

INTERVIEW TRANSCRIPT

PARTICIPANT EIGHTEEN

DATE: 12th April 2016 TIME: 09:00am

Researcher – R

Participant – FR (Frontline Receptionist)

/ - speaks at the same time

= - immediate response

[] – non-verbal communication

Beginning of Interview

R: There we go okay. I'm just going to put that there. Okay. So welcome and thank you for agreeing to take part in this research. I am Naomi Simpson and the research for the study a case study of maternity services development programme and its influence on maternity services and interagency collaboration. I will be conducting this interview. I would like to confirm for the recording that you have provided consent in writing to take part. And the current date, er, is the 12th of April and the time is 9 o'clock. Erm, you've been allocated the participant number participant 18. I'm going to start with some general questions, and then move on to the use of some vignettes or short scenarios. As we didn't take part in any observational episodes I would encourage you to reflect upon your everyday working practice, er, and if you have any examples as I just mentioned, feel free to use those.

FR: Okay.

R: Okay? So just going to start off with... So what your experience contributes to good working relations with the professionals in this centre?

FR: Erm, I think my role as front-line receptionist is to have a welcoming, [R: um] welcome everybody who comes through that door. Erm, and with other professionals ensure that the spaces that they are going to be working in are ready for use for them, make sure they're comfortable; they know where they're going. Erm, and just basically being available if they need anything, for example photocopying or direction, ensuring they know the building [R: um-hm] and fire regulations, and things like that which... I feel my role is just to make feel, make

1 people feel comfortable in this building, comfortable working in this building, making it a place where they are
2 happy to come back to.

3
4 R: Yeah, that's great. And, and how, erm, how do you feel about the working relations with, with, with others in
5 this centre? Erm, so the core team you work with every day?

6
7 FR: Yeah, we've got a very good working relationship. Erm, we, we all know each other quite well now. We've all
8 worked together for like 3 1/2 years [R: um-hm] so we, we do know each other, but there has been new people
9 that have come into the team who have always felt very comfortable working with us, so I think we are all very
10 sensitive to each other's needs and very much, erm, recognize, erm, if something isn't quite right. We're all
11 quite consistent in our mood [R: um-hm] and I always try to be that myself because I always feel that that
12 always contributes to a good working atmosphere. So I think that's it, and also good humour [R: um-hm] as well.
13 [R: um] So...

14
15 R: And how about with the other say working profession... well I'm not saying that the team isn't professional, so
16 I will rephrase that. So how about the other health professionals that aren't, you know, core members of the
17 team here? How do you feel that working relationship with the core staff and then those potentially?

18
19 FR: Erm, because we sort of, they are regular, erm, they are coming in every week, we do feel that they become
20 part of our team [R: um-hm]. Erm, we like them to feel comfortable, to be able to come in and have a chat, and
21 a joke, or a drink or... and be able to ask things of us without being made to feel as though they are coming from
22 the outside [R: um]. So it's very much to feel that they are part of the team as soon as a, they come in this
23 building and I hope that sort of comes across to them [R: um]. And we have had feedback from them that they
24 do feel welcome and they do feel comfortable. Erm, Sometimes you know people, erm, are coming here they
25 might be a bit /nervous.

26
27 R: /Yeah.

28
29 FR: Erm, it might not be a working environment they were expecting to come to work in but we always work
30 hard to try and make people feel comfortable. And we hope that sort of comes across. [R: um] Erm, so we quite
31 often we do take go that extra mile and take on a bit of their work. For example sometimes their clients will turn
32 up here thinking they have an appointment with them when the appointment was somewhere else [R: um-hm],
33 but instead of just sending them away we would take time, because of that relationship we've built up with
34 them, we will take time to give them a call or phone their main offices [R: um-hm] to find out whether there was
35 like a miscommunication. Erm, so I think that goes that helps to build up the relationship between like client,
36 professional and us as well. [R: um]

1 R: Erm, can you give me an example in your experience where you feel that interagency working, erm, as being
2 particularly effective?

3
4 FR: Erm, I think in terms of the, erm, midwives, erm, is sometimes recognizing, erm, we may have well worked
5 with a family [R: um-hm] with previous children. Erm, we know their history, erm, and then they come here for
6 their first midwife appointment, quite often that's the first thing that will flag up [R: um] that they are pregnant.
7 And they may well have been on, erm, subject to a child in need plan, child protection [R: um-hm] plan, and
8 quite often that's the first thing that signals sort of maybe there's... we need to look into this, maybe somebody
9 doesn't realise and I know that did happen in a particular case where, erm, one of our families had their child
10 removed, erm, and they weren't at a permanent address, there /was...

11
12 R: /Right.

13
14 FR: And then it's flagged up now that this, erm, lady is pregnant again so there is concerns over her housing,
15 erm, and so [CENTRE CHILD AND FAMILY LEAD PRACTITIONER] can work with [CENTRE MIDWIFE 1], erm, [R:
16 um-hm] or [CENTRE MIDWIFE 2] to sort of build up that picture behind that family that the midwives will not
17 always be aware of.

18
19 R: Yeah. /Yeah.

20
21 Fr: /Erm. So I think that's the case where it does work quite well, and then obviously their previous health visitor
22 can be involved [R: um-hm] so you can all, all be involved, and there was another example with one of our ladies.
23 I noticed it first, she started coming through for her appointment and I always noticed that her, her mother
24 always spoke for her. She, erm, she always, when I was dealing with her at the desk it was always the mother
25 that I dealt with [R: um] /rather...

26
27 R: /Right.

28
29 FR: ...than the mum. Erm, and so she was coming into [CENTRE MIDWIFE 1] and, erm, she, she had her baby but
30 the mum has got, erm, quite severe learning difficulties. Erm, but we've built right from the beginning we've
31 built up that relationship with them so when her child was born [R: um-hm] then she was encouraged to come
32 along to groups, and they are subject to a child in need plan as well which [CENTRE CHILD AND FAMILY LEAD
33 PRACTITIONER], erm, and other practitioners are all very involved with. Erm, and we've built up that relationship
34 with that family right from, you know, very early days [R: um-hm] of pregnancy [R: um]. Erm, and they feel very
35 comfortable with us and, and I think it really helps to build up that relationship right at the beginning because
36 they, they build up that trust with you and then obviously you know, you can highlight things that you notice to
37 other professionals.

1 R: Yeah.

2

3 FR: Erm...

4

5 R: So that sounds really positive as in positive in what you are able to identify [FR: um-hm]. Do you, and you
6 think, do you think that therefore the, the relations with the, with the midwives have, has been particularly
7 efficient, do you think?

