

INTERVIEW TRANSCRIPT

PARTICIPANT EIGHT

DATE: 26th February 2016 TIME: 14:10-15:00hrs

Researcher – R

Participant – M (Midwife)

/ - speaks at the same time

= - immediate response

[] – non-verbal communication

Beginning of Interview

R: Super. Right and welcome, and thank you for agreeing to take part in this research. I should know this by now! But I am Naomi Simpson I am the researcher for the study “a case study of a maternity services development programme, and its influence on maternity services and interagency collaboration”. I will be conducting this interview. I would like to confirm for the recording that you have provided consent in writing to take part in the interview.

M: Yes I have.

R: Yeah, okay. The current date is the 26th of February 2016 and the time is 14:10. Er, you have been allocated the participant number, participant eight. I will just double check, yes, eight. So I’m going to start with some general questions, move on to the use of some vignettes, erm, and I encourage you to reflect upon your clinical practice and you may use examples, as I mentioned it is all confidential [M: *um-hm*] so all names will be removed okay. So we are just going to start, so what in your experience contributes to good working relationships, er, or relations with professionals in this children's centre? So centre staff and anybody else that works within here.

M: Okay what, sorry say that again, what...?

R: What in your experience contributes to good working relations?

1 M: Okay, erm, I think er, I think knowing that you can, erm, actually just go and speak to them as and when,
2 they are quite accessible, [R: um-hm] erm, they make you feel at home, erm, I think that knowing that if there is
3 anything that you need to discuss about one of the ladies that is under their care, erm, then you can discuss
4 that with them, erm, [makes noise, like exasperated exhale] that's probably about it.

5
6 R: Okay.

7
8 M: Unless you can guide me on anything?

9
10 R: No that's fine. Erm, I have to be careful not to /lead...

11
12 M: /Yep.

13
14 R: ...you too much but that's absolutely fine. If I feel there is something that we can maybe elaborate on [M: um]
15 that's fine. Erm, can you give me an example from your experience where interagency working, you feel, has
16 been particularly effective...

17
18 M: Right.

19
20 R: ... within this centre.

21
22 M: Yes you can. I had a lady who was a, erm, immigrant from in fact she was a, erm, she was trafficked from an
23 African country. Erm, she didn't realise she was being trafficked. She came over to here, was in Birmingham,
24 erm, then taken down to London, prostituted out, erm, then the police became involved. She stopped the
25 prostitution in the September and became pregnant because she was raped in the October. And then the police
26 bought her down to, erm, [RESEARCH CITY], erm, and she attended one day to a clinic and she had nothing in
27 the way of baby equipment [R: um] at all. And I just went down to mention this to the staff downstairs, erm, and
28 they came up with a, erm, Moses basket and clothes and things like that because it's part of their role [R: um-
29 hm]. They said that they, erm, for those who are, erm, not able to get equipment for one reason or another
30 that's, that's one of the things with the children centre they can actually allow them to come here [R: um], erm,
31 for groups to use the phone [R: um], erm, and for equipment.

32
33 R: Yeah.

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35 M: So that was really, really good, and, erm, [CENTRE LEAD CHILD & FAMILY PRACTITIONER] saw her postnatally
36 as well, she made sure that she attended groups and I believe is she still attending.

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38 R: That's good.

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M: Yeah.

R: So that's a good example, well it's a good example, isn't it, where there's been a positive outcome [M: um] erm, and would you say, so can you explain a little bit more about, or, or can you feel you can elaborate on how you worked together for that [M: um-hm]. So obviously you say you went down and had a speak [M: um-hm] to them, can you talk a little bit about, about, er, how you feel your relationships, erm, were emerging there?

M: Yeah. I think that, erm, it was easy to, to speak to them about that occasion because, erm, when, I'd spoken to them previously about this particular client, erm, and so they were a little bit, and they said if there is at any time any anyone that needs certain equipment then let them know because they do like to go out to those who are most in need of it and so they were a little bit aware of her, /however...

R: /Okay.

M: ...not a great deal about the background, erm. So they made sure that when she came in they were very attentive to her needs, [R: um-hm] and so forth so that that was really, erm, good there.

R: Okay. And how do you, so do you feel, erm, do you feel your, your working practice with them could have gone any better, been improved or do you think actually, er, you know is that, is that the case with other examples?

M: Erm. I'm just trying to think actually, I don't think it could have been any better with that, I think that worked out really [R: um-hm] well really well with that scenario. Erm I don't, I don't know that there is any that I've actually had to question [R: um-hm], erm. I think the, the occasions that they've been involved with any of my, my women, erm, there it's been, it's been absolutely good [R: um]. There's not been a problem...

R: So when they are involved with your, with your women, do you have, do you have much to do with them? I mean do you, erm, what I'm trying to say is do you tend to find you work with your women, and then they work with them or is it more of a, erm...

M: Integrated?

R: ...yeah.

M: Erm. I would say it was a little bit more separate.

R: /Okay.

1

2 M: /Yeah. Because clearly they are coming up here for an antenatal...

3

4 R: Yep.

5

6 M: ...so you wouldn't expect the staff here to come into that meeting [R: *um-hm*]. Erm, we do have meetings
7 here, but generally that's just the normal basic meetings that we have like the TAC, /and...

