

## INTERVIEW TRANSCRIPT

PARTICIPANT NINE

DATE: 16<sup>th</sup> February 2016                      TIME: 15:45-16:45hrs

Researcher – R

Participant – EIP (Early Intervention Practitioner)

/ - speaks at the same time

= - immediate response

[ ] – non-verbal communication

### **Beginning of Interview**

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

EIP: Yes.

R: ...er, to take part in the interview. The current date and time is, the date is the 16th of feb 2016, and we are the, 3:45. Erm. Now you've been allocated a participant number, which is participant nine. And that's just so that I, where everything is confidential I can refer back to it...

EIP: Okay.

R: ...your transcript. Erm, so I'm going to start with some general questions and then move on to some vignettes, okay, some scenarios. [EIP: uh-hu] As you took part in some observation episodes of data collection I would encourage you to reflect upon this and just in your practice in general. Erm, I have a copy of your observational data if you wanted to see them from prompting, erm, you can. Just ask basically, erm, but otherwise we will just get on /okay?

EIP: /Okay. Yep.

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2 R: So, ideally I would like to start off by, erm, just think about in your experience, what contributes to good  
3 working relationships with, erm, other professionals in the centre?

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5 EIP: Erm, I think especially, erm, in this centre, being such a hub, erm, it, joint, joint working is a real key, erm,  
6 we have health visitors and midwives that are here pretty much every day, erm. We also have social workers  
7 that come in and out, erm, and other team members so that there's a lot of, erm, kind of discussing in in the  
8 office...

9

10 R: Okay.

11

12 EIP: ...erm, of not necessarily, it is confidential obviously but not necessarily names just kind of like, 'this has  
13 happened for me' or you know it will be 'have you had any experience with this before' so we can kind of, erm,  
14 discuss with one another and give each other advice and support, erm. What else? I can't remember!

15

16 R: That's so, just, yeah that's great, erm. Just talking about the relationships and what you think sort of  
17 contributes to that so you, yeah, working together within the centre obviously sounds great and you have, so  
18 you have social workers that come into the centre?

19

20 EIP: /Yep...

21

22 R: /So is that...

23

24 EIP: ...it could just be that they've come in for contact, erm, with other, with, to bring children into see parents,  
25 or, erm, come in for meetings. Sometimes you will have CIN review meetings held here, erm, and on the odd  
26 occasion we've had core group meetings, erm, held in in the centre. So, so, we can kind of discuss further if they  
27 stay afterwards or things like that.

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29 R: Could you just, er, elaborate on what those sort of different meetings are?

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31 EIP: Yep, so a CIN, C-I-N, is a Child in Need meeting so we will have reviews so they could be kind of every month  
32 or every three months depending on the like plan that the child is on. Erm, or a core group meeting, so the, so  
33 that will be for a child who is on child protection planning and they are held every six weeks. Erm, they're  
34 usually held at the [LOCAL COUNCIL OFFICES – SOCIAL WORKERS BASE] but we will sometimes make exceptions  
35 for them to be held in the centres if there is no childcare for the young children.

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37 R: Oh, okay yeah. Yeah, okay. And what about so, erm, you regularly have some of the other professionals here  
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EIP: Yep, so they've, if they're doing child, I don't know maybe doing development checks, or you know, seeing parents in the building, erm, we will, we can meet with them before that or after if they have got any concerns about a child. Erm, sometimes they will ask us to come in with them and give them a bit more information about the children's centre or to, you know, other things they might not know anything about like, erm, housing benefits or child benefits. [R:Uh-hu] And, erm, you know getting down to housing options or anything like that...

R: Yeah.

EIP: ...you know if its not their kind of, erm, main thing that they deal with they can come and speak to us about it there and then.

R: Yeah okay. Erm, anything else you feel apart from sort of being, sort of, obviously within the same environment that you think helps work and, and tell me a little bit about whether you think, you know how you see your working relationships, [EIP: um-hm] with others...

EIP: I think our working relationship's really good with other professionals in the city, erm, I think that we, I think, I don't know, I think that we develop quite good relationships with people, er. I think because they know that we are such a hub here [R: uh-hu] that that we have got quite a lot of knowledge in different areas so will find that we do get health visitors if they're, even if they're not in the building, erm, calling us asking us for advice or, or explaining about a parent or a child so it's not just networking inside the building it could be outside as well but via telephone or email.

R: You say we're a bit of a hub here. [EIP: um] What do you mean by that?

EIP: I think, erm, because we've had in the past, we had the job centre, centre, we had, erm, somebody that was here every day, erm. As I say, you know having the midwives here so we see a lot of pregnant mums that come in, erm, and you, we, we also have people like the childminders that come in and use the room and we have a Polish group, so we have a lot of different types of professionals and, and volunteers and things that do come in and use this, erm, centre. Erm, we have a lot of information in this centre as well with regards to toilet training and, erm, giving up the dummy and that kind of thing so you find that we do have a lot of people that come in and asking for information.

R: Okay great. How about erm, just thinking back to that question about what contributes to good working relations? I mean is there anything you can pick up on maybe from the, like the TAC meeting that you had, I mean, anything, did you, did you know the professionals you were working with there? Er, so there was a, there was a, now I can't remember the practitioner who was there, what her official title was...

1 EIP: The SENCO?

2

3 R: Yes, so because, she's obviously not based here is she?

4

5 EIP: Yes, so I think from going to a lot of meetings there is a lot of networking that goes /on...

6

7 R: /Okay.

8

9 EIP: ...so you could meet a professional that is actually working with six or seven of the families that you're  
10 working with as well, erm, so you get to know people's roles and what their [R: um], erm, what their kind of  
11 Forte is you like. Erm, so then you know kind of who to signpost to. Erm, so I think though going out to meetings  
12 and also having meetings held here is a real positive for that as well, erm, and actually then when you know that  
13 it could be that that parent that person isn't working with the family that you're working with but you know that  
14 actually [R: um] that, erm, profession say for example like [CITY TOY CHARITY] or Home Start or something like  
15 that you, if you're working with another family it could then, you think actually they, that could really benefit  
16 them so you can contact them for them as well [R: um].