8

9 FR: /Erm...

10

11 R: /Is there anything that can be improved, /or...?

12

13

14 FR: /Yeah I don't think it was at the beginning but I think, erm, by what I said earlier about building up that
15 relationship [R: um] and making them feel comfortable, erm, I, I think that allowed that flow to happen now [R:
16 um]. Erm, I know over time we have noticed that that has, has erm, increased the amount of communication
17 before and like [CENTRE CHILD AND FAMILY LEAD PRACTITIONER] and [CENTRE MIDWIFE 1] will, and [CENTRE
18 MIDWIFE 2] will be involved in, erm, SAF's [R: um], and erm, pieces of work like that now which didn't happen
19 before. So that's definitely... [R: um]. but I think it's that time of allowing that relationship to build up I don't
20 think it comes immediately.

21

22 R: /No.

23

24 FR: /I think it, it, it builds up over time.

25

26 R: So do you feel that, that, erm, the working relationships can still be effective though if you feel that you
27 haven't, if you haven't got that relationship?

28

29 FR: Erm, I suppose, I suppose the fact you, the mums are to be coming here [R: um-hm] rather than going
30 straight to the hospital [R: um] you maybe not necessarily, have, have that relationship, you may not have that
31 relationship with the professional [R: um] but you are building that relationship with [R: um] the family and with
32 the mum to /be...

33

34 R: /Yeah.

35

36 FR: ...as well, so you are a recognisable face [R: um] so I think it can do because quite often, I think particularly
37 when you're at reception you are subject to things hearing things, you are like the eyes and the /ears...

38

1 R: /Yeah.

2

3 FR: ...and you do pick up on things. And quite often people will disclose information to me [R: um] because, I
4 don't know, because maybe I'm not, they don't see me as a threat, not that it would be a threat, but they might
5 see that. But they might disclose something to me or that they, they are feeling a bit anxious or worried [R: um]
6 about, then I can say to [CENTRE CHILD AND FAMILY LEAD PRACTITIONER] "actually do you want to go and have
7 a word with this woman" [R: um] you know, "she's..." so I think you, you, even if you didn't have that
8 relationship with your midwife I think that the fact that the families are coming through here...

9

10 R: Yeah.

11

12 FR: ...you pick that up on [R: um] there so.

13

14 R: Okay. If you had a say, erm, had a changeover of, of staff then and then you had some fairly new staff in, erm,
15 so we are talking about developing relationships over a period time, [FR: um-hm] which I, yeah, understandably
16 may take a bit of time [FR: um] is there anything you think that you might be able to, er, in your role, implement,
17 er, initially or anything that you would do initially that you think would help any, erm, any relation any working
18 relations?

19

20 FR: I, erm, I think what we've found when the midwives first came here they didn't really understand our /role...

21

22 R: /Okay.

23

24 FR: ...and they didn't understand what we were doing, and I think that is a misconception about the children's
25 /Centres...

26

27 R: /Yeah.

28

29 FR: ...that we do get a lot of people just think we only do the groups [R: um] they don't understand all about the
30 early intervention and work that we do [R: um] and how closely we do, we may work with social care, and also
31 what else we can offer [R: um], erm, families with under-fives. [R: um] Erm, because I do, I do think sometimes
32 that the midwives, they've obviously got their role, [R: um-hm] deliver the baby and then the discharge [R: um-
33 hm] and then that's their role finished is it? [R: um] Erm, so we are at the point that /then...

34

35 R: /Continues...

36

37 FR: ...takes them, and continues. So I think the understanding the, [R: um] erm, the midwives being more aware
38 of what we do, [R: um] Erm, we did with one of the midwives, well I think with all the midwives at the beginning

1 we had, we did experience a bit of resistance and think that was that, that thing they didn't see us as fellow
2 professionals.

3

4 R: Okay.

5

6 FR: And didn't understand why they would be in a children's centre [R: um] as opposed to being in a doctor's
7 surgery or the [R: um] hospital. So I think that's where the overtime bit /has...

8

9 R: /Yeah.

10

11 FR: ...helped. So I think that if a new midwife was coming in, erm, it is just that understanding of what the
12 children centres do. Erm, and also registering for us. Erm, the health visitors register families for us. So that
13 would be filling in the registration form, erm, giving them the information about the children's centre which
14 then they would have after the birth...

15

16 R: Okay.

17

18 FR: ...and, erm, then that information would be on our database. I try and register families as they come through
19 but it's not always possible to always [R: um] get there and register them so I think if, if midwives, erm, were
20 doing that role [R: um] as well...

21

22 R: That would help?...

23

24 FR: Yes it would help.

25

26 R: Okay.

27

28 FR: Because it I think it's all about the 'what happens after that baby's [R: um] here.'

29

30 R: Yeah.

31

32 FR: So.

33

34 R: And so what are the benefits of registering, er, /a family?

35

36 FR: /You are registered with the children's centre and you get all that information about the [R: um] children's
37 centre and then you are encouraged to come along to the baby group [R: um] erm, and come along to, erm,
38 introduction to solid foods. We used to do first steps to parenting but we, we, and a new parents group but we

1 don't do that anymore, but as part of our baby group all of those baby healthy messages are as part of the
2 planning, so... and also highlighting the support that the children's centre can give families if they are struggling
3 [R: um]. Erm, you know, help with, erm, benefits [R: um] and sign posting for those things that happen once
4 baby is here.

5
6 R: Sure.

7
8 FR: So I think that would be a positive.

9
10 R: Great. How does the documentation you use, erm, I mean I can't say I'm too overly familiar with all the
11 documentation [FR: um] you would use within your core staff, but for example referrals forms, erm, how do
12 they help contribute towards good communication with professionals working in the children's centre?

13
14 FR: Erm, well we have the early support referral form [R: um-hm] that we use, that we do ask that health visitors
15 use when they're referring the family. But also we we will have that word-of-mouth, where they will come in
16 and they will have concerns about the family and obviously they can talk it through with [CENTRE EARLY
17 INTERVENTION PRACTITIONER], erm, the EIP worker [R: um-hm] and [CENTRE CHILD AND FAMILY LEAD
18 PRACTITIONER]. Erm, so we do, we do, but with the referral form that will be filled out and we will ask for as
19 much information as possible on it. Erm, and then we send it in to, erm, the early support referral panel where it
20 will be sorted and they will put on the relevant information from the databases and then it will go to an
21 allocation meeting, so which are held once every two weeks, where it's looked at, all of the professional, all of
22 the EIP's, the leads, the parenting, parenting practitioners will be in attendance at that meeting. And then that
23 work is allocated out to them. [R: um] Erm, and then the person who receives that referral form will then
24 contact the professional who put in the referral saying "I am working with this family I will contact them." Erm,
25 the family do have to be registered with us for us to be able to work with them because obviously they've got to
26 sign, erm, to give consent [R: um-hm] that they are going to, erm, we can contact them. Erm, so that's that's
27 quite effective because obviously from the referral form you've got all of the concerns about the family, any
28 dangers about home visiting, erm, and then obviously you follow that up with a phone call to the professional to
29 find out.