8

9 R: /Okay.

10

11 M: ...the SAF's and so forth. But other than that, erm, no it's very separate.

12

13 R: /Okay.

14

15 M: /Yeah. They do their bit and, and they actually feedback anything that they feel necessary.

16

17 R: Okay, /okay.

18

19 M: /Yeah.

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21 R: That's great, erm, and so how does the documentation you use so thinking about your general sort of
22 everyday documentation so your maternity notes [M: *um-hm*], things like that, er, and also specific referral
23 forms you might use if you had a particularly vulnerable woman, [M: *um-hm*] or, or any specialist referral. So
24 how does the documentation, er, you feel help contribute towards good communication between those using
25 it?

26

27 M: With the staff here.

28

29 R: Yes.

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31 M: I didn't realise that there was any to be honest.

32

33 R: No? /No.

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35 M: /No.

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37 R: So how do you feel, well what about the documentation, so, routine can you talk through a little bit about the
38 everyday documentation you will use with any of your women.

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M: Okay. So, er, the documentation we use on a daily basis for antenatal clinic [R: *um-hm*] they would bring their handheld notes into us. We would document the time, the date, erm, and that they've attended here. How many weeks they are, erm. Observations, basic observations. So then we check mum and then we check baby, erm. And that's, that's, erm, the daily, the daily [R: *um*] notes that we do.

R: Okay. And how about, does, does any other professionals see those notes?

M: Er, not from these centres, they wouldn't see them [R: *um-hm*].

R: No. So any other documentation so if you did have a particularly vulnerable woman, now I know, erm, midwives do sometimes deal with CAF's, or now they've changed haven't they...

M: Yes.

R: ...to SAF's. So have you used SAF's before?

M: I have in the past, [R: *um-hm*] yes, yeah.

R: Yeah, and how if you're thinking about them, do... how do they tribute towards, erm, communicating? So think about how the information you're putting in them, erm, and the... basically what you want to get out of them. Do you think they are suitable for their purpose?

M: Erm, yes they are. They are very long winded.

R: Okay.

[Midwife's mobile phone starts to ring]

R: Do you want to answer that?

M: Sorry.

R: That's okay.

M: That's the one that phoned me earlier.

[Midwife answers phone – on phone for 5:13 minutes]

1

2 M: Sorry about that.

3

4 R: That's fine.

5

6 *[Midwife writes down some notes]*

7

8 M: Right, okey-doke. Sorry.

9

10 R: So we were talking a little bit about the documentation...

11

12 M: Yep.

13

14 R: ...and so maybe a single assessment framework, so the purpose of them *[M: um-hm]* is obviously to
15 communicate some information...

16

17 M: Yeah.

18

19 R: ...information sharing. So how effective do you think they are at their purpose?

20

21 M: Erm...

22

23 R: You were saying they were a little bit long winded.

24

25 M: Yeah, they are very long winded I think I've only filled one out in the last year perhaps.

26

27 R: Okay.

28

29 M: Erm, and for somebody that's going through a bit of trauma maybe its mental health or whatever, because
30 they are filled out for concerns *[R: um]*, erm, so for somebody that's quite anxious anyway, erm, or they haven't
31 got the time, an hour is a long time *[R: um]* to be filling, filling something out, erm, with them not knowing
32 where it's going to go from there, whether... and plus the fact that a lot of them are a bit concerned that this
33 form then leads onto social services involvement

34

35 R: Okay, okay. Erm, so could you suggest a way in which that would be improved?

36

37 M: I wouldn't like to really say how it could be improved /but...

38

1 R: /Okay.

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3 M: ...maybe, maybe it could be cut down some way. Maybe in some way maybe it could be more tick box rather
4 than, I don't, I hadn't really studied the new format [R: um-hm] that...

5

6 R: So it's not something that you come across a lot, you /use a lot...

7

8 M: /No. Because mine tend to go straight to child protection /and...

9

10 R: /Okay.

11

12 M: ...are already know most of them and for those that you have got concerns about I had one and she did
13 suggest that she was happy to have SAF done [R: um-hm] and then declined and...no she didn't attend...

14

15 R: Right.

16

17 M: ...and then she declined to have one done so yeah, I had it all ready and...

18

19 R: And so if they decline they're not completed is that correct? [M: um] So right so what do you do then if
20 you've still have major concerns about the family? Is that something then that has to be passed on?

21

22 M: Yeah. I think that if there are any concerns then, erm, they can decline that but if there are any concerns
23 then we would speak to the health visitor, we would phone social services, and see if there are any involvement
24 there, whether we should have any worries [R: um-hm] for that, erm. And if may be anyone else maybe,
25 perhaps if they come from a different area with another midwife, maybe they've had concerns perhaps look on
26 the computer at work to see if there was any involvement last time, if there were you know [R: um-hm]
27 anything was untoward there [R: um].

28

29 R: Okay. Okay. Erm, so just carrying on here in your experience, erm, how do you think other people, erm,
30 primarily professionals but also clients and patients, how do other people perceive and understand your role as
31 a midwife?

32

33 M: Erm. I think they know exactly the role [R: um-hm], erm, to an, to an extent. I don't think they understand
34 the difference between a community midwife and, erm, labour ward midwife...