17

18 R: Okay. Erm, can you give an example, erm, and potentially was that an example at the TAC meeting, erm,  
19 where you think that sort of interprofessional or interagency working was particularly effective? Or if not why  
20 not?

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22 EIP: Erm, I think it's quite difficult with that TAC meeting...

23

24 R: Okay.

25

26 EIP: ...erm, because there was only one other professional there/

27

28 R: Yep.

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30 EIP: ...for that reason, for reasons that were out of my control [R: um]. Erm, but usually it, it, I find the team  
31 around the families are a really good time to sit and discuss with other professionals about who you think would  
32 be the best person to work with that family. So it could be that you know it could be just two professionals are  
33 there with a health visitor and children's centre, but because you have that knowledge of knowing what home  
34 start do [R: uh-hu] it could be at that point then you would speak to a parent about that service as well, erm,  
35 and then we could do the referral form to them there. Erm, I'm just trying to think if I've got a good example of  
36 when, that would happen for me. Erm... [pause] ...one of the ladies that was in the nurture group today actually,  
37 erm, when I first started working with her it was just me and health visitor, erm, and there were quite a lot of  
38 concerns about mum's isolation and her attachment with the youngest baby.

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R: Right.

EIP: So what we did, erm, quite early on was obviously developed a relationship, first off because of I think just going straight in with “oh have you heard of this? Have you heard /of that?” ...

R: /Bit too much?

EIP: ...wouldn't have worked for her [R: um], so, so erm, getting her into the children centre and doing some one-to-one play sessions with her and then we could eventually, erm, introduce play development so we had the child development project that was working with her for six weeks and, erm, did a referral to home start so that she could have a volunteer [R: um-hm] that could support her once a week and then eventually after that as well a referral to [CITY TOY CHARITY] so actually she had three different supports so that team grew from two professionals to 5 [R: um-hm] over a probably I would say about four months, five months...

R: Okay.

EIP: ...and then that really helps with that team around the family [R: um] because there are lots of professionals now who working with them that can feedback to one another.

R: Yeah. So she came to you postnatally did she?

EIP: Erm, I think it was, yeah, I think [WOMAN'S DAUGHTER] was probably about three or four months so she was quite young.

R: Was she someone, so she wasn't someone who necessarily that who was picked up...did she, erm, come to midwife clinics here or anything like that?

EIP: Erm, not that I'm aware of, erm, I'm /not sure.

R: /Oh, okay. I'm just trying /to think

EIP: /Now I'm just trying to think, her health visitor is [ANOTHER CITY LOCALITY] so she wouldn't necessarily come under our/...

R: /Ah okay. /Midwife, maternity?

EIP: .../Midwife.

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R: Okay. Yeah all I was thinking about was potentially...

EIP: /Would that have...

R: /Would she have been picked up earlier if she had been seen by a midwife here as well [EIP: um] so there's just something to..

EIP: No, that is something to think about. [R: um].

R: Am and how about any sort of, er, so we talked a little bit, erm, about this family and about the documentation you use afterwards as well so, erm, how does the documentation you use, erm, such as your needs assessment as well, everything, erm, theres a variety of things you use isn't there? [EIP: um] ...that help you contribute two good communications with others, er, using the centre?

EIP: So I think first and foremost is our contact monitoring [R: um-hm], erm, that we do for every family that come in and use any facilities so whether it be a group or if it's just a one-to-one using the sensory room sometimes it's just coming through the door...

R: Yep.

EIP: ...and sometimes coming in and getting some advice and support and having a chat. That is always documented and that is down to, erm, to then be put onto EStart which is our computer system which means any one of us that works at the children Centres can, erm, get to that information and that is really useful because we have lots of people, Health Visitors, Social Workers [R: um-hm] it could be a Home Start worker that has phoned up just to see if we seen that family, erm, so we can come straight to that and see when they've been in, what they've done [R: um], what they've accessed with us, erm, and that can be really useful because especially with vulnerable families that, if they haven't been seen for a few weeks there could be then that there's something then that's not quite right. Erm, with regards to our record keeping of, erm, significant conversations, or, erm, if we observe something that were not quite, we don't thinks quite right or that were not sure of them we would always document that and that's really useful to have if there is a concern [R: cough] with there being a postnatal depression [R: um] or if we are concerned of a risk of significant harm then we've got things written down if we do need to do further reports or to pass that information onto social care or sometimes it is that we pass things onto Health Visitors if it's to do with postnatal depression or attachment and things like that.

R: Yeah, yeah. Are there any other key, key documentation tools you use?

1 EIP: So we use our, erm, family files and we use our record of contacts. So, erm, we have a record of contact  
2 form which is [knocking noise outside door] erm, it's like an A4 we can write our incident on it or anything like  
3 that and then at the bottom there is a bit of like an action plan. So who we would talk to [R: um-hm] what we're  
4 going to do next, that kind of thing. Erm, what else have we got, I'm just trying to think. Erm, we, I, for my  
5 Nurture Group I keep a, erm, nurture learning Journal which is quite useful, erm. And that can be shared  
6 with...its normally just shared with the parents, erm, but sometimes parents will use that, you know to take  
7 along to show their social worker "actually I have been going to group, I've got..." and it's got photographs in it  
8 and it's like a parent evaluation...

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10 R: Okay.

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12 EIP: ...in the back. So that can be quite useful, erm, because it's a bit of reflection for them as well, so that's  
13 quite a good tool.

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15 R: /Yeah.

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17 EIP: /And I'm just trying to think if we've got anything else that stands out for information sharing. I mean  
18 obviously if we do a SAF form...

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20 R: Now, a SAF form?

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22 EIP: So single Assessment...

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24 R: /Okay.

25  
26 EIP: /Framework. So if we fill out, erm, a single assessment framework which we, used to be called a CAF...

27  
28 R: Right.

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30 EIP: ...erm, with a CAF family then, erm, that would be shared with all the professionals that are working with  
31 the family and also the MASH team, the Multi Agency [R: um-hm] Safeguarding Hub. Erm, and then that would  
32 be a really useful tool because that kind of brings everything together if there are concerns for that family and  
33 as we, you know what we can do to help them, then we do an action plan at the end sometimes that would lead  
34 to then having team around the family meetings just to have updates and see how the plan is going. So that's  
35 probably, a very, you know, a big useful tool that we use is not just us though, that's across the city.