30
31 R: Okay.

32
33 FR: Exactly, erm, what is needed [R: um] so I feel that part of it works quite effectively.

34
35 R: Okay.

36
37 FR: Erm, but I think when you're working within the centre, if there is any concerns immediately [R: um-hm] that
38 arise in the centre then, erm, I find the other... we are very, I think we are very responsive as the staff, we will

1 the moment something happens then, erm, that is responded to straightaway, erm, we never try to put families
2 off, /or...

3

4 R: /Yeah.

5

6 FR: You know, they are the most important part of your working /day...

7

8 R: /Yes.

9

10 FR: ...so we are very responsive to them, so.

11

12 R: So you think that the, the referrals they use, or you use, are particularly effective?

13

14 FR: Erm, I, I think, erm, I think they have been effective. I think they have been sort of /perfected...

15

16 R: /Okay...

17

18 FR: ...over the time.

19

20 R: ...so they have /been...

21

22 FR: /And there is more of a better process for those now, erm, and they are picked up and professionals are
23 accountable whereas before a referral might have come in and , erm, they have everybody. Working that now
24 they, they're more identifiable as whether it was like an early intervention /needed...

25

26 R: /Right.

27

28 FR: ...nurture group, [CENTRE EARLY INTERVENTION PRACTITIONER]...

29

30 R: Okay, yes.

31

32 FR: ...or a parenting. It's about, you know they need a parenting course, so then it would go to the parenting
33 practitioner. So I think it's probably more effective because it goes to the person that it needs to rather than
34 /everybody...

35

36 R: /Okay.

37

38 FR: ...pitching in and, erm, just confusing families really.

1

2 R: And you say health visitors use those a lot?

3

4 FR: Yes.

5

6 R: Is it something midwives use?

7

8 FR: I don't know if the midwives, that's something I don't know, if any referrals have come in [R: um-hm] from
9 the midwives. I think what, I might be wrong, but what I've recognized is it's more like a word-of-mouth.

10

11 R: Okay.

12

13 FR: Erm, the midwife will come down, raise concerns about a particular family and then investigation is taken at
14 that point, so... but I might be wrong. I mean there may have been a referral put in for them.

15

16 R: So they are, they are, erm, still applicable to midwives as well?

17

18 FR: Yeah. I should imagine so, but more of the referral form is more working with the the, erm, family and the
19 child [R: um-hm] so obviously it would be the needs of the child and would, would have been put in a referral
20 form. [R: um-hm] And because at the point of being, erm, before the baby is here, then maybe there's not that
21 much...

22

23 R: Okay.

24

25 FR: ...maybe there's more that you know to identify that this family may be need support [R: um] after [R: um]
26 after baby is here.

27

28 R: Sure, yes. So because you don't, the midwives don't do any postnatal clinics here do they?

29

30 FR: No, they sometimes have, erm, mums come in when they are being discharged.

31

32 R: Right.

33

34 FR: And then baby comes along, and it's quite nice when I've, I, I find that works quite well when that happens,
35 because you've built up that relationship with mum when she's been coming along [R: um] erm, which is when
36 she is pregnant, and you've been having those conversations with her, and it's nice then to meet baby.

37

38 R: /Yeah, and follow up, yeah.

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FR: /And if they're not registered you can register at that point and give them information about the, erm, different groups and the support available, so there's a... I quite like it when that happens, but it doesn't always happen, because I think quite often that appointment may well be done, maybe in the home or back at the hospital, [R: um] so.

R: How about, erm, are there any other, erm, or any other key pieces of documentation that you do use aside from those referrals?

Fr: Erm, Not that I can think of, not actually documentation. [R: um-hm] As I say there may well be a lot of word-of-mouth [R: um-hm] and working together and, erm, putting like a TAC meeting together if there is concerns identified or support identified that is needed. So the early support referral form is the /main...

R: /Main, thing?!

FR: Main thing, yeah. Which I think, erm, is one of those cases that you know, where sometimes it's better just to have one rather than lots of different ways lots of different documentation. I know the service has been working towards streamlining [R: um] so that is, and I find that's quite good from me because then if a health visitor does phone up with concerns then I know exactly it's just one form, one form goes out to them, [R: um] you're not then thinking 'do I need one for parenting, do I need one...'

R: Yeah.

FR: ...for you know, 'play development.' It's just, it's just that one you've got stored electronically that you can just ping straight out to them.

R: And how about, so they're, in your experience using those, erm, using those referrals, referral documents is there anything you think that can be improved at all?

FR: I think they are, erm, now better than they were, but I think it's a case of them being perfected. I think the form actually does work. [R: um-hm] Erm, it has all the information that you need and rooms for the concerns. Erm, we do find sometimes that they are not filled out very... the actual concerns are not really put down because I think sometimes the health visitors will have those conversations with us, about the family, they will do the referral form and not necessarily put those concerns on the form.

R: Right.

1 FR: Which really need to be on there [R: um] because obviously they going to be going to, like an allocations
2 meeting.

3
4 R: Yes.

5
6 FR: But sometimes, I think the form itself works as a tool but sometimes the information going on it...

7
8 R: Right.

9
10 FR: ...the amount of information on it [R: um] is [R: um] sometimes lacking...

11
12 R: Yes.

13
14 FR: ...to be able to build up a full picture about what, what, the concerns and the support needed.

15
16 R: Okay, okay. That's really interesting. Erm, away from documentation, but what in your experience, and we
17 talked a bit about this initially as well. How do other people perceive and understand your role, do you think?
18 Because you were talking a little bit about, erm, initially and maybe a misunderstanding of your role and
19 therefore, you know, people not utilising the centres, erm, so yeah what do you think in your experience /how
20 do professionals...?

21
22 FR: Erm, I think there is a miss, I think it has got better over time I think it's mainly because when we very first
23 started here, erm, myself and [CENTRE CHILD AND FAMILY LEAD PRACTITIONER] started on the first day [R: um-
24 hm] and it, it was only working out of the top floor of the building, erm. With the changes, there's been constant
25 changes in children's centres over the 3 1/2 years I've been here, but when we first joined there had been a
26 particularly big, erm, reconfiguration of children's centres and staff, so this centre wasn't really up and running,
27 wasn't really offering very much. And back then there was a bit, there wasn't enough staff to be able to do the
28 intensive work that we, we can do now. [R: um] So I think it's probably a bit historic [R: um] that people think
29 well children Centres don't do that...