35

36 R: Right.

37

1 M: ...or a high-risk [R: *um-hm*] midwife they think that because erm when midwives, we've got that name of
2 midwife that we all do the same thing [R: *um-hm*] however there is a definite difference [R: *um*] as we know, [R:
3 *um-hm*] [pause] community being, erm, antenatal so you do the bookings [R: *um-hm*] do all the antenatal care,
4 erm. Some intra-partum [R: *um-hm*] not a great deal but we are being called up to [LOCAL HOSPITAL] more than
5 ever.

6
7 R: Right, yes.

8
9 M: Erm and then postnatal care, which has in my opinion lapsed and probably the opinion of lots of others, erm,
10 whereas a ward midwife, they get to the, the antenatal and postnatal ward for high risk women or women who
11 have got problems, and, erm, and generally on [LOCAL HOSPITAL DELIVERY WARD] would be high risk anyway.

12
13 R: Okay so you say, erm, you feel like a lot would actually understand your role to a point...

14
15 M: Yes.

16
17 R: ...but not necessarily /between...

18
19 M: /Yeah.

20
21 R: ...community and [M: *um*] hospital. What, what aspects of your role do you think they understand well?

22
23 M: They understand that we do, erm, particularly the women they understand that we actually do, erm, the
24 clinics.

25
26 R: Yeah.

27
28 M: Erm a lot of them think that we will be there [R: *um*] for the labour, erm, however if they've come along to
29 the parenting groups then they will realise that we don't actually do that, erm. And they think that we will still
30 come out to them postnatally and see them postnatally but that's changed and we [R: *um*] erm, a lot of the time
31 don't even see them postnatally now [R: *um*], and if we do then it's just literally to pick up their notes and say
32 goodbye to them, and that's quite hurtful really because then we looked after them for the nine months [R: *um*]
33 and it's like they've delivered and saying goodbye, we're not really interested anymore [R: *um*]. So that's a little
34 bit of a letdown on my behalf, I feel as though I need to be seeing them but the time restraints that we are
35 given for an antenatal clinic doesn't allow us then to go out and about picking notes up and visiting them at
36 home anymore for that.

37
38 R: Yeah.

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M: And that I think, particularly for some women erm is quite hard to accept because they you do build up that rapport over that length of time and for them to see all different people over that postnatal period, is I would have thought quite upsetting for some of them [R: um um] maybe not all of them, but a lot of them.

R: What do you think contributes to that view of your role?

M: Meaning?

R: Meaning is there is something you think which, which, erm, causes this lack of knowledge about what you do? Like you say when they come to the groups they then understand.

M: Yeah.

R: Do you think there's anything, a preconception or past experiences, what do you think might contribute to understanding of your role?

M: Okay I think, erm, yes it can be understanding previous experiences because as we know that times have changed, [R: um] erm, and that expectations of how we deliver our service now [R: um], and so they are thinking about five years ago and that's how it's going to be now but we know that that's changed dramatically [R: um-hm], erm, and I think that, erm, they are perceiving our role and as being that [R: um-hm]. Whether it will turn tide and go back to that we don't know, erm, but yeah. That's one of the major things. I think they're perceiving from previous experiences, erm, that that's how it is now, [R: um-hm] erm. And they, they expect us to be amenable and accessible at all times [R: um].

R: Whereas that's not the case?

M: That's not the case! [M laughs] That's not the case.

R: Okay. Now, to what extent has working within the [MATERNITY SERVICES DEVELOPMENT PROGRAMME] and I'll elaborate that a little bit, well I'll elaborate now really. Erm, so when I'm talking about the [MATERNITY SERVICES DEVELOPMENT PROGRAMME] primarily for this research we are talking about how midwives have been moved into the children's Centres...

M: Right.

R: ...for your antenatal clinics. So to what extent has this way of working helped others to understand your role? [Pause] Or has it?

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2 M: I don't know that it has /really.

3

4 R: /Okay.

5

6 M: I mean the girls that work here, erm, are working for the council [R: um] and the, they see us as utilising the
7 room [R: um-hm]. They don't really need to, to know our role.

8

9 R: Okay.

10

11 M: Erm, the health visitors do, they're placed here as well, erm. So I don't actually.

12

13 R: So you don't think that you being here has let anybody know actually a more, erm, a more accurate...

14

15 M: No.

16

17 R: No? Okay. Do you know, why do you think that is? Because...well yes...

18

19 M: I, I think that erm I think because it is seen as more of a social, [R: um-hm] erm, arena [R: um-hm] really. Erm
20 I think they find that it's rather strange as a, erm, practitioner that we're here conducting a medical, erm,
21 service in a community setting [R: um-hm] really in a social community setting, erm, so yeah.

22

23 R: Okay.

24

25 M: And it, a lot of the feedback from my ladies have said "well you know we used to be over there and now
26 you're over here?", erm, and it was about following the health visitors over and being in one place. Erm, but
27 likewise you know the doctors would have preferred us still to be over there because as you know from the
28 phone call its easy to be a knock on the door and being accessible to them, and any problems we've got, erm,
29 help on, on the doorstep [R: um]. Whereas if anything were to happen here [R: um] we kind of out on a limb a
30 little bit more [R: um]. And when not, we haven't got any access to computers or anything like that.

