

Pathfinder Profile: Dentistry

Arch dentistry programme in North Staffordshire - best practice case study

The Arch dentistry programme was established as part of a wider health care intervention in North Staffordshire, which included a hospital-based Idva service and collaborative working with the North Staffordshire Wellbeing Service. What distinguishes the Arch primary health care programme is its innovative nature- it created domestic abuse training for dentist surgery staff. The programme contained three elements:

- Domestic abuse training for practice staff
- A dedicated referral pathway into local domestic abuse services
- Follow up support and advice, and practice-based learning session
- Marketing material, including posters and leaflets

The programme supported 32 dentist surgeries to improve their response to domestic abuse.

Results

The programme found in the following:

- 100% of training attendees had an improved understanding of domestic abuse
- 89% of healthcare professionals believe domestic abuse training should be mandatory for all staff
- 97% of the training attendees felt the training objectives had been met

"I saw the poster in the waiting room, I didn't know where I could turn to get help until that point. Look at me now I'm no longer with him and me and my daughter are safe. I'm even getting my confidence back and becoming the old me again. That day in the Dentist changed my life forever, in ways I never thought possible"

- Quote from a victim/survivor attending one of Arch's Freedom Programmes (2018). This victim was supported by a dentist surgery after she saw a domestic abuse awareness poster (provided by Arch as part of the marketing material).

The programme established best practice for the surgeries involved to follow in order to have a comprehensive response to domestic abuse. Below is a list of some of the key recommendations which resulted as part of the programme for other healthcare professionals to improve their response to domestic abuse:

- Ensuring health professionals feel comfortable and competent to ask the question (for this training is crucial)
- There should be a named contact to orchestrate referral pathways into specialist services
- There should be domestic abuse leads in each service
- Healthcare professionals should know their local specialist service and how to refer into them
- Posters and safety packs in practices are extremely helpful

Expert advice

Hayley Ferns, a team leader of the Arch programme, presented the above results at a Pathfinder event. She spoke of how important it is to include all aspects of health settings in the response to domestic

abuse. We have not seen a programme like this anywhere else but would urge every area to ensure domestic abuse training is received by not only GP surgeries but also dentist surgeries.

We spoke with Hayley about the programme and its impact on improving the response to domestic abuse.

Q. How did you get dentist surgeries involved in the programme?

A. The Oral Health Team (based in Public Health) used their local knowledge and existing networks within the dental services dental practice to promote the programme therefore the programme had a core target audience for this pilot

Q. What was covered in the training provided?

A. A bespoke training package was developed in consultation with the Local Domestic Abuse service, Public Health and Community Safety, following discussions with CCG, Dentists and Oral Health regarding their expectations and requirements. The domestic abuse awareness training covered the range of abuse, effects, signs to look out for and responding to disclosure.

Q. Did the programme cover support for staff victim/survivors within surgeries involved in the programme?

Yes, the programme covered support for staff who are/have been victim/survivors of domestic abuse. After care support was offered during and after the training and where staff disclosures were made, we provided confidential one to one support where required. The training also highlighted the need for practices to think about their own policies and procedures e.g. Domestic Abuse in the workplace policy

Q. How did dentist surgery staff's response to DA change as a result of the pilot?

A. Each training session was received positively with many staff (dental health care professionals) initially disclosing their reluctance to attend the session due to thinking that domestic abuse was covered within their mandatory adult / child safeguarding courses, and therefore they believed they didn't need to complete this training. Following the training they informed the facilitators that they found the training really insightful, it covered more than they expected and they could now see how domestic abuse impacts on their patients and how important it is for all staff to be trained. The training evaluations highlighted that 100% of the Primary Health Care professionals had an increase of knowledge and understanding of Domestic Abuse following the training and they felt more confident overall to identify and approach patients to make a referral and follow the appropriate pathway into Domestic Abuse Services.

Discussions also highlighted the fact that dentists typically see patients for check-ups twice a year, therefore are in a prime position to build up a relationship with their patients and consequently make it easier to spot the signs of domestic abuse. Women with facial injuries and broken teeth are often more likely to seek dental treatment than see a Doctor, placing Dentists at the front line of early intervention. Therefore, it was felt that routine appointments could be more than just an opportunity for simple chit-chat and instead these appointments could be used to better effectively support patients who have been affected by domestic abuse.

Following the training and in conjunction with feedback from the training several follow up 'lunch and learn' style sessions were delivered to reinforce the training and answer questions and discuss concerns from professionals arising since attending training. Issues covered in these sessions included concerns/nervousness regarding how to ask the question, information sharing etc in addition to offering opportunities to discuss cases and scenarios with the practice staff. Follow up sessions also attracted attendance from 42 additional primary health care professionals who hadn't attended the original training.

Following the successful delivery of this project we were approached by the Associate Dental Dean for the Dental Foundation Training in the West Midlands. Three DA training sessions have been delivered to date with just under 300 Foundation dentists receiving specialist domestic abuse training which means that our message has not just been heard locally but has been disseminated further afield.

Q. What is now needed to ensure the effects of the programme do not end- is there a DA champion scheme or follow up training sessions?

A. Although we still receive some referrals from the local dentists, the programme was unfortunately only a pilot project due to funding constraints. However, Arch North Staffs has recently become successful as one of eight national pilot sites for the 'Pathfinder' project, which is a collaboration of national organisations - Standing Together against Domestic Violence, SafeLives, IRIS, AVA and Imkaan. Arch Pathfinder project will be focusing on strengthening and embedding the work the Primary Health Care programme achieved within dentistry in addition to replicating it in community mental health services, as we were seeing an increase in victims locally presenting with mental health issues.

In brief, this is what we intend to do in order to further embed DA good practice:

- Identify and train DA champions across Dentistry and Mental Health settings to act as a source of support, advice and expertise for all staff and to disseminate good practice to their peers in order to work more effectively with victim/ survivors. The DA champions will also support new staff to develop confidence in discussing and dealing with domestic abuse and report on any barriers/opportunities for their role and the future success of the project
- Devise policies and procedures and best practice guidance which can be developed to ensure sustainability of the project
- Develop a model of best practice and clear pathway of support for both patients and health practitioners
- Develop DA Toolkit – Including Guidance for Health Care Professionals, referral pathway, information sharing guidance for practitioners, legal information for patients, useful contact details and DA service leaflets

Q. If another local authority thought about implementing a project similar to the Arch primary care programme, what advice or information would you pass onto them?

A. Hopefully this will be a lot easier with the development of the Pathfinder Toolkit which will be readily available to a range of different agencies. It is also vital that you get the 'buy in' from senior public health figures, clinical commissioning groups and local partners as it's crucial everyone works together in order to get the project off the ground and to ensure its sustainability and not just seen as a quick fix.