30
31 R: Okay.

32
33 FR: ... they don't do that, they don't do that, whereas as we've built up the centre now and we do offer so much
34 more, they may not be, erm, aware [R: um] of how much we actually do. I do feel that children Centres are not
35 very good at selling themselves.

36
37 R: Okay.

38

1 FR: Erm, I think it has got better over time, but I think there is a misconception of what we do. I think back then
2 there was this conception that we if you came into a children's centre you would maybe be something to do
3 with social care, erm, because there wasn't so much universal, erm, stuff offered. But now that's obviously built
4 up over time and that misconception has gone. But, and I think most of the, most of the professionals, as the
5 health visiting service has built up with us as well, and midwifery, has built up with us as well, I think that has
6 gone from this centre but maybe in other places where the relationship isn't there, then there, that is that still
7 maybe a problem I think.

8
9 R: So you think actually potentially the, erm, perception of your role may have been accurate but in the past.

10
11 FR: But in the past, yeah.

12
13 R: So your role has actually evolved in itself anyway?

14
15 FR: Yeah.

16
17 R: Okay.

18
19 FR: So we've built up, erm, well sort of back then the midwife clinics weren't being held in [R: um-hm] children's
20 centres.

21
22 R: Yeah.

23
24 FR: So that is something that has, has built up, but you know, there's people who have been in the service a long
25 time [R: um] and they were still, if they hadn't been in the centres they may well still have that perception.

26
27 R: And you say that you don't think centres are particularly efficient at selling themselves?

28
29 FR: No.

30
31 R: I mean is there anything that you think could be improved with that?

32
33 FR: I mean we do try here to sell, erm, ourselves to our immediate area to our community, and I think, you know,
34 we are obviously linked with [LOCAL GP SURGERY 1] and [LOCAL GP SURGERY 2] /so....

35
36 R: /The GP surgeries?

1 FR: The GP surgeries, and they are the hub [R: um-hm]. And we are part of that hub, where the health visitors
2 and midwives come from those surgeries, [R: um-hm] so you know we try, we try to build up that. Erm, but I do
3 think that because we are a city council service and sometimes I think because we are a bit of a political service
4 as well...

5
6 R: Okay.

7
8 FR: ...so you know, we've had quite a few cuts over the years, [R: um-hm] so, and there has been a lot of
9 changes that I don't think it has really been well promoted what we do actually in the media [R: um-hm] and in
10 the local news. Erm, quite often if you do a search on news sites it it's just people protesting about the cuts...

11
12 R: Yeah.

13
14 FR: ...rather than what we do.

15
16 R: Yeah.

17
18 FR: So I don't know if that's a conscious decision [R: um] by [LOCAL CITY COUNCIL] or, erm, so we have to sell
19 ourselves within our centre and within our community which I think we do very well in [CENTRE LOCALITY].

20
21 R: Yeah.

22
23 FR: I think most people know where we are, erm, most families that we have [R: um] sort of managed to engage
24 and register, erm, which it, we are standing at 80% now for our area.

25
26 R: Great!

27
28 FR: I do feel, they do for our local [R: um] community we actually do but as the wider city I'm not so sure.

29
30 R: Okay and, erm, to what extent do you think, erm, working within the nurture programme, so this is what my
31 research focuses on. [FR: um] When I talk about the nurture programme I am talking primarily about having
32 brought the midwives back into the centres. So how do you think working with them in this sort of setting has
33 helped others understand your role? So we, again probably mentioned this a little bit about the midwives
34 actually being here may be helping to understand it, do you think that's the case that that now [CENTRE
35 MIDWIFE 1] and [CENTRE MIDWIFE 2], you know, have developed a better understanding of what you do since
36 they have been working here?

1 FR: Definitely, definitely. I think, erm, that they, they definitely do. For example there was a case where, erm,
2 [CENTRE MIDWIFE 1] asked us if we could print off a, a, back then it was CAF and we, erm, and [CENTRE CHILD
3 AND FAMILY LEAD PRACTITIONER] may have just said “okay I've got one just here, we do them all the time.”

4
5 R: Right.

6
7 FR: And she wasn't aware that we did CAF's [R: um] and did that, that sort of intensive, you [R: um] know, work.
8 Erm, and she was quite surprised. And then, since then, I've noticed, I don't know, just noticed there's a little bit
9 more understanding that our role is, we, rather than... we are fellow professionals [R: um] rather than anything
10 else. [R: um] So, so. I think that has evolved, it's just that understanding that if, if, erm, they were in hospital and
11 the doctors surgeries they wouldn't have known that. [R: um] Erm, and it's just having those conversations to let
12 them know what we were doing and what we can do for families so they can highlight concerns [R: um] erm, if
13 they feel the family is going to need a bit more support...

14
15 R: /Okay.

16
17 FR: /...once baby comes. [R: um] So I think from that point of view it's really important that the midwives are in
18 the centres, so you can have those conversations. Rather than being out in, and going back to what I said before
19 it gives, erm, just means that there is something once baby comes once their role is finished [R: um-hm] you
20 know, it can continue with the health visitors and the children's centre.

21
22 R: Yeah. And so do you, or to what extent do you feel the nurture programme, bringing the midwives into the
23 centres, has enabled you to work more effectively with other agencies and professionals? So you, you, do you
24 think the work has become more efficient or not?

25
26 FR: Erm, I think the be, the, the, erm, understanding, our families from, like I said when you know that a family
27 you may have been working with is sometimes the first, erm, realization that there another baby along the way
28 it's when they come for their first appointment and you can highlight and say “oh, you know... erm” and that
29 might not have been picked up [R: um-hm] by the other, erm, professionals especially if there were concerns [R:
30 um], there's been concerns, or they were subject to, erm, a plan so that, that has worked quite well I think. [R:
31 um] Erm, and also just identifying if you feel, erm, I feel we're quite perceptive here and we are, we do pick up
32 on, erm, moods and you know when things may not be quite right. Erm, and you get that relationship at the
33 desk because we do ask that they sign in and you do try to have that conversation with them, [R: um] erm, it's
34 just building up that relationship with them and getting information from them about the mums to be [R: um]
35 and then you may well tie that up with a bit of further information from the midwife, [R: um] and then a bit of
36 further information from the health visitors from maybe previous children.