31

32 R: Okay so you're limited? So your...

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34 M: We're limited.

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36 R: ...so, erm, so being, you feel, er, its limitating, its limiting...

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38 M: /Yeah.

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R: .../for you.

M: Yes, yeah definitely because the girls that work from [LOCAL MATERNITY CENTRE] do their clinics from there, they, if they have somebody that doesn't turn up they can then go on the computer they can do their file then notes [R: *um-hm, um-hm*] they can fax through or scan through any booking that they've done. But with us we have to wait until we go back at night and do it all then, and it's a mad rush and everyone else has done theirs.

R: Yeah.

M: You know so for us it's one mad rush doing admin at the end of the day and still seeing people that can't access this [R: *um-hm*], or are at work so that we see them at [LOCAL MATERNITY CENTRE] later on during the day so our time is quite, erm, [*exhales loudly*] a bit restricted particularly if we get somebody that doesn't turn up. Erm, yes we can prep notes but generally we prepped them, I prep mine at home [R: *um-hm*] to save time [R: *um-hm*]. So yeah there is a, a few restrictions.

R: Okay. Okay, and to what extent do you feel then working here erm under the [MATERNITY SERVICES DEVELOPMENT PROGRAMME] and has enabled you to work more effectively with other agencies? And again has it?

M: Yeah, erm, I think only for the fact that we, we see the health visitors. However [R: *um-hm*] we did see them when we were in the children's centre, in the GP surgeries...

R: Okay.

M: ...so we got together then anyway. So I could actually say probably it hasn't really made any difference...

R: Okay.

M: ...as such [R: *um*].

R: Can you tell me a little bit about the, er, erm, the experiences when you do access the health visitors, both from the GP /surgeries...

M: /Yeah.

R: ...and here.

1 M: Yeah, erm, we get together once a month...

2

3 R: Okay.

4

5 M ...to discuss our erm women who are coming up to a certain erm gestation [R: *um-hm*] so that we can, so that
6 they've got them on their books and so that they know to go and call them for home visits. However their role is
7 changing again anyway, erm, so that's, maybe their not doing an antenatal visit anymore [R: *um-hm*] erm. But
8 that's, that's one of the things, but we did that all, so in, in the GP surgeries...

9

10 R: Okay.

11

12 M: ... so that hasn't changed. The fact that I work on Friday and there is a clinic here on a Friday. If, erm, I did
13 have any, you know concerns I could go and see them, but to be fair I don't actually have to go and very rarely,
14 very rarely do I pop downstairs [R: *um*] to see them.

15

16 R: Erm, and why, why is that? Why would you think, why do you find it's very rare?

17

18 M: Erm, just purely because I've got, I don't see mine, their dealing with postnatal, [R: *um-hm*] erm, and I not
19 really seeing mine postnatally to have any concerns about.

20

21 R: Okay. Okay that's great. Now we've gone through a couple of the key questions here so I'm going to pass, er,
22 you over a scenario. [M: *um-hm*] If you can take a read of that, okay? And then we'll will go over the questions
23 together. Okay?

24

25 *[Participant reads vignette one]*

26

27 M: Okay.

28

29 R: Okay So now the aim of these scenarios are really just to get you thinking about the different things that are
30 coming up in them.

31

32 M: Okay.

33

34 R: So in this obviously been a barrier to communication between the GP and midwife, [M: *um-hm*] erm, now
35 what are your views on what inhibits effective communication between professionals?

36

37 M: I think time restraints...

38

1 R: /Okay.

2

3 M: .../a lot of it. Erm, trying to keep on top of your appointments. Erm, people particularly, maybe not so much
4 with the GP, just turning up, erm, but particularly here you get a phone call and someone will say “can I see
5 you”, [R: um-hm] erm, “have you got, can I just pop in, have you got five minutes”, [R: um] erm, which happens
6 quite frequently, erm. And if I don't see them then that makes me wonder who will see them [R: um]. So it's
7 sometimes easier just to delay the next person, so I think maybe that's one of the /reasons.

8

9 R: /So a bit about /resources?

10

11 M: /Yeah. Erm, so trying to speak to the GP, then we would have to go through the, the receptionist to see them
12 because [R: um-hm] we don't have a direct landline to them [R: um-hm]. Erm, so there are two things there, yes,
13 erm, appointments and, erm, time restraints /really.

14

15 R: /Okay.

16

17 M: Yeah.

18

19 R: Have you got any examples of that, where you think that's happened in practice?

20

21 M: Erm, no that was quite a good scenario there wasn't it? Where the GP phones, they obviously had a couple
22 of minutes!

23

24 R: So that was the GP wasn't it?

25

26 M: That was the GP.

27

28 R: Right.

29

30 M: Erm, yes, erm, but otherwise it's the, erm, receptionist that would phone and say, “oh Doctor such and such
31 [R: um-hm] would like to speak to you”, erm, “when you've got five minutes” [R: um-hm], erm, but its, erm, are
32 we talking social workers here as well?

