there and then  
24 and then it might be that we can put an intervention in place beforehand. Other information sharing? So, if  
25 another professional knows about a family but is not sure what support they could offer they could ask me and  
26 say is this something you could do? Yes, that's something I could do. It's just the face to face information sharing  
27 is just that much more early rather than waiting for the formal meetings.

28

29 R: And you think, because you mentioned that's down to being in the same place?

30

31 EIP: Definitely.

32

33 R: So you say you work from another children's centre so how often do you work here?

34

35 EIP: Oh it really varies, this week I've got a one to one, I've got two one to ones with families and I help out on  
36 Tuesday afternoons in the group, I help out the practitioner so I'm in there every Tuesday afternoon so probably  
37 about a day a week timewise.

38

1 R: OK. So going back a little bit we were talking about information sharing, maybe going on to documentation  
2 as another form of information sharing, so how does the documentation you use and think about maybe what  
3 documentation you do use, any referral forms, anything like that, help contribute towards good communication  
4 with professionals working in the centre.

5  
6 EIP: How does it contribute towards?

7  
8 R: If it does even.

9  
10 EIP: The referral forms we get in that will, a professional will send that in if they believe a family needs some  
11 support from the Children's Centre, that will go to our case allocation panel – they will read that and then  
12 allocate it to the relevant worker; I've been to the case allocation meetings. The referrals paperwork is quite  
13 good in that it provides details about the family and the professional will outline what is going on for that family  
14 at that time, so what the concerns are. Sometimes it's not always filled in that much detail so then it requires a  
15 follow up phone call to find out a bit more. What other documentation do we use? We use records of contact  
16 so my one to one this afternoon I will write that up on a record or contact and that's quite useful in that if there  
17 is anything significant and obviously it's recorded and I don't have to remember it and I can refer back to it  
18 when I'm speaking to other professionals. Sometimes our records of contact have been emailed over to social  
19 care if there is anything really significant so they can just read it and it's all documented. There's so much  
20 documentation that we use even things like attendance is documented on our e-start database, so we'll quite  
21 often pull that up before we go to a core group meeting and explain what they've attended, when they  
22 attended, so that's quite good especially if it's in the children's plan that they have to come weekly we've got  
23 that then to show if they have or haven't. There is quite a lot.

24  
25 R: Can you think of anything that might improve the use of this referrals, any documentation really?

26  
27 EIP: Anything that would improve it? I guess maybe speaking to the professionals that regularly submit the  
28 needs referral forms explaining exactly what's helpful to us and what's not helpful kind of thing, that could be of  
29 help. They did buy some touchpads for us to take on home visits.

30  
31 R: Like tablets?

32  
33 EIP: Tablets, that's it, to take on home visits and meetings so we can record our home visit record of contact  
34 whilst doing it but I don't use them, I find them more of a hindrance than a help. I know some people have  
35 found them really useful.

36  
37 R: Why do you find them?

1 EIP: I struggle to have a conversation with somebody whilst writing down things, I find it a barrier for  
2 communication and I'm not very good with technology anyway, so I don't really think it's that helpful to be  
3 honest but I know some people do like them. I can't think of anything else.

4  
5 R: So you mentioned a little bit about sometimes things aren't filled out correctly?

6  
7 EIP: Yes, or you get a sense that there's a lack of information so you want to know more about something so  
8 you'll make a phone call to the professional who has submitted it and say there is this sentence here but I need  
9 a bit more information and then loads of stuff will come out and you'll think oh OK.

10  
11 R: What do you think might help that? You mentioned about the knowing what you need to know? How would  
12 you be able to do that or would you be able to do that do you think?

13  
14 EIP: I guess it would be a case of the manager's higher up maybe speaking so maybe Children's Centre  
15 managers speaking to health managers and then filtering it down.

16  
17 R: Do you find there are any barriers with differences in terminology between different professionals? Actually  
18 saying that I don't know who, in these referral forms you use is it the same professionals, do you have any cross  
19 professionals with social care or health visitors, midwives – do they use the same referral forms?

20  
21 EIP: To refer to Children Centres it is the needs lead, yes, so we'll mostly get those from health visitors but we  
22 can get them from midwives, we have had some from midwives. We get them from, social care tend to not fill  
23 them in they kind of give us a call more often than not.