37
38 R: Yep.

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FR: Erm, so I think altogether it really does, you know, put that baby at the heart of it. [R: um] Erm, and I think that is quite important because I think, you know, you look at things and where things are being missed along the way where there may have been concerns. And I think that goes some way to ensure that doesn't happen.

R: Now I'm, I'm being, I will be deliberately [FR: um] quite, er, negative here. I just want to, if, if I were to say well I am midwife, which obviously I am, erm, and I think midwifery is actually more, it is more health based and we should be back in GPs surgeries, [FR: um] I don't think being in children's centres helps at all really. What would you say to that at all?

FR: I would, erm, I would, we have had that conversation, we have had that...

R: Okay.

FR: ...sort of sense. Erm, from the beginning, and I mean we do understand that because we, we are not really from a health [R: um-hm] clinical background, erm, but I think I do understand that, but I think it's going back to that thing again the outcome and the support [R: um-hm] for that baby once it comes, erm, you can have all those appointments at the hospital, all the doctors [R: um-hm] but that is just health based, I think it just bridges that gap...

R: Okay.

FR: ...by having the midwife in the centres. I think it bridges that gap, erm, for, so then once baby comes along, the times that Mum will be taking them to the doctors would be, you know, for health [R: um-hm] related [R: um-hm] and it would just be for health-related, those places, that they visited are just have a health reasons.

R: Yeah.

FR: But whereas they've been coming here we offer all of those other things, [R: um] all those other things that are going to sort of take them forward and, and it is, you know, all of that child development.

R: Yeah. So if we're talking, yeah, so I completely understand [FR: um] that. basically they are here throughout their pregnancy, it helps them establish a relationship [FR: um] with the centre's staff. Erm, do you think then that actually, sort of, er, that's the only reason that the midwives are useful here, as in being here? Do you think actually if they are here, they, the, the working together doesn't necessarily still come into it? Do you think, er, so I am just trying to phrase this correctly...

FR: Yeah.

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R: ...and I just apologise, I am being deliberately, trying...

FR: Yeah.

R: ...to be provocative. Er, so it's more about establishing a foundation for the parents here [FR: um] getting to know you rather than actually the midwives working within the rest of the team?

FR: Erm, I think that's important as well because obviously it, it gives a, I think it gives a better rounded service, [R: um-hm] so you know, that I think there is a circle isn't there. In the midwives, [R: um-hm] the health visitors, [R: um-hm] children's centre staff, and whereas I always think it would be a shame if the health visitors and children Centres staff work very well together, [R: um-hm] and then the midwives are out. I would see it like as a whole circle really. [R: um-hm] So I think you know it can be... I think it gives everybody that understanding of each other's role [R: um-hm] as well.

R: Yep.

FR: Working together rather than maybe two working very closely together and another one out. [R: um] I think being in the centre, it does bring us all together and so we are working as one, one team rather than, you know, just saying it's them and us, isn't it?!

R: Yeah.

FR: You know, and also understanding what each other's roles are [R: um] which sometimes gets blurred [R: um] in, when we have, you know, we... what's the word... reorganisation.

R: Yeah.

FR: Because also services are having reorganisation.

R: Yeah.

FR: And I think when you are working in the same building or working as the same team you are understanding those changes. [R: um] So I think it is, it is important, I think, you know, like the health visitors will have a midwife you know, like liaison [R: um] so they have all their new mums coming up and then that will tie in with us, which I don't think necessarily may well happen if that is happening at hospital or in the doctors surgeries.

R: Yeah.

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FR: I think there would always be one maybe left out of the loop, [R: um] so I would hope that it would be beneficial for every /service working....

R: /Yeah.

FR: ...together within one building. You just have those conversations [R: um] and build up those relationships.

R: I know we're talking, talking with this, this... obviously it's all about working together. [FR: um] Do you think working together is actually all it's cracked up to be? Do you think a midwife could provide that care regardless of having to work together with other professionals or not? Do you think they could do it just... do we need to collaborate really?

FR: I think it's very important to collaborate because, you know it's, erm, just having those conversations and there is so much that can be missed through miscommunication, erm, and I think, I don't think it's healthy to work in isolation personally, [R: um] from what I see here, erm, where I see where things are really working really well together...

R: Yeah.

FR: ... it really, because you know, that, that mum and that baby is the most important thing [R: um] of all our working lives I think.

R: Yeah.

FR: You know, that's what we work towards, you know, that they are comfortable and everybody's got their role to play in that. And if you're not talking or you're not collaborating and you are all working separately you are not necessarily working in the best interests of that most important person [R: um] that you are working with.

R: Yeah.

FR: So I think it is really important to, from what I've seen here, I can see how effective working together and talking and having those conversations can be to the outcomes of the families, and you know when we've evaluated a family, you, they do feel that they're nurtured and valued by all the professionals who have been involved in their care.

R: Yeah.

1 FR: So, that's what I feel any way! [laughs]

2

3 R: I tell you what, let's move onto the scenarios.

4

5 FR: Okay.

6

7 R: I've got three short scenarios, erm, now these have been written potentially from a health professional
8 perspective.

9

10 FR: Okay, yeah.

11

12 R: But, but they are just to highlight a specific, er, consideration in collaborative working so don't get het up too
13 much on the detail...

14

15 FR: Okay.

16

17 R: But if you read there for me.

18

19 [RESEARCHER GIVES PARTICIPANT VIGNETTE ONE]

20

21 FR: Okay.

22

23 R: Okay. So I just want you to consider some questions. So like I say, don't get caught up too much in the detail.

24

25 FR: No.

26

27 R: Basically in this, er, we are highlighting that there is there's not really been effective communication between
28 Lucy's [VIGNETTE CHARACTER] GP and, erm, and her midwife basically. Erm, so, but what in your views, what
29 are your views on what inhibits, er, effective communication between, er, professional agencies between...

30

31 Fr: Er...

32

33 R: ...And between core staff as well?

34

35 Fr: I think sometimes it's that, erm, I think maybe it's that thing that, you know, that that's your role and that's
36 your bit done [R: um-hm] and then, erm, that assumption that somebody else is picking up that...

37

38 R: Right.

1

2 FR: ...which may not always be happening. [R: um-hm] Erm, so you know in this case, like, erm, she's obviously
3 spoken to her GP [R: um-hm] erm, and they haven't taken the information further whereas they could've
4 spoken to the health visitor...

5

6 R: Yeah.

7

8 FR: ...who then would be visiting [R: um-hm] or can arrange a visit, they, it would flag up in one of their family
9 visits and then on visiting, erm, that that mum, then do a referral to us. [R: um-hm] Erm, and then buildup that
10 nurture program so I think maybe it's that thing that, you know, that's my job you know I'm treating...