33

34 R: Yeah we are talking any agencies staff /any agency professionals.

35

36 M: /Okay. Right, particularly with me on a Friday with social workers by the time I then finish clinic, nine times
37 out of ten by the time I get back to [LOCAL HOSPITAL], [LOCAL MATERNITY CENTRE] sorry, erm, or even from
38 here social workers on a Friday maybe not answering the phone [R: um] at 16:30, whatever. I find it really, really

1 difficult then to, to do that part of my job, [R: um] and then I might not be in on an ante... well I wouldn't be in
2 on an antenatal day until the following week. Erm, and my shifts in between time would be labour calls so I can't
3 do it then, so you are thinking a week [R: um] is a long time to wait, however you can't do anything before that.
4 And then you get, erm, pulled over because you haven't referred a person or you haven't spoken to that social
5 worker, the social worker hasn't been able to get hold of you, [R: um] you haven't been able to get hold of
6 them, so that's kind of a knock-on effect with that [R: um]. And I think again that goes down to, erm, not having
7 time [R: um] during the day to be able to access them via the phone [R: um], erm, it, it's just, it's just admin
8 really isn't it [R: um] and not having that time to do the admin.

9
10 R: Yeah. So you think there's anything else that in, that would inhibit, so talking may be a little bit about
11 professional roles. Do you think anything to do with that might inhibit communication as well?

12
13 M: Erm.

14
15 R: So in this scenario the GP didn't get in contact with the, erm, with the midwife, and I'm just thinking you
16 know, would that have been because of time restraints? Maybe that, maybe that would, erm, other reasons?

17
18 M: Er, well the way I read this here, erm, she hasn't accessed, she's DNA'd all of her postnatal /appointments,

19
20 R: /Yeah.

21
22 M: So how we work from [LOCAL MATERNITY CENTRE] and all around the, erm, the trust they would, she would
23 have had a phone call on the day, the day following her discharge [R: um-hm] and they would have arranged for
24 her to have been seen on day three or day five, erm, either her coming into the hospital or somebody going out
25 to see her [R: um]. So there would have been no reason why she would have missed [R: um-hm] all of her all of
26 her appointments, erm. She, if she's been out when they've called [R: um-hm] then they would phoned her,
27 tried to phone her again, erm [R: um]. And yes, we do know that people are really hard to get hold of [R: um]
28 and we've seen in the notes where they've not accessed any postnatal [R: um] care, however we would then be,
29 that would be flagging up, erm, fears of what's going on.

30
31 R: Yeah.

32
33 M: You know she is depressed.

34
35 R: Yeah.

1 M: Perhaps we should see if she's access to any care [R: um] from the GP so that again that goes back to us
2 calling out to [R: um-hm] people, erm, and then getting in touch with social services [R: um] if there is no
3 postnatal particularly for care for the baby [R: um].

4
5 R: /Yes.

6
7 M: /So...

8
9 R: So what are your views, you know some like we say we've gone over actually there's, there's a bit of a
10 protocol to try and prevent this but what are your views on what would make communications between
11 professional agencies easier as well? You're talking a lot about resources and potentially lack of time [M: um-
12 hm], is there anything else that you can think that could make communication easier?

13
14 M: Erm, I don't, I dare, oh gosh, dare I say, again a different pathway? But I don't think we can have a different
15 pathway for, er, communication. I don't know, I don't know how we could make that any easier [R: um] really.

16
17 R: Okay.

18
19 M: Erm, I don't know.

20
21 R: No, no, that's absolutely fine, but I tell you what. There's a scenario on the back of that so if you just turn that
22 over and have a read of that for me.

23
24 *[Participant Reads Vignette Two]*

25
26 M: Okay.

27
28 R: Okay. So to what extent do you consider you are able to meet the health and social care needs of this family?

29
30 M: Okay. I think it is, this is to do with, erm, around housing [R: um], oh and parenting support, okay. So, erm,
31 the first thing we would do is to perhaps then come back to the children's Centre's and ask if there is any way or
32 if there is anything they could suggest, any, any help out there for them and that would come down to the
33 groups and so forth rather than being... because they've had no social care involvement there [R: um-hm], erm.
34 We could then go to the JAT team, oh it's not JAT team anymore, it's MASH team isn't it?

35
36 R: Yes, I think its MASH.

1 M: /Yes yeah and, erm, see if they could help us and see what they would suggest [R: *um-hm*]. Erm, but I think
2 primarily it will come back to the, erm, to the children's centre [R: *um*] and they will be offered support from
3 there.

4
5 R: Okay, okay.

6
7 M: As far as housing is concerned, erm, I don't actually refer them for housing at all because I looked after
8 somebody, erm, who worked for the council and was, who was in the housing area [R: *um-hm*]. And out of
9 interest I said to him what do you do when we kind of send in a referral and he said we just ignore it, erm,
10 because they, there is nothing that they can do until after. If they've got concerns and they are homeless there
11 is then, yes, they would do something. But if it's just about moving house which a lot of them [R: *um*] want to go
12 into like a /three-bedroom...

13
14 R: /Somewhere bigger?

15
16 M: ...or four-bedroom, whatever. That, erm, then they ignore it until the baby is born.

17
18 R: Okay.

19
20 M: So you think at least that's one thing you're not wasting your time with.