36  
37 R: Yeah.

1 EIP: And again the, erm, the child protection reports and [R: um] things like that, we would put all our  
2 chronologies on there and then there would be all the information of, that, when that child's been seen at the  
3 children centre, erm, if we feel like the parents have been you know promoting well-being and safeguarding the  
4 children. Family environmental factors and all of that kind of thing [R: um] gets taken into there, so they're are  
5 our main tools that we use.

6  
7 R: I mean how do you feel using the tools as in you know, just your opinion about how you use them and how  
8 effective they are, I mean, do you, do you find they take up a lot of time, /as we saw earlier?

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10 EIP: /They are time-consuming, erm, I would probably say, I spent [short pause] probably half of my day [R: um]  
11 making sure everything is up to date. If have a long conversation with a family or a parent about something I  
12 have to then make sure I write it up straightaway hopefully. Erm, if I don't then you worry that you miss things  
13 so it can be, it can be, erm, it can be really difficult to keep, keep on top of it [R: um] but then I see the pros,  
14 pros of it as well because I think if we didn't do that we wouldn't remember...

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16  
17 R: Yeah.

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19 EIP: ...you know everything that was said and when, I think when you're working with children who can't really  
20 voice their opinions and voice their own concerns that it's really really important to have those observations [R:  
21 um] and have that written up in case there is a concern or, or you need to report that someone. So it is, there  
22 are obviously the cons to it as well but I do think it's, it's really useful to write up like our family files I find are  
23 really really beneficial.

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25 R: What other...you say cons, any more, any, any other cons you think of that will come to mind?

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27 EIP: Sometimes...

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29 R: And pros!

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31 EIP: ...yeah, sometimes things can be repetitive [R: um] you know if I'm doing, if I, if it's a real significant  
32 conversation and I'm writing that that up in a record of contact and then I put it in the family file and then I have  
33 to write it on the RAG spreadsheet.

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35 R: What's a RAG spreadsheet?

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37 EIP: So it's an excel document where all the, erm, family files from our locality will be kept. So that's  
38 [CHILDREN'S CENTRE IN QUESTION], [LOCAL CHILDREN'S CENTRE], and [ANOTHER LOCAL CHILDREN'S CENTRE]...



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R: Right.

EIP: ...so they will all be kept on one spreadsheet [R: um-hm] for the managers to oversee but we have to write a little bit in there as well so that they can see that sometime has happened.

R: Yeah.

EIP: So it, not necessarily something really really big we have to write in all three but that's is three bits of paperwork that I have to fill out, erm, [R: um] and then it could be then I have to share that information with the health visitor, [knocking noise outside door] with the home start worker, with the social worker, so then I have to write up that I've shared that information with them so there is that a lot of...

R: Yeah.

EIP: ...a lot of writing, erm, which can be, which can you know be very time-consuming [R: um] but it is all down to information sharing and I don't think we'd be, any of us would be where we are if we didn't share information together. So it is really important.

17.16

R: I mean, could you suggest any, er, not just necessarily about the specifics that we were talking about with the files there but any of your documentation can you suggest or do you think there is a way that they could be improved at all, erm, to improve communication between agencies?

EIP: Erm, I don't know really because I, I think things need to be thorough so, [R: um-hm] even just saying to write abbreviations and shorthand, that's not going to work for everyone because not everyone is going to see something the way you've written it if you're writing it really shorthand [R: um-hm]. So I think that it some thing, something's need to be really thorough, it it would be maybe it would be easier sometimes just when you are writing if there isn't anything significant you could just not write too much, but then that's down to individual. I know that some people don't write quite so much as others so, but I think with regards to information sharing [R: um-hm], [pause] I don't know if there would be any way any kind of like procedures or anything that would be better because I think that comes down to your own individual as well doesn't it, if you think something is important /enough

R: /Yeah

EIP: ...to share

1 R: Yeah.

2

3 EIP: And I'm very much like I would rather share something than not.

4

5 R: Yeah.

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7 EIP: Erm, but I don't know about. I think we, you know we use quite a lot of email [R: um-hm] which is, I find it  
8 can be better because you can make sure it goes straight there rather than leaving a message for somebody,  
9 erm, and also you've got documentation then that that's been sent [R: um] so we like to keep hold of those...

10

11 R: Yeah.

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13 EIP: ...in the files. Erm, and, and then that's, that's backing yourself up I've actually sent it and sometimes for the  
14 other person as well if they are trying to listen to you while doing another job or something sometimes they  
15 don't take in all the information [R: um]...

16

17 R: Yeah.

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19 EIP: ...so I find email is really, is a really beneficial tool.

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21 R: Okay, and I mean even thinking, so, how long have you been in your role?

22

23 EIP: Erm, how long have I been in my role, 18 months?

24

25 R: So have there been any changes in documentation, erm, in your role at all?

26

27 EIP: Erm, Only really name changes /of...

28

29 R: /Okay.

30

31 EIP: ...things, but since I've been in here we've kind of done the /same

32

33 R: /all the same sort of thing?

34

35 EIP: ...same sort of thing.

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37 R: Okay. So there's not anything that's changed potentially you feel for the better or worse?

38 EIP: No I think it wasn't long before I started, that they went over to, everything went on the computer.

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R: Right.

EIP: Because I think a lot of things were still hand written [R: um-hm] and I think that from speaking to other colleagues it's a lot better now and everything seems to be a lot easier, now everything goes straight on the computer. Erm, but not since I've been here...

R: No.

EIP: ...everything's been the same.

R: And you think it's easier? Why, why do you think it's easier now it's on the computer?

EIP: I think there are people that they're not having to lug /things...

R: /Okay.

EIP: ...around quite so much because especially with my role I think if I didn't have everything on the computer, I'm, I do quite a lot of outreach so I'm out and about...

R: Right

EIP: ...home visiting and, erm, doing things in the community so it would be very tricky for me to then keep things confidential [R: um um] especially the families that I'm working with, erm, you know a lot of reports from social workers and things like that so it would be, I think to have a paper trail it wouldn't be as quiet as confidential.

R: Okay.

EIP: And you'd, I think you'd lose a lot of time going back and forth to the office...