24  
25 R: Would you then have to fill out the referral?

26  
27 EIP: No.

28  
29 R: No, so a verbal referral would be.

30  
31 EIP: That would just be recorded.

32  
33 R: So you don't find a problem with terminology between the different professionals?

34  
35 EIP: I haven't, no.

36  
37 R: Talking a little bit you mentioned earlier about how you feel people understanding your role might help the  
38 way you work together, in your experience how do you think people perceive your role and understand it?

1

2 EIP: Trying to think of some examples. I guess some people maybe think that it's all just play and, I'm not sure  
3 how people would perceive my role but Children's Centres I think some professionals might perceive it as oh it's  
4 just a place where people go to play and don't fully understand the input that families receive from the staff  
5 here. I think some professionals I've experienced in the past maybe don't understand the level of training that  
6 we've received – that's just a feeling that I've got in the past they maybe think they've got higher level  
7 qualifications, more knowledge and things like that.

8

9 R: Do you think that hinders the way that you work together then?

10

11 EIP: Yes, sometimes it can do definitely.

12

13 R: Why do you think that is?

14

15 EIP: I guess it's just that awkward feeling isn't it between you and somebody else when you think they don't  
16 really understand that maybe I do understand, like sometimes they'll be talking and you think oh they think I  
17 don't really know what they're talking about but I do. That can be difficult. Then maybe viewing us as not  
18 organisations that can kind of support each other, maybe they think oh only I could do that piece of work.  
19 Things like that. That can be quite difficult. I'm trying to think of other ways that we are perceived. I don't know,  
20 it is interesting. I've got a friend who is a social worker, she's been working for [PARTRIDGE CITY Social Care] for  
21 a year now but when she started her role she decided that she was going to come out to a Children's Centre  
22 and I think that's only because she knew me she felt comfortable to come and find out more about the  
23 Children's Centre and it might be because we've got a personal relationship as well out of work but quite often  
24 she'll send me an email about a family to do with something to do with the play development of the child and  
25 say oh I was just wondering if you could help me out, I've been working with this family, this is the child's level  
26 of speech language, do you feel that that's maybe an appropriate level for a child of that age and things like that,  
27 but I think that's because she knows me, she knows what qualifications I've got, she knows more about my job  
28 role where she came out to visit the Children's Centre at the beginning that she feels able to ask those  
29 questions. Her knowledge of child development is more limited than mine so she feels she can ask those  
30 questions, which is really interesting.

31

32 R: Yes, it is, if you feel that actually there's potentially a barrier there and the only reason she understands that  
33 is because she knows you, she has a bit more in-depth knowledge about your role.

34

35 EIP: And it just makes you wonder what other social workers are working with Children's Centre staff that  
36 maybe don't realise that they can ask those questions and get some support on those things.

37

38 R: What do you think might help that if anything, do you think anything would help?

1

2 EIP: It was very good that she'd written into her enrolment or in her induction that she would come and spend  
3 half a day in the Children's Centre so she got to meet the parenting practitioner that works alongside me at  
4 [LOCAL CHILDREN'S CENTRE], she got to meet the two year old funding officer, she got to meet all those people  
5 so she has relationships with them now so she can just phone them if she's got a question about two year old  
6 funding, whereas the majority of social workers I don't think have ever spent any long prolonged time in a  
7 Children's Centre and I guess it would be the same with midwifery as well.

8

9 R: Saying that to what extent has working with the nurture programme as we were talking, the nurture  
10 programme where the midwives have actually been brought into the Children's Centres, do you think that has  
11 helped or to what extent do you think it's helped you work together and midwives and others actually  
12 understand you and your role?