11

12 R: Yes.

13

14 FR: ...I'm treating them medically but now they're not passing it on to [R: um-hm] that other support that may
15 well be available. So I don't know. Erm...

16

17 R: There's no right or wrong.

18

19 FR: No, I don't know. It's maybe a time thing [R: um] or those things. But then again it might go back to that
20 understanding of what other wider support [R: um] is out there [R: um] for these families that the GPs may not,
21 erm, know about /or...

22

23 R: /Yeah.

24

25 FR: ...have the understanding of how effective it can be. [R: um]

26

27 R: And, in your, considering your role, have there been any examples where you think there hasn't been
28 effective communication?

29

30 FR: Erm, I'm just trying to think. I don't think so really because I don't, I think in my role I don't necessarily have
31 that [R: um] initial information...

32

33 R: Okay.

34

35 FR: ...it's just what I pick up. And you know, talk about when we are actually here [R: um-hm]. Erm, I know there
36 has been miscommunication from social care before. Erm, that there's been, erm, where social care have not
37 been aware of a particular concern about a family [R: um] erm, and not realising that a family have got another
38 baby on the way when a baby was, you know a previous baby was removed, erm, and it was only because

1 through mum coming in here [R: um] and then realising that mum is pregnant and that social care obviously
2 have not had that communication [R: um] from whoever should have been /communicating...

3
4 R: /Yep.

5
6 FR: ...with social care. So then that was only picked up when we picked up, mum pitched up here.

7
8 R: Yeah.

9
10 FR: And then the health visitor was in, and the previous health visitor was then like “oh” and then that
11 communication with... social care weren't aware, who then put those steps in place. But you would have
12 thought there would have been a communication between...

13
14 R: Yes.

15
16 FR: ...maybe the health services? And so I don't know, how the whole is... it's not a triangle even is?!

17
18 R: It's never tidy is it?! Okay so what are your views on what would make communication easier between
19 professionals easier?

20
21 FR: I think, erm, it would be a clear understanding of what each role offers.

22
23 R: Yeah.

24
25 FR: Almost I think it could work that they had, like even a flowchart. [R: um-hm] You know to say that you know,
26 erm, mum like in this case where is she, she's feeling depressed and anxious, [R: um-hm] and then they have
27 that flow of what is available for them. Because I think you know, staffs change, [R: um-hm] new GPs come in all
28 the time [R: um-hm] from outside areas, because areas do change like children Centres services in one area [R:
29 um] may not be, erm, the same in another area, [R: um] particularly in this area where we are such a deprived
30 area. [R: um] Erm, so maybe like some sort of flowchart...

31
32 R: Yeah.

33
34 FR: ..that they would have so they would see mum's anxious, depressed, obviously pitched up with the health
35 visitor, but children's centre and nurture services are available as well. So it's just that information I, I think.

36
37 R: Yeah, yeah. Fab. Well let's move on to the second scenario just turn over, have another read that for me.

1 FR: Okay I've just been a pop to the loo quickly.

2

3 R: Yes, yeah of course.

4

5 [PARTICIPANT LEAVES ROOM BRIEFLY]

6

7 [PARTICIPANT RE-ENTERS ROOM AND IS GIVEN SECOND VIGNETTE]

8

9 FR: Alright.

10

11 R: Okay, take a read of that for me.

12

13 [PARTICIPANT READS VIGNETTE TWO]

14

15 FR: Okay.

16

17 R: Okay. So in this scenario, erm, to what extent do you consider that you are able to meet the health and social
18 care needs this family?

19

20 FR: Erm, I'm just seeing, so they haven't got a named social worker but they would be, erm, there would be... if
21 they are not involved with social care, they won't be in the meetings so... Erm, I think that would be a case for
22 like our nurture, our early intervention practitioner [R: um-hm] to, erm, sort of make contact with this family
23 and assess what sort of support they are needing. [R: um-hm] Erm, saying that, so we have accompanied
24 families to housing [R: um-hm] erm, and, and the parenting practitioner as well. [R: um-hm] Erm, whereas we
25 used to run like first steps to parenting for antenatal. Erm, that program stopped but our parenting practitioner
26 will still run that programme maybe on a one-to-one basis [R: um-hm] erm, with a, you know, this would, this
27 probably would be an ideal [R: um] case for that. First steps to /parenting.

28

29 R: /Yeah.

30

31 FR: Erm, Sort of one-to-one, to help. Erm, so it would be sort of building up the relationship with the family
32 using the EIP worker, parenting practitioner. Erm, and then obviously if any other things arise in those
33 conversations then they would be referred accordingly.

34

35 R: Yeah.

36

37 FR: But I think offering that initial like nurture programme and then obviously once baby comes you've, you've,
38 you've built up that relationship then and you would hope that you would maybe kind of keep that going so it

1 may well be subject to if you've got all of these other agencies being involved with them. [R: um-hm] may be
2 making it part of a TAC...

3

4 R: Yeah.

5

6 FR: ...team around the child. [R: um-hm] Erm, so you've, you've got that support in place for them for when
7 baby comes along.

8

9 R: Erm, talking a lot about, erm, the centre staff in a whole. What specifically, erm, would your role involve with
10 this couple?

11

12 FR: I think it, my main role is to, obviously to welcome /people...

13

14 R: /Yeah.

15

16 FR: ...and then, erm, for example if they were coming here for their very first meeting with [CENTRE EARLY
17 INTERVENTION PRACTITIONER] [R: um-hm] it would be making them feel welcome...

18

19 R: Yeah.

20

21 FR: ...and you know, making them feel comfortable and then introducing /them...

22

23 R: /Yeah.

24

25 FR: ...to [CENTRE EARLY INTERVENTION PRACTITIONER] [R: um-hm] so if [CENTRE EARLY INTERVENTION
26 PRACTITIONER] hasn't made that contact already, so say this is /[CENTRE EARLY INTERVENTION
27 PRACTITIONER]...

28

29 R: Okay, yeah.

30

31 FR: ...and then taking them into the room, and then just having that little conversation to make them feel
32 welcome and comfortable so then next time they come in they would feel, they wouldn't have that anxiety, you
33 know, you always feel /anxious...

