Summary of DHSW Feedback to Visiting Vulnerable Families Questionnaire

In Autumn 2012 we asked Dental Health Support Workers across the country to tell us about their experience of home visiting with a particular emphasis on how they felt and what supports they found useful. We also asked staff for advice they would give new starts or existing colleagues new to roles which involved home visiting. See appendix 1 for a copy of the cover letter and questionnaire.

We received 35 anonymised responses.

The following summarises the feedback received from respondents.

How did you feel about the prospect of home visiting and supporting vulnerable families?

Responses could be broken down into 5 broad categories. These are:

- Safety
- Feelings
- Systems/processes
- Communication
- Adverse contributions from colleagues

Safety

The most commonly cited concerns related to safety issues. Responses described concerns with the practitioner's own safety, worries over pets and general anxieties about unknown environments. Specific responses focused on behaviours and circumstances that might be encountered. A number of respondents referred to worries over parents' drug, alcohol and violence problems. One DHSW reported,

> "I was scared about visiting possible drug addicts, alcoholics or violent family homes."

Others referred to,

> "not knowing what kind of people we would be dealing with" and "felt vulnerable at the thought of lone working with vulnerable families and the thought of me possibly coming to harm."

Feelings

Overall staff starting out in their roles reported feeling anxious, frightened, vulnerable, apprehensive and not happy.

> "prospect of home visiting and supporting families was a very daunting prospect. My initial anxiety was how I as an individual and how the programme would be perceived by the family. I was entering their home, their personal space."

Some also reported a fear of the unknown and others highlighted that their lack of experience of this kind of work was a concern to them.

> "I was pretty nervous before my first house visit – a combination of lack of experience and the unknown!"

Interestingly, some DHSWs described prior experience from other posts they have held and reported much less concern over this aspect of their role, emphasising their experience prepared them well. Comments included:

> "Having had previous experience meeting with vulnerable families, I was not overly anxious at the prospect. I maintained an open mind at the prospect of visiting people within their home. To be honest, I actually looked forward to the opportunity of assisting families, if and when possible"

Systems

In addition to concerns described above there were also fears expressed over how effective processes and procedures would be in supporting new starts with this type of work.

Some of this revolved around a concern that they might not be provided with the all the information they would need to carry out their duties, especially information from the public health nurse.

> "anxious that we did not receive additional information on referral for e.g. animals, extended family in the home"

Other views were in relation to hopes that local policies and procedures were in place to support lone working and help staff deal with difficult situations.

> "Not happy! Felt there was not enough support for us as lone workers. Protocols were not being followed by all lone workers. After a local protocol was put in place I felt more comfortable."

Communication

Another area identified in the feedback related to communication with families. It was clear that there were doubts over what might be appropriate and how they should approach interactions with families.

> "I was worried, 'oh god not someone else to annoy me'"

> "anxious about communicating with families and not being condescending"

> "the one worry I did have was working with non-English speaking families"

There was also some feedback which suggested that in addition to safety concerns, general feelings of anxiety and lack of experience, there was also a danger that stories from colleagues could also add to anxieties.

> "i would say that these fears possibly heightened as I started my post due to hearing stories from other colleagues about things that had happened"

Describe the support you received locally from colleagues and partners such as public health nurses

Training

A number of different training opportunities were described by respondents as having helped give them confidence. This included general references to CPD, violence and aggression training and observation sessions.

There was also reference to the value of experiential learning in the company of the public health nurse.

> "where to sit in homes, not putting yourself in 'uncomfortable' situation"

Supportive relationships with colleagues

Responses in this category accounted for the majority of those provided in answer to this question. A number of different professionals were described as a source of support including public health nurses, EDDNs, DHSW colleagues, line managers and training officers.

These interactions varied from more formal arrangements such as monthly meetings and induction programmes to making links with partners to support delivery.

> "monthly team meetings with the health visiting team to discuss upcoming home visits and feedback information from me too"

> "the only information I get is from the HV on the form that they fill out, if I require any further information I phone the HV"

The importance of shadowing and joint visits (certainly initially) were also emphasised by respondents. In particular it was clear the feeling was that the more visits you undertake, the more confident and relaxed you become.