R: Yep.

EIP: ...erm, to lock things away and /file things.

R: /So you...yeah, do you have, you have electronic resources then that you can use out in community.

1 EIP: Yep, I have a tablet that I can take out with me that's, erm, that can go onto our system, and it's also got Wi-  
2 Fi, well it's like 3G...

3

4 R: Oh, okay.

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6 EIP: ...that goes in, so that can be taken out to home visits and it's all secure. Erm, we all have a little secure  
7 [rattled security dongle]...

8

9 R: Yeah, I've seen those, yeah.

10

11 EIP: ...secure ID that we can put in and comes up with a different code that you have to put in as well. so it's very,  
12 its very secure.

13

14 R: Okay. Okay. So, erm, in your experience how, how do you think other people perceive your role when you're  
15 out community when you're in the centre, do /you...

16

17 EIP: /Other professionals or..?

18

19 R: Yeah.

20

21 EIP: I think I've definitely seen a difference since I started working from Buckland. which was only last April.

22

23 R: Okay.

24

25 EIP: I worked more at [LOCAL CHILDREN'S CENTRE] before where there isn't a lot of other professionals that  
26 come in and use the centre and hot desk and things like that. Erm, so since I've started to come into  
27 [CHILDREN'S CENTRE IN QUESTION] more, erm, and meeting other, a lot more other professionals [R: um]  
28 because like I said before there are so many here...

29

30 R: Yeah.

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32 EIP: ...Erm, I think, that people understand my role a lot more because I think as I'm called an Early Intervention  
33 Practitioner it, it can be confused with the early intervention project...

34

35 R: Yeah.

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37 EIP: ...quite a lot so before, when I was first started I was finding I was having to explain myself a lot to people. "I  
38 don't work for domestic abuse [R: um-hm] blah, blah." But I feel that since working here and you know people

1 see me a lot more, people are able to ask me questions about what my role is [R: um-hm] now, erm, I think that  
2 quite a lot of professionals know exactly what I do.

3  
4 R: Okay.

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6 EIP: They know that I do the Nurture Group, that I do one-to-one family support, so then when they, on a home  
7 visit or they go meet family and they see that they could benefit from that, they know to come to me [R: um-hm]  
8 and I think that is very apparent in a lot of our needs lead referral forms that we get through now in case  
9 allocation, where it will say in the needs needed, what is needed, /for...

10  
11 R: /Yes.

12  
13 EIP: ...this family it will say 'Nurture Group'...

14  
15 R: Okay.

16  
17 EIP: ...or it will say one-to-one support. So for, for me that makes me think actually those professionals know  
18 exactly what I do and they know what I can offer [R: um-hm].

19  
20 R: And you think anything else that would, could improve on that or...

21  
22 EIP: Erm, I suppose, [pause] I suppose, it's just, erm, making sure that every service is aware of that, so I  
23 suppose it's, erm, I don't really know how that could be done because that is just from me kind of trying to liaise  
24 with people [R: um-hm], and get out there but I suppose if... It wasn't a new role when I came into it but it does  
25 seem to be more, people seem to be more aware of it /now

26  
27 R: /Okay.

28  
29 EIP: So I don't know if that is down to me going out and getting involved [R: um] with people and introducing  
30 myself but, so I suppose if it was to, if there were to be a new person start for example something like that, it  
31 maybe would be good for them to be introduced to HUB meetings, or you know for different, erm, services  
32 because I think people still didn't know when I first started really what my role was. So I think that would be  
33 good maybe for...

34  
35 R: Have you had any recent examples of that, where you, where you've struggled with people perceiving what  
36 your role is?

1 EIP: Erm, not recently, but, erm, I think, probably about six months ago when I was in a child protection  
2 conference, I had to explain to the, erm, chair [R: um-hm] of the conference kind of what my role was, because  
3 they, they just saw the early intervention and they assumed I was domestic abuse [R: um] service. So, so that  
4 was then when I actually had to explain what I do, what I can offer, erm, and where I'm, and where I'm based [R:  
5 um]. And that kind of thing. Erm, so it would be probably useful maybe more people, managers to know, I think  
6 quite a lot of the people on the front line now know who I am, erm, but quite a lot of the managers, maybe still  
7 don't quite know what the role is.

8  
9 R: Okay. And so those people you're working with, so can you just explain a little bit about who, say who you  
10 work with directly in the /centre again, sorry.

11  
12 EIP: /Yep, so I work, that's all right, directly erm under the Child and family lead practitioner who's [CHILDREN'S  
13 CENTRE LEAD CHILD AND FAMILY PRACTITIONER].

14  
15 R: Right

16  
17 EIP: Erm, and then I work alongside, erm, [CHILDREN'S CENTRE CHILD AND FAMILY PRACTITIONER] who is the  
18 practitioner. The frontline receptionist is [RECEPTIONIST] [R: um-hm] erm, and then also we have, because we,  
19 we kind of now work as the locality so we have, erm, another, erm, lead who is [ALTERNATIVE CHILDREN'S  
20 CENTRE LEAD]. Erm, and there is another EIP now that works in our locality as well who is [SECOND CENTRE  
21 EARLY INTERVENTION PRACTITIONER].

22  
23 R: Yes, yeah.

24  
25 EIP: And then there is [THIRD CENTRE EARLY INTERVENTION PRACTITIONER], erm, [THIRD CENTRE EARLY  
26 INTERVENTION PRACTITIONER] who is another practitioner so we kind of all have become more, almost like one  
27 [R: um] where are localities have got so much smaller.

28  
29 R: So they tend to, yeah, the people you mentioned a quite key staff here aren't they, how about so obviously  
30 there are some other professionals aren't there who use the centre maybe not based here health visitors and  
31 [EIP: um-hm] midwives do you have much interaction with them?

32  
33 EIP: Yes, yeah. I think we'll, if there, if they are in the building from the, from the morning you know they will  
34 always come down and have like a almost a bit like a little buzz meeting first thing so like there, the midwives  
35 and the health visitors might give us their list of families that they are seeing that day. Erm, and that would be  
36 when we would liaise with them about whether those families are registered at the children's Centre, erm, and  
37 then we would check on our system [R: um-hm] and if they're not then we could support them to register them  
38 if they would like to [R: um-hm] erm, and then it's usually after they've had a, erm, parent that's come, come in

1 with a with a child or, or maybe a pregnant lady who that's come in when, if they're not quite sure of something  
2 then they would maybe come down and have a conversation with us. We had the other day, erm, I think it was,  
3 it might have been last week or the week before when [CENTRE MIDWIFE] came down, who's our midwife, erm,  
4 after seeing a client she was a little bit concerned...