34

35 R: /yeah.

36

37 FR: ...when they come to a new place for the /first time...

38

1 R; /you don't know... yeah, you don't know anyone...

2

3 FR: ...I do feel that sometimes we receptionists, they come up against [R: um] maybe...

4

5 R: Because your front line aren't you...

6

7 FR: We're front line...

8

9 R: ... you're the first...

10

11 FR: ...and you know, you do come up against people at doctors surgeries [laughs]...

12

13 R: Yeah.

14

15 FR: ...particularly mine, where the reception is quite obstructive sometimes [R: um] and you are not made to

16 feel valued, [R: um] and I always go along with that being that you treat everybody the same, [R: um] you know,

17 whether you've got the head of service walking in or the Queen, or whatever or, you know...

18

19 R: Yeah.

20

21 FR: ...everybody is treated the same, and then you can't go far wrong.

22

23 R: Yeah.

24

25 FR: So I always find that, and I found that's always worked in my working life that you, I don't have

26 confrontations with people.

27

28 R: Yeah.

29

30 FR; Because I think I'm quite good at reading people [R: um] and also reading people's needs, so sometimes

31 she'll walk in, quite confident they are quite happy to go and put their buggy out and quite happy to go into [R:

32 um] groups for the first time whereas then other people, you recognise as being a bit nervous, and they might

33 need a bit of help [R: um] putting their buggy out, and you know, might need taking into the group and

34 introducing to [CENTRE CHILD AND FAMILY PRACTITIONER] so. [R: um]

35

36 R: Erm, the next couple of questions we've briefly drawn upon, erm. I'm going to skip the second one but I will

37 still, it might mean just repeating yourself a little bit, so what's your understanding about the support that might

38 be offered, so your understanding, so you've mentioned obviously which would have been the second question

1 about the agencies and professionals you might draw upon, so nurture professionals, parenting practitioners
2 [FR: um] er, specifically those were the two you mentioned. So, erm, can you just elaborate a little bit about
3 more about your understanding about the support that they might both offer?

4
5 FR: Erm, So, erm, [CENTRE EARLY INTERVENTION PRACTITIONER] would be, erm, the early support practitioner
6 [R: um-hm] so she would erm, look, speak with the family look at what sort of support they require, erm, also
7 encourage them to come in and use the centre and group to use the different [R: um] services whereas they
8 wouldn't, may not have felt comfortable coming into a big group. Then she may say well you know join the
9 nurture group it would be better where it would be smaller. Erm, if they are not comfortable with that
10 encourage them to make use of the sensory room [R: um] and then, erm, just, erm, offering that support where
11 they may need support, like if they are in temporary accommodation they may need support with talking to
12 housing professionals so it would be accompanying them to housing options [R: um] to try and help them in that
13 way. [R: um-hm] Erm, and then you know with the parenting support, so it would be maybe a referral to
14 parenting practitioner who then would have a, she usually has she does appointments on a Tuesday afternoon,
15 so they would have an initial half-hour appointment [R: um-hm] with her where she would talk through exactly
16 what they want, whether they would be you know, it would benefit them to go on one of our parenting
17 programmes, or is it more of like a one-to-one [R: um] parenting support they would need. So they are the main
18 two, like parenting support, erm, and the EIP worker and then obviously [CENTRE EARLY INTERVENTION
19 PRACTITIONER] may well take it further and then they may well build up a relationship with housing [R: um]
20 officer but they are wider. I don't really have, for those ones outside the /centre...

21
22 R: /Yeah.

23
24 FR: ...I don't really /see...

25
26 R: /Okay.

27
28 FR: ...what sort of support that they, they offer.

29
30 R: Do you think there would be any challenges, erm, that you would anticipate in achieving the appropriate level
31 of support for this family?

32
33 FR: Erm, I think the fact that they have asked for assistance, [R: um-hm] then they are open to receiving [R: um]
34 support. Erm, maybe that where they've both had a complex social history they, may well have, have had
35 dealings with a lot of professionals over their life, [R: um] so may well have, be a bit suspicious may be difficult
36 to engage [R: um] in certain things, but I think building up those relationships then hopefully that would, that
37 challenge would, erm, would go down really. So, erm, sometimes it's it is difficult if families have been used to

1 be dealing with a lot of professionals, so there is sort of the trust issues as well. So it would be a case of, erm,
2 building up that trust which sometimes I see is my role as /well...

3
4 R: /Okay.

5
6 FR: ...because I have been here for a long time and obviously I have built up those relationships and trust with
7 families [R: um] so that's when I do get to that point where people say "don't tell me that, don't disclose" you
8 know, but they do maybe disclose things to you that you, that they may not disclose immediately to, erm, one
9 of the professionals.

10
11 R: So yeah, what would you do in that situation then?

12
13 FR: Is tell.

14
15 R: Yeah?

16
17 FR: Erm, straightaway that information is moved on immediately, [R: um] whatever is disclosed.

18
19 R: Is that made aware to the family straight /away?

20
21 FR: /Yeah.

22
23 R: Yeah.

24
25 FR: Yeah. I would say if they've told me something, they have disclosed something to me, I would like, say you
26 know, "oh, I will have to tell [CENTRE CHILD AND FAMILY LEAD PRACTITIONER] [R: um] what you have just told
27 me", so it would be made aware to them. But it doesn't seem to stop them from doing that, so I think that does
28 show that that trust...

29
30 R: Yeah.

31
32 FR: ...and quite often I feel with some of the families I have worked with over the years they, I think they
33 sometimes see that. I think they sometimes think if I, if I tell [PARTICIPANT 18] then [CENTRE CHILD AND FAMILY
34 LEAD PRACTITIONER] will hear about that...

35
36 R: Okay.

1 FR: ...rather than going straight to, to [CENTRE CHILD AND FAMILY LEAD PRACTITIONER] [R: um] and I guess that
2 could be for lots of reasons. They may think that she is too busy, or [R: um] if they feel they may, it may be
3 easier for them that [CENTRE CHILD AND FAMILY LEAD PRACTITIONER] has got some information about the
4 issue [R: um] rather than having to tell her outright.

5
6 R: So you're saying, so you sometimes, you can be a bit of a stepping stone?

7
8 FR: Yeah. I definitely see myself as a bridge between sometimes.

9
10 R: Yeah. So you've obviously given an example where it's been the case that you've been a step for service users
11 [FR: um] or parents. Has there ever been, has that ever been the case for other professionals as well, that you
12 feel that you were that bridge?

13
14 FR: Yeah. I mean health visitors we do "can you keep a lookout for [R: um-hm] such and such a family", erm,
15 "could you maybe mention to them [R: um] that they missed their appointment", and you know I would only, I
16 would only do that if I felt really comfortable with the family. Like one of the health visitors, she has got a family
17 under them who is under social care...

18
19 R: Right.