21
22 R: Okay. So what's your understanding about the agencies and professionals you might draw upon to support
23 the family? So you talked about housing, what was your understanding of their roles?

24
25 M: I don't know anything about their role /particularly.

26
27 R: /No? Why do you think that is?

28
29 M: What? That I don't /know?

30
31 R: /Yes.

32
33 M: I think because I haven't put myself out to find out about it.

34
35 R: Do you think it's, er, do you think there's anything else that might, might have caused that at /all?

36
37 M: /Erm, I, I think just purely from, because I have in the past a long time ago written to housing...

1 R: Yeah.

2

3 M: ...but I think having spoken to that person and had that feedback from him...

4

5 R: Yeah.

6

7 M: That they made me think, well actually I'm just wasting my time [R: *um*], and just boosting them up, erm, to
8 something that might never happen.

9

10 R: Yeah.

11

12 M: Erm and I think that part of me has heard in the past heard that health visitors have more say on housing [R:
13 *um-hm*] than a midwife would.

14

15 R: Yeah? /Okay.

16

17 M: /And I think that is purely because they see them postnatally for five years or so forth [R: *um*] and again we
18 don't see them in their home environment any more so they could be telling us that their houses is an absolute
19 pigsty, that it's a one bedroomed flat when it's really a two bedroomed, erm. So you know it's all trust isn't it?
20 [R: *um*] And we don't, we don't actual get to see that housing any more.

21

22 R: Okay, so are there any challenges that you would anticipate in achieving the appropriate level of support for
23 the family in this scenario?

24

25 M: Erm, [pause] I, well housing would be challenging and I think if we, if we, again as I said, if there was some
26 real concerns then I would say to them I think the best thing is to phone your health visitor and see if she can
27 help you [R: *um-hm*] or go to the council and see what they can offer you. Erm, challenging, erm, parenting
28 support, I think there would be enough support out there for them.

29

30 R: For parenting?

31

32 M: Yeah [R: *um*], yeah I do. I think that the, again this is where these center's, erm, come into their own [R: *um-*
33 *hm*] supporting them in in the groups that they offer [R: *um*]. However they would have to be willing to attend
34 them [R: *um*] and attend them on a regular basis because otherwise if they don't utilise those facilities [R: *um*]
35 then they're not going to be there are they?

36

37 R: Yeah.

38

1 M: Erm, but I think that the most challenging thing is that the client's want your help, erm, and then you
2 implement these things put them in place and they don't utilise them.

3
4 R: So why do you think that that is?

5
6 M: It could be down to finances, it could be down to location, it could be down to, erm, the day of the week, it
7 could be down to, erm, just their ability to understand certain things, erm.

8
9 R: Can you elaborate a little bit more on that?

10
11 M: Yep, I can. It could be perhaps that they are, erm, challenged in their learning [R: um-hm] behavior and so
12 forth, erm. So they don't understand the severity of some of the, erm, groups or the, the groups that they are
13 being offered. They might see it as being, erm, what's the word I'm looking for? Assessed as opposed to help,
14 until its put in layman's terms for them [R: um], and then they understand. Yeah, it goes down to, erm, their
15 ability to understand sometimes.

16
17 R: Okay, erm, just going back as well you say you think, er, that housing would be challenging now. Could you
18 just confirm now why do you think that is again?

19
20 M: Erm, it would be whether they have made themselves homeless, erm, it would be whether, erm, they're in a
21 safe environment where the council perhaps sees that that is adequate enough for them at the present time...

22
23 R: Right.

24
25 M: ...and that's basically what it is they, they, erm, they are in, in a location they are in. Erm, a house that might
26 only be a one bedroom but actually the criteria for a newborn in a one bedroomed would be, erm, perhaps they
27 can stay in that bedroom for X amount of years [R: um]. Or perhaps they've got a two bedroomed place and
28 they've got a son already and have got a daughter coming along and they feel that they need a separate
29 bedroom. Erm, so that's the challenging thing and some of the patients don't maybe understand that that's
30 okay [R: um] for them to to be in those [R: um] rooms together, or things just things like that. I think more so
31 than anything else, and to get through to, erm, housing, challenging for us would be having that time to phone
32 them, having that time to discuss this particular, erm, scenario with somebody, erm, at the Civic offices, erm,
33 and getting through to the right person, so yeah. But it all comes down to time restraints really.

34
35 R: yeah, yeah. [Pause] [M: um-hm]

36
37 M: And I think maybe, unfortunately we do try and pass the buck a little bit to somebody else, think actually
38 somebody could probably do it better than us, erm, so because it's not really our field to be doing that. We are

1 not housing officers and we are here [R: um] for mum and baby, the, erm, we have to make sure that, that
2 babies going home to a good environment, erm, but yeah I don't, it's just a difficult one really.

3
4 R: Okay, I've got a third scenario here.

5
6 [Participant reads third vignette]

7
8 M: [M: um-hm] Yeah.

9
10 R: Okay, so in your experience what are the advantages of being co-located with other agency professionals in
11 the same building?

12
13 M: Erm, I think it is, it is good because as it says there in the scenario that they can, erm, come up and discuss
14 any problems that they do have and I, and I do actually have, erm, a lady on my books at the moment who this
15 scenario fits really well with [R: um]. Erm, just let you know a bit of background. She's had two previous children
16 removed...