> "after my training and shadowing the health visitors my line manager arranged for two health visitors (who I would receive family visits from) and herself to observe me on my first 3 visits to advise me"

In addition peer support by way of debriefs and sharing experiences was valued.

> "peer support meetings and sounding off to other colleagues... helps listening to their experiences as well and how they cope in certain situations"

> "we as DHSWs talk and support each other when a problem arises. We then ask each other what way we would deal with it, then as colleagues we try and see what the best outcome for the family is. Also we would ask our health visitor and ask her views on the way we dealt with the problem and take on board what she has told me"

Systems, processes and procedures

A number of factors were highlighted as providing support to DHSWs. These broadly fell into implementation of relevant policies (e.g. lone working), communication systems to keep yourself safe and being in possession of information needed to carry out visits.

The policies most often referred to were those that focused on dealing with violence and aggression and lone working. Comments included.

> "lone working – great practice hints from those that know what to look for"

> "implementing local protocols for lone working"

Communication systems to support staff and make them feel safer included,

> "phoning before entering premises and when I leave (contacting base). I can always request a colleague comes with me if I am not sure"

> "always make sure I ask who was in the home before entering"

Having confidence in the information provided by public health nurse colleagues was perceived to build confidence. On occasions where this was not the case it was highlighted as a negative factor.

> "Thanks to the health visitors, I feel I am informed suitably as to who I am about to come into contact with. Because there is an element of risk assessment performed prior to my visit, I feel safe and comfortable enough to fulfil my role"

> "the support from PHNs in my area is very mixed and some seem to have little knowledge about the Childsmile programme and the role of the DHSW... This does not help to boost my confidence but it does not affect my everyday working"

General point

As a result of support provided a number of respondents referred to a change in their understanding. Often this was linked to greater experience and was reflected in comments such as,

> "I know the importance of the role"

> "things aren't always what they seem" (referring to vulnerable families and their circumstances)

Advice to new DHSWs

Current DHSWs were asked what advice they would give to new starts to help them feel better prepared for working with vulnerable families in the home setting. Responses were broadly grouped in four categories; shadowing other workers, pre-visit preparation, training and development and personal behaviours and approaches.

Shadowing other workers

Accompanying experienced colleagues on visits was often cited as a worthwhile experience that helped to build confidence and skills. Those shadowed included public health nurses, dental health support workers and line managers. Some highlighted through their advice that not only did it help them build their confidence; it developed their understanding of how partners (e.g. public health nurses) worked.

> "I would advise a new DHSW to shadow an experienced DHSW or accompany a PHN on home visits... ... to help them understand what to expect when you visit a family in their own home"

> "I would definitely advise seeking and heeding advice from health visitors regarding families. I would also suggest as many visits as possible with another DHSW until confidence is gained and any inhibitions overcome"

> "Doing a joint visit takes some pressure and focus from yourself, it gives you an insight into how your colleagues handle certain situations. You can learn from your peers"

Preparation

Other advice focused on the importance of being prepared in advance of a home visit. This could be further split into making sure information was gathered from essential sources like the public health nurse and tasks which helped to ensure the visit was safe and successful.

> "call before and after visits"

> "be confident a lone working policy is in place and being adhered to by all"

> "gain as much information as necessary from referrer prior to visits"

> **"**prepare yourself for visits, asking advice from other staff members where necessary and if in doubt at all go in pairs or contact the health visitor on the phone before the visit"

> "gain as much knowledge of the family as possible before your visit. Remember although your main reason for the visit is to deliver/introduce the programme, this may not be the family's main concern"

Training and development

A number of respondents highlighted that formal training opportunities, often linked to local policies, were helpful in boosting confidence and dealing with concerns. Linked to this was advice which referred to less formal development exercises such as reviewing scenarios within team meetings and role play.