5  
6 R: Right.

7  
8 EIP: ...about mum, erm, and she came down just to see if we'd ever worked with, with the lady before, erm,  
9 which I had. So then we could we liaise a little bit then about a little bit of background information, erm, and I  
10 was able to then give [CENTRE MIDWIFE] some information about the TAC meetings and the SAF, and who the  
11 lead professional was, erm, which saved her then having to phone MASH and do it that way so she got the  
12 information from me um which was quite useful for her and it was quite [R: um] useful for us because you know  
13 we didn't know at that time that she was pregnant, erm, and we didn't, we weren't having a lot of involvement  
14 with the family any more so then it gave us a chance to actually pick up a little bit more[R: um-hm] with mum to  
15 see if she needed any more support. So it was a really useful time [R: um-hm] and that happens quite frequently  
16 here.

17  
18 R: That's great. I mean not to be confused with your nurture programme [EIP: um-hm] obviously then and  
19 you've actually sort of covered a little bit there, about that, next now we're talking or how do you feel to what  
20 extent has working within the nurture program, so bringing the midwives back into the centres as opposed to  
21 within GPs surgeries [EIP: um-hm] helped, erm, others to understand your role as well? So the midwife, how do  
22 you, how do you think she then understands your role?

23  
24 EIP: I think she understands to an extent my role, erm, that I offer a smaller, erm, group you know erm, I find  
25 that actually the midwife sometimes think that that's better for the babies when they're you know newborn [R:  
26 um-hm] or quite small, erm, and also I think they they realise they're not obviously, I one-to-one stuff so it could  
27 be that they feel but that that lady could do with a little bit of support with I don't know learning to bath the  
28 baby [R: um-hm] or, erm, you know how to sterilise bottles how to, you know make up the bottles and that kind  
29 of thing so I've had them, some, some midwives actually ask "oh could you do that piece of work with this lady?"  
30 So sometimes it will be antenatal work that's done [R: um-hm] and I don't, I think that if we didn't have that in  
31 the centre and have them able to just come down, that, I don't think that would happen.

32  
33 R: Yeah, yeah. So I mean to what to what extent you feel that's, er, again may be again maybe potentially we've  
34 been over it but to what extent you feel the nurture program has enabled you to work more effectively, if, erm,  
35 /and has it at all.

36  
37 EIP: /Yeah. I think it helps, it helps it to be, you know straightaway. You can, you can just do that without having  
38 to think 'oh you know what i'll phone them later', you know having somebody in the building [R: um-hm], that

1 can just come and speak to you, there and then and know that actually something can be done [R: um] straight  
2 away without having to worry about paperwork...

3

4 R: Yeah.

5

6 EIP: ...you know as long as we get consent from, from the lady, erm, we can start working with them  
7 straightaway so it's really beneficial [R: um].

8

9 R: Okay fantastic. How about, are you happy if we move on to some scenarios [EIP: um-hm] as well. Erm, so I've  
10 got three scenarios here, so if I give you the first one, take a peek at that. Just have a read, er, of the scenario  
11 here, erm, and then we'll go over a couple of the questions.

12

13 [Researcher gives participant vignette one]

14

15 R: Okay. So obviously, I mean, it states here in this scenario as well that there's been no communication from  
16 her GP, from this woman's GP, erm, so a bit of block there...

17

18 EIP: Yeah.

19

20 R: ... to said communication between services. So, er, what are your views, er, and if you have any examples as  
21 well you know, you can, you can always draw upon those, erm, what are your views on what inhibits effective  
22 communication between different professional agencies, and not just talking about the GP as well, you know  
23 any, any professionals [EIP: um] that you work with?

24

25 EIP: Er, I think sometimes, I mean it's an awful thing isn't it but sometimes its, it's looking...your cases, you know  
26 sometimes it's if you've got someone that is really really needy or [R: um-hm] something that's happened there  
27 and then that you think 'oh, this needs to be dealt with now' sometimes that person can get pushed back down  
28 the list [R: um-hm] of what's important [R: um] you know, and that sounds awful to say that does it but...

29

30 R: /No, that, that reality.

31

32 EIP: .../it, it can happen sometimes so I think that can definitely inhibit effective communication. It might be that  
33 you've had this on your list to call this that this professional for a week [R: um-hm] and then something else  
34 happens and then it slips to two weeks and actually that's quite a long time if nobody is communicating with  
35 each other. Erm, and I suppose sometimes it can be, what could be important to one professional might not  
36 seem as important to another...

37

38 R: Yeah.



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EIP: ...so they might not think that they need to contact someone sometimes people just assume that someone else is going to deal with it [R: um-hm]. Erm, I don't know what else really. I suppose [pause] some, sometimes some professionals don't feel that another professionals opinion is that important. /So its...

R: /So, do you...can you elaborate on that?

EIP: Do you know what I actually can't because I don't really have...

R: So you don't feel that...

EIP: I don't feel that I have that happen to me...

R: /Okay.

EIP: .../you know I feel that, I feel that you know most, [speaks quietly] well I'm trying to think [speaks normally] most professionals are quite... I mean you get the odd social worker that can sometimes forget to put you in the loop.

R: Right.

EIP: So I've had, erm, previously May Day Referral an interagency referral to social care [R: um-hm] and they're meant to follow that up within 24 hours to the person who's made the referral...

R: Okay.

EIP: ...erm, and that's not happened and then when I phoned to see what's happened the case has been looked at and then enclosed straightaway but there's not been any feedback to me as to why that's not been picked up or even to acknowledge that its looked at, so.

R: Okay.

EIP: Sometimes that I feel like is because it's not as may be as important as another one that's come through or something like that, like I was saying before [R: um-hm] that than gets forgotten about or pushed to the bottom of the /pile...

R: /Okay.