13

14 EIP: See it's difficult for me because the midwives for [LOCAL CHILDREN'S CENTRE] and [LOCAL CHILDREN'S  
15 CENTRE] are based at [LOCAL CHILDREN'S CENTRE] but all our staff are at [LOCAL CHILDREN'S CENTRE] so  
16 nobody actually sees the midwives over at [LOCAL CHILDREN'S CENTRE] apart from the frontline receptionist. I  
17 don't think it has worked in that case over there. I think it has here just listening to the staff in the office they  
18 know the midwife here very well and I think it has helped their working definitely but where I'm not necessarily  
19 based here the midwives that I would have been seeing had it worked would be the midwives that go into  
20 [LOCAL CHILDREN'S CENTRE] and we're not, our staff aren't based in [LOCAL CHILDREN'S CENTRE] they are at  
21 [LOCAL CHILDREN'S CENTRE].

22

23 R: Is that all to do with the size of the centres and how the staff are?

24

25 EIP: Yes, [LOCAL CHILDREN'S CENTRE] is quite a small site, I mean that is the main site but we had a changeover  
26 a couple of years ago where parenting practitioners and two year old funding and child development officers we  
27 were all put together and that would never have worked at [LOCAL CHILDREN'S CENTRE] there just isn't the  
28 space, so [LOCAL CHILDREN'S CENTRE] over time has become where we're more office based and staffing issues  
29 as well meant that the midwives and health visitors over at [LOCAL CHILDREN'S CENTRE] are just given their  
30 own, not their own set of keys but kind of let themselves in now and set up for themselves and see to  
31 themselves more. The receptionist is the only member of staff that sees them so I couldn't tell you the name of  
32 the midwife that does the clinic there. So it hasn't really worked in that respect.

33

34 R: OK. This is a slight overlap, well actually I think you've just answered it really because I was going to say to  
35 what extent do you feel the nurture programme has enabled you to work more effectively with other agencies  
36 but I think that's pretty much just been covered because I think talking about your role and actually how there is  
37 this disconnection actually with the midwives there potentially hasn't worked. Sorry I'm just going over it in my  
38 head as well. OK, that's really interesting. That's good to know actually because me not working here I don't see



1 it as well and it's interesting to see through this data collection how you explain your roles and everything like  
2 that as well. So I've got a couple of scenarios here I'd like to go over, if that's OK?

3  
4 EIP: Yes.

5  
6 R: If you have a read through of that, take your time there's no rush, and then I'm going to ask you, you can read  
7 these questions also beforehand but I'll go over the questions with you and we'll go over your thoughts on  
8 those.

9  
10 EIP: OK.

11  
12 R: So is this any sort of scenario that you might experience, you might come across?

13  
14 EIP: So she was engaging with maternity until baby was born and then she didn't do any other postnatal but  
15 she's had medication from the GP but the GP hasn't spoken to any midwifery or anybody.

16  
17 R: So I think with this I tried to get a broad scenario that potentially you might experience but the key thing here  
18 is the communication, so we've got an example here of lack of communication. What are your views on what  
19 might cause this lack or inhibit communication between different agencies, not just the GP but anybody who  
20 works?

21  
22 EIP: I guess in that case the GP has been doing his bit but not really thought about the other bits that other  
23 people might be doing, so what could have caused that? I guess he might not have a very good relationship with  
24 the midwife or health visitor.

25  
26 R: You don't necessarily have to look at it from the GP but what I wanted you to try and think is this is an  
27 example, even just think of an example where?

28  
29 EIP: Yes, I've got a perfect one. A family recently, mum and dad aren't together, dad wasn't able to see the  
30 children, turned up to my one to one mum was here but dad was here as well and I was bit like oh. Mum  
31 explained oh yes it's fine he's able to see the children now so we've been told that he can come along to the  
32 one to ones, and I was a bit like well nobody has explained this to me and I need to check, I need to phone social  
33 care and check. I phoned social care and their social worker wasn't present but the person on the phone was  
34 able to inform me yes, they had a conversation with mum and dad and it's fine. But nobody had passed that on  
35 to myself and it transpired that nobody had told the health visitor, that was the health visitor that was here at  
36 the time that saw them and was a bit confused and I said oh no I've just had a conversation and it's fine. Nobody  
37 had told the nursery so nursery were ringing up, what's been going on, and in that instance I don't know lack of  
38 foresight maybe and time constraints, workloads? Maybe it wasn't a priority at that time to phone us all and let

1 us know that this decision had been made because there were 20 other decisions to make maybe for that social  
2 worker, so time and yes, I think workloads definitely can maybe inhibit that communication between  
3 professionals.