17
18 R: Right.

19
20 M: ...and they're in, they've been adopted. She actually put them up for adoption because she felt that she
21 wasn't coping with them, erm, so there was a little bit of concern that she wouldn't cope with the new baby,
22 erm. However she's had immense support from the children's centre, she has a key worker here, erm [R: um-
23 hm] so [CENTRE CHILD & FAMILY LEAD PRACTITIONER] who is looking after her, erm, er, and she's coped really,
24 really well. They did, there were concerns with how she would cope when her partner went back to work, she's
25 actually, erm, she's done herself really good justice and social services have no longer, erm, no involvement
26 with her [R: um-hm] as from the last week.

27
28 R: wow.

29
30 M: So she is really, really chuffed, and I saw her today. Erm, she's attending all the groups here so she's had all
31 the parenting support. They attended every single one of them. She has got, she has got an IQ of, I think its 66,
32 so her IQ is not very good, but she communicates well. She knows that she can ask for support [R: um], erm, and
33 yeah she, she utilises this really, really well. Erm, and, and that's perfect for her because she has become very,
34 erm, engrossed with, with anything that goes on here so, erm, any group, erm, she knows that she can come in
35 she knows that can she can call [CENTRE CHILD & FAMILY LEAD PRACTITIONER] at any time [R: um] so she
36 knows who she can go to if there's any concerns.

37
38 R: /That's great.

1

2 M: /So that's good, so then [CENTRE CHILD & FAMILY LEAD PRACTITIONER] would always come up here and
3 discuss her as well so that's good.

4

5 R: Okay.

6

7 M: In that respect, so, yeah. For that kind of scenario that works really, really well.

8

9 R: So [CENTRE CHILD & FAMILY LEAD PRACTITIONER] you say would come up here and have a chat to you?

10

11 M: /Yes.

12

13 R: /Would that be, so when she was on your caseload or is she updating you afterwards?

14

15 M: She doesn't necessarily update me /after.

16

17 R: /No, so it's just...

18

19 M: So it's when she is on my caseload [R: *um*], because clearly after unless I say "how is such and such doing"...

20

21 R: /Yeah.

22

23 M: .../then she'll say "yes she's been doing really well" or whatever but generally postnatally, erm, no, she's, it
24 would just be antenataly if there's any /concerns.

25

26 R: /Okay, can you talk a little bit about the processes you went through then with, with the children centre
27 staff? So you had some concerns did you go to, to them to sort out the /referral...

28

29 M: /Erm.

30

31 R: ...in regards to these parenting classes? Or...

32

33 M: We had gone along to a, erm, social services meeting.

34

35 R: Right.

36

37 M: Erm, and it wasn't, erm, I was just trying to think of which one it was. I'm not sure I can't remember what
38 kind /of...

1

2 R: /Okay.

3

4 M: ...meeting it was but parents attended, erm, so a core group meeting I think it was /actually.

5

6 R: /Right.

7

8 M: So the parents were there, it was very informal [R: *um-hm*], erm. [CENTRE CHILD & FAMILY LEAD

9 PRACTITIONER] came along there then, erm, mum and dad and the new baby came along, erm, it was all

10 positives, erm. They left; we had a little bit of a discussion after so it has been [R: *um*] ongoing since then. Since

11 then [CENTRE CHILD & FAMILY LEAD PRACTITIONER] erm, was involved with the last one, erm, and so then she

12 came up to me and she said “oh such and such is pregnant”...

13

14 R: /Right.

15

16 M: .../and I said “yes I am aware” erm, so she knew that it was going to be ongoing, that she would be take,

17 doing, providing that it wasn't a social services case, that she would be involved with that one again.

18

19 R: Okay so you didn't necessarily have to make any referrals?

20

21 M: no.

22

23 R: so that was already /put in place?

24

25 M: /that was already put in place, yeah.

26

27 R: Okay.

28

29 M: Yeah.

30

31 R: Okay, so are there any other advantages of being co-located apart from say, you obviously say you can go and

32 sometimes you can have chats face-to-face [M: *um-hm*]? Is there any other benefits you feel?

33

34 M: Erm, no, no. None that's any different than at the GP's surgery [R: *um-hm*], as I said I've got no one to, Erm,

35 double check my palpation [R: *um*] or, so those things that you could go and knock on the door, GPs door and

36 say I'm not really, you know I'm not [R: *um*] really sure about this can you just come and have a quick check. Or

37 can I just get some iron tablets for this woman, erm, [R: *um*] so there are disadvantages and we, we know that

1 there are immense disadvantages. Erm, I do have a nice big room [R: *um-hm*], and the staff are very nice. Erm,
2 location wise I'm not keen on but /erm,

3
4 R: /Can you yeah, /elaborate?

5
6 M: /Its in a very deprived area [R: *um-hm*]. Erm, and it is quite threatening area at times as /well.

7
8 R: /Right.

9
10 M: Erm, it's a, it's not one that you would like to be out after dark [R: *um-hm*], erm, however there, for instance
11 [CENTRE CHILD & FAMILY LEAD PRACTITIONER] will not go out of the building unless she knows that you've
12 finished as well, so I've actually kept her here too late on some occasions but she said she wouldn't want to see
13 anyone left here on /my,

14
15 R: /No.