1 EIP: ...erm, but other, other professionals are pretty good at keeping, keeping you involved. And I don't know if  
2 that's because they give us the referrals...

3  
4 R: /So...

5  
6 EIP .../so we're kind of wanted in that /loop.

7  
8 R: /Right, yep. But it, yep, but you find, er...

9  
10 EIP: Excuse me, my stomach! [laughs]

11  
12 R: [laughs] That's alright! Er, yeah okay, so that's, that's one, the one example you can think of...

13  
14 EIP: /Yeah it's more...

15  
16 R: .../more for when you've sought to somebody, somebody's assistance...

17  
18 EIP: Yeah.

19  
20 R: ...and then they maybe not got back to you. Okay, I mean is there anything that you think that would make  
21 communication easier between professional agencies and I mean even like you say, so thinking about that social  
22 worker, erm, anything that you think that could have made it easier for them to get back to you or keep that  
23 communication line open?

24  
25 EIP: Erm, I think sometimes it's just, [pause] you know email, again, like I know I said it earlier but emails are so  
26 easy [R: um-hm], and you have to put all that information on, on the referral forms so they have it all so there's  
27 no reason why [R: um] they can't you know if they, if you haven't got time to give somebody a phone call then  
28 an email can be just as [R: um] efficient can't it?

29  
30 R: Yeah.

31  
32 EIP: So I think really that would, that would be my only way of thinking that things could it be improve, that just  
33 sending something via email rather than a letter or a telephone call it can, can be so much simpler and you  
34 know that that person is going to get it [R: um] but yeah, I think, I think that's about it.

35  
36 R: Okay, well we can move on to a second scenario. Have Peek at that, and again I'll give you a bit of time to  
37 read that.

1 [Researcher gives participant vignette two]

2  
3 EIP: Okay, yeah.

4  
5 R: Okay so, looking at this scenario is this the sort of scenario, or potentially you might deal with [EIP: um-hm],  
6 yeah? Erm, so to what extent do you consider that you would be able to meet the needs, health and socially,  
7 erm, I am thinking about your role of the family?

8  
9 EIP: So I think obviously the health wouldn't be [R: um-hm] my role, erm, well, I would obviously hope that she  
10 was seeing a midwife and make that, erm, professional network there to see if she was seeing a midwife as well,  
11 but with regards to, erm, you know the fact that if she's not meeting the threshold for social care it could be  
12 that actually we decide to do a SAF form and actually make a team around the family, erm, early on for that I  
13 unborn. [R: um-hm] Erm, so it might be, it could be that we could support in those needs there, erm, and  
14 hopefully would we would be able to, you know invite a housing officer to those meetings as well. So we would  
15 be able to support the, erm, needs but I don't know if we would ourselves be able to meet the needs...

16  
17 R: Okay.

18  
19 EIP: ...it would be more about trying to hold that and signpost to the right people, but I, I would like to think that  
20 we would be able to offer support there. That would be...

21  
22 R: I mean have you had any experience of a scenario like this?

23  
24 EIP: Erm, I haven't myself, most of my families have the children have already been born so I suppose it's quite  
25 similar isn't it? I have had one where, a couple actually, where families have been either homeless or about to  
26 become homeless [R: um-hm], so I've dealt with that a few times.

27  
28 R: And what's your understanding about the different agencies you might draw upon?

29  
30 EIP: Erm, so, you know I would be, like I said, be you know if, if I had phoned the social care and they weren't,  
31 you know didn't want to pick this up they would probably advise that we would do a TAF, erm, so that would be  
32 again like I say you know going to Housing options, getting the information straightaway, getting the advice of  
33 actually what are they entitled to [R: um-hm]. Erm, it could be that we have to invite somebody or do referral,  
34 somebody from the Robert centre for supported housing and see if they, there is anything else they can help  
35 with. Erm, I think you know again it would be obviously the midwife would be invited there. Erm, getting  
36 information from the GP, erm, and seeing you know what other kind of agencies there are that she would like  
37 support with because obviously it's all kind of what, what they would like it so it would be the assessment of are  
38 they, is she really isolated, do they need any other support is there anything else going on, you know drugs,

1 alcohol that kind of thing. It could be that there is no, they have no money so are, what are they entitled to,  
2 what benefits are they [R: um] entitled to so that would be you know we could help support with claiming the  
3 child, you know the child benefit, housing benefit, that kind of thing. Erm, are they in complete poverty, you  
4 know do they need to go to food bank, so that's the kind of thing that we would offer support with as well. We  
5 can take them down to get food bank vouchers. Erm, applying for grants for white goods and all of that kind of  
6 thing so there's quite a lot, that would be quite a lot of work there. But I think the first bit of work would  
7 definitely be, erm, getting everybody together and, and seeing who else there was to support them. It could be  
8 you know, that she, they well they would both like the home start to go around, erm, yeah so.

9  
10 R: And are there any, erm, any challenges that you my anticipate in achieving what you would consider the  
11 appropriate level of care for this family?

12  
13 EIP: Erm, engagement with, with the parents, you know, that can always be a challenge, you know sometimes  
14 they'll turn up on the door and they really really want your help and actually when you start giving the support,  
15 unpicking things more [R: um] that's when engagement can sometimes drop. Erm, timeframes you know if she's  
16 really heavily pregnant [R: um-hm] needing somewhere to live it, could be there isn't, there isn't housing and  
17 she's on the waiting list and they have to stay in the temporary accommodation. And also timescales for things  
18 like benefits, if you, even if you set them up they might not come into place straightaway.

19  
20 R: Right.

21  
22 EIP: Erm, so I think, I think those things would be the main, yeah, the main challenges. But definitely the  
23 engagement cause you can get people on board and then sometimes things can just change straightaway for  
24 them [R: um].

25  
26 R: Any, any challenges with dealing, so a lot, talking about engagement, so may be more stuff working with the  
27 parents, any challenges between the team you think?

28  
29 EIP: Erm, sometimes you can find challenges of who wants to take over as lead professional for things. You know  
30 when it's a social care family they don't have, there is no you know it is the social worker who is the lead  
31 professional...

32  
33 R: Okay.