4  
5 R: It's a very good example.

6  
7 EIP: Yes. I'm trying to think what other things can inhibit it? I think if you've got a good relationship with  
8 somebody then you are always going to have better communication anyway. Just building good relationships is  
9 going to help.

10  
11 R: Do you feel that you've got good relationships with the social workers?

12  
13 EIP: Erm, I wouldn't say bad, we only really see them at the family meetings, we wouldn't see them outside of  
14 that. I can just pick up the phone and call them which quite often I'll do but sometimes it's difficult to get  
15 through to them, they are not at their office, they're not at their desk, oh they'll call you back – again it's time  
16 and workloads. I'm trying to think what else. I guess sometimes having, I'm trying to think how I can put it into  
17 words, so you have a family maybe, I'm just thinking from this point of view and I know it does happen  
18 sometimes, the GP will be meeting mum and just looking at mum from the point of view of medication for her  
19 depression so maybe not exploring other things with the mum. So having a wider knowledge about a family can  
20 prompt you to make a phone call to another agency. If you find out a bit of information from mum you think oh  
21 actually, you've got the knowledge of what another agency does they might be able to support you with that, so  
22 exploring things further with a family, finding out more than maybe you initially think you need to know can  
23 improve your information sharing with other professionals I think and again having a knowledge of people's  
24 roles and what it is they do.

25  
26 R: OK, great. Anything else practically you think could help communication?

27  
28 EIP: Practically. Social worker wise it would be amazing if social workers were based in Children's Centres, that  
29 would be incredible. That always helps to be located together.

30  
31 R: Can you elaborate on in the same locality together, why do you think that helps?

32  
33 EIP: Why does it help?

34  
35 R: Yes.

1 EIP: You've got that chance then to build up those good relationships with people, you know people by name  
2 but you know them by face, you can just catch each other as and when you don't have to phone and wait for  
3 them to call back. It's just easier when you are in a room with someone face to face regularly. It's just easier.

4  
5 R: OK, great. What we'll do because we've actually gone pretty much a little bit over what would improve with  
6 the second question we've got another scenario here, if I can get you to have a look at that as well for me.

7  
8 EIP: So, to what extent do you consider you are able to meet health and social care needs for this family? So in  
9 my role?

10  
11 R: Yes, so in your role, yes, how do you think or are you, sorry, to what extent do you consider you are able to  
12 meet the need, the health and social care needs of this family?

13  
14 EIP: So their needs are around housing and parenting support? Those are probably two of the needs that I deal  
15 with most frequently. Housing, I mean I always said to parents I'm not a housing officer but I can take you to  
16 somebody who is so I can get them in touch with the relevant agency, accompany them to appointments if they  
17 want. Our relationship with housing is improving so I could do enquiries over the phone, speak to housing on  
18 their behalf and things like that. Parenting support, we're located so there is a parenting practitioner in the  
19 building in which I'm located and I have a really good relationship with [PARENTING PRACTITIONER] so that's  
20 something that I could get them quite quickly, parenting support. I, myself, I wouldn't do those things myself it  
21 would be a case of finding those people for them and taking them to those people.

22  
23 R: OK, and that is something that you would do?

24  
25 EIP: Yes, that is, yes, those two definitely.

26  
27 R: So by the sounds of it saying here what is your understanding about the agencies and professionals you might  
28 draw upon you obviously know immediately who you might draw upon?

29  
30 EIP: Yes.

31  
32 R: Good relationships as you said. You think you've got those good relationships?

33  
34 EIP: Yes.

35  
36 R: Why is that, is that because of the frequency?

1 EIP: [PARENTING PRACTITIONER] sits opposite me, the parenting practitioner. I have a really good  
2 understanding of what her programme is that she offers, the parents know as well that I know [PARENTING  
3 PRACTITIONER] and quite often will refer to her in conversations and I'll help them build their relationship with  
4 her. Housing, I think just frequency of having to phone them and speak to them I've gained an understanding of  
5 their processes and things like that. With families, I've phoned them up and said mum is telling me this, is this  
6 right? Could you just explain to me a bit more what the protocol is for this situation so I think I've gleaned a bit  
7 of knowledge just the frequency in which I've had to interact with them. So for that scenario obviously there  
8 could be much more going on, I don't think that I would contact Social Services anyway to request assistance for  
9 [THE MOTHER], I would take her to those people myself because that's not something that I would contact  
10 Social Services about unless obviously the housing posed a real significant risk to the children.