16
17 M: ...on their own because I wouldn't want to be left on my own [R: *um-hm*], so yeah. They are very; they are
18 very good like that, they do watch out for you, however they don't bring up a cup of tea! [R: *laugh*] a pot of
19 coffee I should say, I don't drink tea, but no they're very amenable. But location wise is not fabulous but we
20 know that these center's are in these areas [R: *um*] for that reason, because they're trying to kind of draw in the
21 people from the deprived areas, erm. But I think equally we know that they will only turn up if they want to,
22 erm, you can't drag them in [R: *um*], people will only access groups if they want to, erm. And I don't know, but I
23 think there has been decline in the group because it used to be quite busy here on Friday and it's really quiet
24 now.

25
26 R: Okay, now you mentioned a little bit because you, my last question really is in your experience is there any
27 limitations to co-located working? So like you say there are numerous disadvantages?

28
29 M: Yeah.

30
31 R: can you talk a little bit about /those?

32
33 M: /Yeah, definitely. I mean, erm, for instance if you've got somebody that's, erm, we have to bring Anti-D out
34 with us, erm, adrenaline with us for the Anti-D. At the GPs surgery we didn't need to do that, that was there,
35 erm. Low and behold if anybody had a reaction to that although, [R: *um-hm*] yes we have got that, but it, at that
36 time there will be a panic [R: *um*], and that's always concerning because they are not medically trained, erm, so
37 there's that. Palpation I mentioned is a disadvantage. If you've got somebody that palpating breech and you're
38 not really sure there's, you can't find the fetal heart [R: *um*], erm, you know this is, this has a knock-on effect to

1 your clinic as well, [R: um] because it means that your 20 minutes of allocated antenatal then runs over to half
2 an hour three quarters of an hour...

3
4 R: Yeah.

5
6 M: ...people outside, erm, waiting. They can actually hear as well /outside...

7
8 R: /Okay.

9
10 M: ...what goes on in these rooms [R: um]. Erm, so there are, there are various disadvantages. If we ran out of
11 any equipment we can't [R: um] get it from here, whereas we could have knocked on the the, erm, treatment
12 room door at the surgery, erm, but yeah.

13
14 R: Yeah, and also you mentioned possibly, you don't have a computer /here?

15
16 M: /I don't have a computer here.

17
18 R: So you have to go /back?

19
20 M: /Yeah.

21
22 R: But how about you, can you access much with your phones, things like that?

23
24 M: Emails. Emails that's it, so no you can't, you can't do anything. So all the work that you need to do you have
25 to take back with you [R: um] erm, we cant. Another thing is you generally cant park outside so, erm, I stopped
26 bringing my big folders with me because I was lugging so much [R: um] around having to park about half a mile
27 away to get here, erm, because it's right next door to the school anyway, and it's always so busy. Erm, so now all
28 I do is bring my Polly pockets out with me [*holds up A4 clear file pocket with a patients details*]...

29
30 R: Yeah.

31
32 M: ...so then if you get somebody calling you, erm, enquiring about somebody and you, and they're not seeing
33 you that day you have to say "I'm sorry, I haven't got it in front of me, I will have to get back to you", erm, and
34 then once you get back to the unit again [R: um] they may have finished work. Erm, so that's one major
35 disadvantage of you [R: um] know, erm, That, that might go back and they might say well you should have your
36 whole caseload with you but when you're carrying two big A4 case loads, unless they want me to have a bad
37 shoulder or you know [R: um] something like that then I'm not going to [R: um]. Erm, but yeah I mean computer

1 wise we do have the phone but we've got our phones anyway we can only access limits on there its quite
2 limited.

3
4 M: Okay, okay. We've gone over all the vignettes and scenarios [M: *um-hm*] so we are just going to start to wrap
5 up. Erm, I mean is there anything you would like to say on how you feel about working practices er working
6 together in the centre?

7
8 R: Erm, no, not really. As I said we don't really, we are really quite individual [R: *um*], we are very, erm, we are
9 very lone workers as community midwives, so, erm, we don't generally have anything to do with anyone else.
10 We are kind of behind that door [R: *um*], and sometimes I am sure they don't even know we are here [M:
11 *laughs*], other than the fact that they are letting the women in /for us...

12
13 R /Yeah.

14
15 M: .../that's it, but sometimes it does, you know, I'm sure we could, in fact there was an occasion when I had
16 gone out and they didn't even know I'd gone! And they said "oh no", oh no that was it, I hadn't gone, they
17 thought I had gone and they said "no no she's not here" and sent one of my ladies to [LOCAL MATERNITY
18 CENTRE] and actually I was up here [M: *laughs*]. And they said "Oh we didn't even know you were there!"

19
20 R: oh no!

21
22 M: so!

23
24 R: right. Okay, okay, well that's great thank you we will round it up there.

25
26 M: yeah.

27
28 R: we have reached a suitable stage to now end the interview. I would like to take this opportunity to thank you
29 for taking part in /the research.

30
31 M: /You're welcome.

32
33 R: Thank you [PARTICIPANT EIGHT].

34
35 **End of Interview**