34  
35 EIP: ...but sometimes when it's that, that early help stage erm, it might be that the wrong person ends up taking  
36 over as lead professional, the person who actually doesn't know enough about that family or the complex needs  
37 of that family. So sometimes, erm, you can find that some people don't want to take over as lead professional  
38 because they feel they are too busy, erm, so sometimes the wrong person can end up being there and then the

1 family might not get the right support. Erm, sometimes it could be timescales for people you know, they might  
2 have a waiting list of people for their services so actually they can't be involved with that family [R: um] straight  
3 away...

4  
5 R: Okay.

6  
7 EIP: ...so they don't want to come along to the meetings or things like that. Erm and sometimes you know  
8 sickness, people being off sick, you can find that things don't get done [R: um] or they're, if there notes aren't  
9 up-to-date then the person who is taking over their cases doesn't know what's going on so, that [R: um] can be  
10 a real challenge actually.

11  
12 R: So would every woman, well, er, when would somebody have a lead professional sort of taking care of them  
13 then?

14  
15 EIP: So a lead professional is somebody who, erm, it doesn't have to be the person who is completed the  
16 assessments, it could be that I complete the assessment and we decide that the needs to be a team around that  
17 family [R: um-hm]. Erm, and then when you have the team around the family you decide who would be best out  
18 of the professional network...

19  
20 R: Okay.

21  
22 EIP: ...to be the lead professional, or you know it could be that actually you haven't completed the paper, the  
23 assessments but actually you've got a lot of professionals working with you but there's one particular  
24 professional that you've engaged with really well that you've developed a good relationship with. So that could  
25 that could be seen as you lead professional, somebody who other professionals come to, to run things by or...

26  
27 R: Okay.

28  
29 EIP: ...it could be somebody that sees the family more regularly.

30  
31 R: And, and the role of the lead professional, like you say is to coordinate?

32  
33 EIP: Yeah, to bring it all together, to arrange meetings and to, yeah kind of oversee the plan as such of that, for  
34 that family the action plan.

35  
36 R: What are your thoughts on, on lead professionals, do you think it's a necessity or actually do you think...

1 EIP: I, I think it is a necessity, I think without a lead professional without somebody who the parents know they  
2 can come to [R: um-hm] and the professionals, er, a fam... a team around a family wouldn't work [R: um-hm]  
3 quite so well because I think you need somebody to say "right this is what needs doing" and this, and who's  
4 going to do that. Erm, otherwise sometimes meetings don't seem to run smoothly, and people don't take  
5 responsibility for things that they're meant to, erm, and I think it's just, it's just a good way of everybody kind of  
6 knowing exactly what needs to be done...

7  
8 R: Yeah.

9  
10 EIP: ...and /when.

11  
12 R: /Yeah. I was going to say, so not everybody becomes into the centre will have a lead professional?

13  
14 EIP: No, erm, they might if people that come into the centre that have family files they will have there, erm,  
15 somebody who oversees thier family file so we call it like the case work...

16  
17 R: Right.

18  
19 EIP: ...you know, but it will just be people really that have team around the family meetings...

20  
21 R: Okay.

22  
23 EIP: ...that have a lead professional.

24  
25 R: Okay, that's really helpful. Erm, I've got one more scenario [EIP: um-hm] here have a peek at that for me. How  
26 are we doing for time?

27  
28 [Researcher gives participant vignette three]

29  
30 [EIP: um-hm]

31  
32 R: Okay, Erm, so in your experience, so this scenario is looking at erm, obviously looking at co-locating the  
33 services that are looking after this lady, so in your experience what are the advantages of being co-located with  
34 the other agencies, erm, other agency professionals in this [EIP: um] building?

35  
36 EIP: So I think the advantages again are, you know that, that you have got that networking, you can sit and  
37 actually have an informal chat that maybe you wouldn't, something might happen that you wouldn't necessarily  
38 pick up the phone or drop an email to somebody about. But when your all, you know after a meeting or after a

1 group, sitting together and you, and something might come up in conversation that actually somebody else  
2 might have the same concerns so it's a good time to reflect and a good time to network [R: um-hm]. Erm, it's  
3 also again, like I said earlier about the knowing actually you could do something right there and then so even if it  
4 is a big concern something that happened, you can just see to somebody straight away and know that they  
5 could get you that form straight away [R: um-hm] rather than you phoning, and then them having to email it  
6 over and so things can happen straightaway for that family rather than waiting, on a waiting list [R: um].

7  
8 R: Yeah, so after the observation we've just done haven't we, so we went back into, so is that, we went back  
9 into the main office really [EIP: um-hm], behind the reception. You had couple of other professionals in there so  
10 is that where you would routinely work? [EIP: um-hm] You know when you're not, so that environment, how do  
11 you thing that helps or does it?

12  
13 EIP: Oh, I think it really helps, erm, because it so, it's almost like a mini supervision...

14  
15 R: Okay.

16  
17 EIP: ...after every group or after every you know home visit or something because you have got other  
18 professionals there with, that, you know there opinions [R: um-hm] they might have gone through something  
19 exactly the same and might say to you well actually I would phone a social worker about that, or you know you  
20 might be thinking right I need to do something about this and they might be thinking well actually may be just,  
21 "why don't you try phoning somebody else to get their idea of what's happened" or get some feedback from  
22 them about it so it can really help you develop your own professional judgement as well, because your spending  
23 more time may be reflecting on something...

24  
25 R: Yeah.

26  
27 EIP: ...than you would normally, so I do think it's, I think it's really positive to have that.

28  
29 R: Er, do feel there are any limitations in this sort of style of co-location?

30  
31 EIP: Erm, sometimes, if you're trying to get something done for a time scale [R: um-hm] or, erm, something that  
32 you know, you really need to work on on your own it can be quite difficult because you do have people asking  
33 you questions quite a lot, or other peoples phone calls, especially from me because I'm a bit nosey, and [R: um] I  
34 like to see what's going on...

35  
36 R: /Yeah.

1 EIP: /...you know if there's any way I can help with something my ears kind of prick up and im like "oh", rather  
2 than just getting on, and you know as much as everything that happens in the office is confidential, sometimes if  
3 you've got a specific case or something or [R: um] somebody is phoned and it's really confidential, really  
4 confidential call it can be quite difficult because people are in and out, erm, and also you know we have our  
5 volunteers and things that come into use the printer or so sometimes, we're really lucky to have an office off [R:  
6 um] of that as well so we can go and make confidential calls [R: um] so those really are the kind of limitations to  
7 it, it can be [R: um-hm].