11  
12 R: As you are located across a couple of different Children's Centres what would you do if you had somebody  
13 here in this scenario? You say that the parenting practitioner is actually over the other Centre?

14  
15 EIP: [PARENTING PRACTITIONER], she's based at [LOCAL CHILDREN'S CENTRE] but her programme is delivered  
16 across this locality so she will run things here and we have access on our shared W drive to [PARENTING  
17 PRACTITIONER's] bookings so I could access on the computer here and book a parent in to see her.

18  
19 R: So that's not an inhibition then actually?

20  
21 EIP: Yes, and then next time at [LOCAL CHILDREN'S CENTRE] I just say to her I've booked this parent in and I'd  
22 probably just give her a bit more information face to face about that parent.

23  
24 R: Great.

25  
26 EIP: There are systems in place for parenting support that can be accessed from all Children's Centres.

27 R: Are there any challenges that you would anticipate in achieving the appropriate level of support for this  
28 family do you think?

29  
30 EIP: Any challenges? From what sort of?

31  
32 R: So talking about you know the people you need to get hold of and speak to do you think there were any  
33 barriers to getting these people involved with this family do you think there are any and what do you think they  
34 might be?

35  
36 EIP: OK. Housing, I'm trying to think of examples in the past. Housing are quite easy to get hold of on the  
37 telephone and have a conversation with but their processing seems to be quite slow moving so there always  
38 seems to be long time before anything seems to be changing to being done. I think they're just quite restricted

1 with what they can do. Parenting, say I'm here and the family would like some parenting support, [PARENTING  
2 PRACTITIONER] is running her clinic over at [LOCAL CHILDREN'S CENTRE] at that time they might not be able to  
3 make it there or it might be that she's not running drop-ins until next week so I'll be booking them in but they  
4 might have to wait quite a while. Staffing I guess.

5  
6 R: So a bit of time delay, basically.

7  
8 EIP: Yes.

9  
10 R: Do you think that would subsequently influence the outcome of any care for this family?

11  
12 EIP: I've seen it before in the past with parenting support particularly. At that moment the family come in they  
13 are in crisis, they need this support, they need the support. If they have to wait until next week sometimes  
14 they'll think actually this week wasn't too bad so they won't turn up for their appointment.

15  
16 R: Right, OK.

17  
18 EIP: That happens quite a bit in parenting support. Housing not so much because housing needs don't tend to  
19 fluctuate as much, if your house has got damp it's got damp but you might have a good week with the children  
20 and feel that you don't need the support until next week and then you are back in and oh it's all bad again but  
21 oh you can't see her until next week now, so yes.

22  
23 R: Interesting, really interesting. I've got one final scenario here, have a look at that.

24  
25 EIP: OK, what are the advantages?

26  
27 R: So we've mentioned before and it's popped up quite a few times but I'll just ask it again if there is anything  
28 else you think of, it doesn't matter if we repeat the same answers, but in your experience what are the  
29 advantages of being co-located, so in the same building with other agency professionals?

30  
31 EIP: I'm just thinking of that example and things like it. Like I might be seeing a family regularly for one to one  
32 and the focus of my one to one might be to engage mum more in play with the children to build their  
33 relationship, so although I do tend to talk to mum and dad about different things I might not necessarily be  
34 focusing on mum's health needs at that time, so it might not be within my awareness of that time that maybe  
35 mum is struggling a little bit so if the health visitor is co-located the health visitor might mention actually I spoke  
36 to mum about her mood because that's part of what health visitors do and this has been identified. So that's  
37 good you can quickly share that information. The parents as well will know that you have those relationships  
38 with each other and I always think that's quite good, the parents know that you know the health visitor, the