> "practice various scenarios along with other DHSWs as part of your Childsmile training"
>
> "I think if we were to document short real life scenarios (anonymous) it would be a good resource for people new to the role to read and think about"
>
> "attend any relevant training courses to help you become aware of different agencies and help that is out there for vulnerable families"

Behaviours

Arguably this is one of the most interesting sections in the feedback in that it contrasts with the feelings that DHSWs reported prior to being involved in home visiting. Whilst initial fears focused on drug use, violence, fear of the unknown and difficult families the advice given after experience has been gained focuses much more on the importance of a non-judgemental approach.

> "don't judge a book by its cover, some of these families are in this situation through no fault of their own and because it was the only place they were offered suitable housing. Go in with an open mind."
>
> "Visit with a colleague or HV. Be non-judgemental! Look at the person not the surroundings. Get to know them and gain their trust. Assess what help they require. Take small steps and realise things don't change overnight"
>
> "Be understanding, listen, and have empathy"
>
> "Be polite and treat the family as you would like to be treated yourself"

Another theme in this area was that of the importance of confidence and a positive demeanour.

> "...if you have faith in what you are doing then confidence will follow. Good luck and welcome!"
>
> "I would honestly say the more you do the more confident you will be"

Summary

- processes need to be safe and effective: policies and protocols which develop workers' skills and confidence are important and communication between professionals and with families is vital

- staff would benefit if their initial anxiety could be reduced, shadowing, peer-support , use of real-life scenarios and practice were all identified as valuable
- preparation for the role and for the visit itself is key
- The more experience you gain, the more confident you will become. Everyone has concerns in the beginning.

Recommendations

	Recommendation	**Action by**
	Incorporate findings into core training and any additional training aimed at DHSWs	NES
	Develop a web-based resource for existing and prospective DHSWs to access from the Childsmile website	TLG/Resources Group
	Share information returned with the national evaluation team to help inform formal evaluation of the DHSW role	National Executive
	Share the feedback summary with Childsmile Coordinators for thoughts and observations	Programme Managers

Appendix 1

Dear Colleague

As more and more Dental Health Support Workers (DHSWs) spend increasing amounts of time delivering Childsmile Practice there has been a growing expression of need for greater preparedness for working with vulnerable families in the home setting.

In Spring 2012, the Childsmile Executive considered this and agreed that whilst there may be some national level actions regarding training and CPD provision, this was predominantly a practical need requiring close consideration by staff members, line managers and PHN colleagues.

Actions should be built around the KSF and reflect the requirements of the health care support worker standards. Further information on this can be found on the Childsmile website

http://www.child-smile.org.uk/professionals/training.aspx

However, the national Training Liaison Group for Childsmile identified an opportunity to pull together some testimonials from DHSWs that had encountered the challenges of starting out in Childsmile Practice. It is hoped that it will be possible to gather a collection of descriptions of experiences, and support provided, which DHSWs felt helpful. This will be collated and posted on the Childsmile website in the training section above.

With this in mind I hope you will help us to develop this resource for your colleagues by giving consideration to the questions in the attached document. Please feel free to answer the questions as fully as you wish, however, the more information we receive, the more we can provide to current and future DHSW colleagues.

All information provided will be anonymised.

Thank you for your time

Regards

Please complete this questionnaire if you are a Dental Health Support Worker (DHSW) working within the practice programme for at least a portion of your working week.

In what capacity were you first involved in Childsmile (e.g. school and nursery, practice)?

Before you began in your DHSW Childsmile practice role how did you feel about the prospect of home visiting and supporting vulnerable families? Can you describe any anxieties you might have felt?

After you began in your DHSW Childsmile practice role how did you feel about the prospect of home visiting and supporting vulnerable families? Can you describe any changes in how you felt? Did any anxieties remain?

Can you describe the support you received locally from colleagues and partners such as PHNs? Please describe any particular actions that helped you feel more confident.

Why did these things help you to feel more confident?

If you were advising a new DHSW what would you suggest is the best way to gain confidence in performing the role of the DHSW in home visiting to support vulnerable families?

Thank you for taking the time to complete the questionnaire.

Please send completed questionnaires to:

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