8  
9 R: Is there anything else you can think of offhand?

10  
11 EIP: Erm, I don't think so.

12  
13 R: Erm, okay. I mean is there anything about your thoughts on how your working here, just er, how you feel  
14 working together in this team, any, can you tell me how you feel about that?

15  
16 EIP: Erm, I. I think this team is a really, a really good team [R: um-hm] erm, we all have skills from different jobs  
17 as well that bring us together. Erm, like I've got like a nursery background, erm, and a lot of family support and  
18 my manager [CENTRE LEAD CHILD AND FAMILY PRACTITIONER], she used to work for children's social care [R:  
19 um-hm] so she's got kind of that umbarella that she brings in, and [CENTRE RECEPTIONIST], she worked in like  
20 outreach and in the libraries, so actually we've all got different things that we can bring into the role, erm, and I  
21 really like having the other professionals coming use our centres [R: um] because it just makes it so much easier  
22 to be able to contact people. And also I think when you know someone's face...

23  
24 R: Yeah.

25  
26 EIP: ...then if you do need to phone them it, it just makes that relationship just a lot better when you know  
27 you've met them [R: um] before. So you can just phone them and ask them a question whereas you know,  
28 people that you haven't met before if you just need to phone them for a question it can be a bit daunting, you  
29 think...

30  
31 R: Yeah.

32  
33 EIP: ...they are going to you know,

34  
35 R: /Completely.

36  
37 EIP: /do they even know who I am?!



1 R: Yeah, yeah.

2

3 EIP: So I think it, I think it's really, really useful. Erm, and I really like knowing that I can actually just pop up if I've  
4 got a health question [R: um-hm] about a parent I mean it doesn't even have to be somebody that they're  
5 working with, that they are all really helpful [R: um]. We do the same for them, you know we had, I think it was  
6 yesterday, one of the health visitors came down to us to ask me a question about housing because she had a  
7 parent...

8

9 R: Yeah.

10

11 EIP: .../upstairs so that would have been something that may be would have taken that health visitor a couple of  
12 days to find out, then to have to get hold of the family, where as she was able to just do it there and then [R: um]  
13 so it's it definitely benefits the families [R: um].

14

15 R: That's great. Is there anything that you want to mention, er, potentially about sort of about working together  
16 and working in a centre that, that I haven't mentioned...

17

18 EIP: /No.

19

20 R: .../that we haven't covered?

21

22 EIP: I don't think so. I think I've erm, said as how positive I find it [R: um] and how it helps my role [R: um] and  
23 helps, helps as I said helps all the families and I know it helps the other, the other ladies as well [R: um] so it's  
24 really useful.

25

26 R: Do you mind me asking how you found me sitting in on a couple of the observations?

27

28 EIP: I don't mind [R: um-hm] I'm used to being observed...

29

30 R: /Are you?

31

32 EIP: /so it doesn't and I, I don't think the families like mine did, I think they erm, I, I make them make them quite  
33 aware that it's not for them [R: um-hm], it's about me...

34

35 R: Yeah.

36

37 EIP: ...and I think they were quite natural as well, I don't think they minded at all, you know, that I had made  
38 them aware before....

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R: Yes.

EIP: ...that you were coming in and they were okay.

R: Yeah.

EIP: But yeah, no it doesn't bother me so much being observed I'm not too bad.

R: So you don't think it affected the dynamic of the group?

EIP: Erm, no I don't think it did. I think it might have done if you would been there the whole time...

R: Right.

EIP: ...but I think that was quite a flexible time 'singing and snack' [R: um-hm] I don't think that, I think that maybe if you'd been there for the whole of the activity it...

R: /Yep.

EIP: .../it could have affected the way that they would have interacted and the way they would have got involved but I don't think it did.

R: No. And how about the TAC meeting I sat in on?

EIP: That's really interesting because that was a completely new situation, because that was the first time that dad...

R: /Okay.

EIP: .../had been in to any meetings so I don't know...

R: Right.

EIP: ...if he would've...

R: /Okay.

1 EIP: .../acted any differently. Erm, I was actually really pleased that he, let, allowed you to do that...

2

3 R: /Yes.

4

5 EIP: .../because I wasn't sure if he was going to.

6

7 R: No.

8

9 EIP: Erm, so I was quite happy that he did. But I don't, I don't think it affected the other professional...

10

11 R: No?

12

13 EIP: ...at all and I don't think it affected him, but it would be hard to say...

14

15 R: /Yeah its very difficult.

16

17 EIP: .../what he would have been like in another...

18

19 R: Yeah if you've not had experience with him [EIP: um] actually attending previously and knowing how he  
20 normally behaves [R: um] but that's just really interesting because obviously I like to see how, it's very difficult  
21 from an observational point of view sometimes you want to take a step back to see the natural /environment...

22

23 EIP: /Of course you do.

24

25 R: ...but you're there and you're not somebody who is normally there with these families and like you say them  
26 vulnerable families, one of the families you say, well one of the parents you were saying you know, she wouldn't  
27 even make eye contact with people so you know it's going to be a great big thing [R: um] with somebody  
28 completely new coming in.

29

30 EIP: Yeah and I think that shows me how far she's come on her journey [R: um-hm] you know she didn't freak  
31 out...

32

33 R: Great.

34

35 EIP: ...which was good [laugh] [R: um].

36

37 R: Okay well that's fantastic and we are aware that we sort of running on time as well, so we've reached a  
38 suitable stage to end the interview, erm, I would like to take the opportunity to thank you for taking part in this

1 research. Erm, now what I didn't mention before, at the beginning was, erm, but I think you mentioned it  
2 through the text and through the, the dialogue is that, so I just want to confirm that for the recording so you are  
3 an Early Intervention Practitioner aren't you?

4

5 EIP: Yes.

6

7 R: So you work with the, er, centres nurture group. Okay that's, that's it.

8

9 EIP: Okay.

10

11 R: Okay, thank you very much.

12

13 EIP: Thank you [laughing].

14

15 **End of Interview**