1 parents know that you know the social worker, the parents know that you know the midwife so quite often we'll  
2 have parents saying oh could you just let so and so know that I'm not going to be able to – so for instance I  
3 telephoned a mum just to check how she was and she said could you just let [PARENTING PRACTITIONER] know,  
4 the parenting practitioner, that I can't make that appointment next week now. I said I can rebook that for you  
5 now, so when the parents know that you know the other professionals that can sometimes help them a lot as  
6 well. Then in other cases, other scenarios, they don't like it that you know the other professionals because  
7 sometimes parents will want to tell one professional one thing and not another but then they kind of get the  
8 sense that maybe you are sharing information about them, which sometimes they don't like. More often than  
9 not I think they find it easier when they know, and they can access you all in the same place as well which is  
10 easier for them. Trying to think of other advantages. I guess if my professional knowledge doesn't extend so far  
11 with some things I can always ask a question of another professional who I know has that knowledge which if  
12 you are not co-located like sometimes something will come up and I'll think oh I don't, I feel like I need to know  
13 a bit more about that but then if there is nobody around at that moment to ask then it might just go out my  
14 mind.

15  
16 R: Yes. How about limitations? Do you think there are any bad points about working within the same building?

17  
18 EIP: Any bad points? Maybe just practical ones, space in the building. Computer like IT usage. I'd say more  
19 practical limitations than anything else.

20  
21 R: Does that inhibit your working do you think?

22  
23 EIP: I've never experienced, well yes, I have experienced it actually over at [LOCAL CHILDREN'S CENTRE] when  
24 I've been out on a home visit, come back and somebody is on the computer that I was on and then there is no  
25 other free computer and it's like oh I don't know how I'm going to do my work I guess I'll just have to do  
26 something that I hadn't planned to do that doesn't involve computer usage. So, yes, it can impact. If you wanted  
27 to book out a room for something and they are all being used but I'd say yes, more practical limitations than  
28 anything else. I can't think of anything.

29  
30 R: Does it happen much where you say you are disrupted by lack of space?

31  
32 EIP: Not a lot to be honest, not at the moment. It does happen but not that often. Yes, I can't really think of any  
33 other limitations really.

34  
35 R: That's fine. We've gone over all the scenarios now, is there anything else you'd like to maybe mention that  
36 we have skated over that you want to say a little bit more about? How you generally feel about the working  
37 practices or anything you like, anything you don't like?

1 EIP: I can't think of anything really at the moment, I'm trying to.

2

3 R: Sometimes the more you try to think you can't.

4

5 EIP: Yes, trying to make it more complicated than it is. I guess it is a shame that the midwifery at [LOCAL  
6 CHILDREN'S CENTRE] hasn't worked as well as it has here, that is a shame. That's probably, I'm trying to think of  
7 my relationships that I do have with any midwives.

8

9 R: So how many Children's Centres do you cover?

10

11 EIP: [LOCAL CHILDREN'S CENTRE] and [LOCAL CHILDREN'S CENTRE].

12

13 R: So two.

14

15 EIP: [LOCAL CHILDREN'S CENTRE] and [LOCAL CHILDREN'S CENTRE].

16

17 R: So four?

18

19 EIP: Yes.

20

21 R: OK. Apart from the midwife you can't name do you have any contact with the midwife, no you said that didn't  
22 you. Any midwives?

23

24 EIP: No, I don't have any contact with any midwives. The only contact I've had with the midwives it's not regular,  
25 it's quite sporadic, and it will be, I'm trying to think, at a social care meeting if mum is expecting the midwife will  
26 be there and I guess we'll go around sharing information and the midwife will just talk about how mum's  
27 pregnancy is going and things like that. I tend then to not hear or see them until the next meeting. So, yes, not  
28 that much contact at all really. There are a few midwives names that I know because I've seen them regularly on  
29 the needs lead referrals and things like that but I couldn't put a face to a name for a lot of them which is a  
30 shame. It is a shame.

31

32 R: It's funny isn't it, all down to when people work where and.

33

34 EIP: Yes.

35

36 R: OK, that's great. We've reached a suitable stage now to end the interview. I'd like to take the opportunity to  
37 thank you for taking part.

38

1 EIP: You're welcome.

2

3 R: That's the end of that interview.

4

5 **End of Interview**