20
21 FR: ...and she's been missing her medical appointments. She's a really regular user of the centre. she comes to
22 every group at the centre. [R: um] Erm, but doesn't necessarily keep to her appointments. She, she's had lots of
23 children removed in the past and she's got a baby now who you know, we really want to see her thrive and do
24 well [R: um] and do well with this baby. But she is getting to that point where she starting to miss her medical
25 appointments now and erm, so you know, I just met and just said "oh [SERVICE USER NAME], you know [CENTRE
26 HEALTH VISITOR] was looking for you the other day", but sometimes I feel as though I do have that relationship
27 that I can say in that way...

28
29 R: Yes.

30
31 FR: ...that they don't feel threatened, or I'm being nosy or... erm, and then she goes "oh, I've got so many
32 blooming appointments! How do they expect me to keep that all, all up?!", so I get all that and then I will say
33 "oh well, I will just let [CENTRE HEALTH VISITOR] know that", you know, "you are, you've got a lot of
34 appointments", and then I can feed that back so she is aware that you know... so you can have that bridge. But I
35 think by, when you've built up that relationship you can have those sort of conversations.

36
37 R: Yeah, yeah. Less formal?

1 FR: A little less formal, less threatening. And I think that is effective and then you know “ oh do you mind if I tell
2 [CENTRE HEALTH VISITOR] you are going to be at such and such a group, she might want to pop in and see you
3 there”, and she goes “oh no, that’s fine”.

4
5 R: Okay.

6
7 FR: So then you can, you can do it that way.

8
9 R: Great, right! We are going to go onto the last scenario. 3 There we go.

10
11 [RESEARCHER GIVES PARTICIPANT VIGNETTE THREE]

12
13 FR: Okay.

14
15 R: Okay. So this obviously, erm, looks as a scenario where there’s, erm, there is an informal discussion between
16 professionals [FR: um] at a children's centre. Er, in your experience what are the advantages of being co-located
17 with other agency professionals in the same building?

18
19 FR: I think when you are co-, co-located you have those natural conversations already. [R: um-hm] Erm, you do
20 discuss the families that, you know, the neutral families that you’re, you're working with [R: um-hm] and I don't
21 necessarily think that sometimes if your co-located then... You're on hand, you know, erm “so-and-so”, “oh yes,
22 she is in a later, I can let her know about this family” whereas sometimes you phone up, you miss calls all the
23 time [R: um-hm] you know they may not, because other professionals are out and about, erm. It's that time can
24 go but whereas there, if you're co-located it's almost immediate isn't /it?

25
26 R: /Yeah.

27
28 FR: As soon as that concern is raised, “oh did you realise” [R: um-hm] whereas “oh, that concern has arised, I
29 had better phone such and such”

30
31 R: Yeah.

32
33 FR: Or, I’ve phoned them, it has gone to answerphone, [R: um] or that, or you find out immediately. You find out
34 that person may be on leave, and who do you move that onto? Whereas if you are all co-located those
35 conversations are just happening immediately...

36
37 R: Yes.

1 FR: ...and I think it speeds up the support for that family. So that's definitely, definitely an advantage.

2

3 R: Is there anything else that you can think of?

4

5 FR: Erm...

6

7 R: If not don't worry.

8

9 FR: Yeah, no, I think that, that's the main /thing.

10

11 R: /Okay.

12

13 FR: That's just immediate, immediate support in this scenario, [R: um] there's immediate support, and also you
14 have all of that background information as well, [R: um] like she's already attending like a toddler [R: um] drop-
15 in, erm , so you've probably, from her actually coming into the centre, you've probably got that, how she was
16 when [R: um], erm, maybe Lucas was first, firstborn. And she stops and talks so you've probably had those
17 conversations and she may have disclosed something to you. So you may well have all of that other background
18 information [R: um] which the other professionals in the building may well have picked up on as well, which
19 they wouldn't if they were somewhere else.

20

21 R: Are there any limitations in your experience to co-location?

22

23 FR: Erm, I think because I've, I've always worked in a well, like a multi agency team really, I know that
24 multiagency teams are coming in but we very much work like that over the last 3 1/2 /years.

25

26 R: /Yeah.

27

28 FR: So I haven't really had any experience of not really working in the team [R: um-hm] with the midwives or the
29 health visitors. Erm, so, erm, I don't know. I think that the main, the main, erm, thing may be a limitation to co-
30 located working is, is that maybe that not understanding of, and not valuing each other's professions. I have
31 seen it in some other places, where there is a clash of personalities and that's not my job that's, not my job,
32 that's not my job, you know /someone...

33

34 R: /Okay.

35

36 FR: ...has got that so I think that's why it is really important to have that...

37

38 R: Yeah.

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FR: ...those lines of communication open and processes are in place to make that, erm, work for everybody [R: um] rather than, you know... We are very conscious that it's our centre, perceived as our centre, it's a children's centre. We are responsible for the building, [R: um-hm] we have to run it, we have to make sure that everything is sort of in place.

R: Yeah.

FR: And even though these other professionals are working, erm, in the building as the team they are not necessarily responsible that side of it. So there is that thing maybe that you know, "oh, that's all right, the children's Centres staff will do all that"...

R: Right.

FR: ... "they'll do all of that setting up, they'll do the cleaning up, they will do that" and then that can cause resentment. So it's really important to, like we always have done, is kept those lines of communication open and if there is something that we are not that happy about we will say something about it [R: um] and then get their side and then put steps in place to make it a happy working environment for everybody.

R: Yeah. Very /proactive.

FR: /Which, yeah, which I hope has, has worked. Like I say, with the midwifery before it was very resistant...

R: /Yeah.

FR: .../at the beginning. But I'm hoping that it has, you know, smoothed out along the way. [R: um] So I hope so, anyway you never know, who knows. That is what you hope.

R: That's great. Well we've we've reached a suitable end, stage now, er, tail off and maybe end the interview, but before we do end I just wanted to ask whether there was anything else that you potentially hadn't mentioned, or anything that you think about, about collective working, erm, that you want to, that you want to say?

FR: No. I think, erm, I think I've said everything.

R: Yeah.

1 FR: I've waffled probably quite a lot, but I think I've said everything, but I think my main thing is you know, just
2 good communication [R: um] and that understanding of what everybody does. [R: um] Erm, so not just the
3 headline [R: um-hm] stuff, but also all those other things that you know children's centre staff do do...

4

5 R: Yeah.

6

7 FR: ...which then compliment what the other agencies do as well.

8

9 R: That's great. Well I would like to take the opportunity to thank you for taking part.

10

11 FR: That's alright.

12

13 R: Okay, thank you [PARTICIPANT 18].

14

15 **End of Interview**