



# Dental public health in action: foundation dentists' delivery of an oral health promotion outreach project for people experiencing homelessness in London

Christina Tran,<sup>1</sup> Tianjiao Lu,<sup>1</sup> Janine Doughty,<sup>2</sup> Zana Khan,<sup>3</sup> Adrian Noctor<sup>4</sup> and Sana Movahedi<sup>1</sup>

<sup>1</sup>London & Kent, Surrey and Sussex, Health Education England, United Kingdom; <sup>2</sup>Faculty for Homeless and Inclusion Health, Pathway, United Kingdom; <sup>3</sup>Institute of Epidemiology and Health Care, University College London, United Kingdom; <sup>4</sup>Find&Treat Outreach Service, University College London Hospitals, United Kingdom

**Dental public health in action:** foundation dentists' delivery of an oral health promotion outreach project for people experiencing homelessness in London.

**Keywords:** education, outreach, oral health promotion, homeless persons, foundation dentist, inclusion oral health

## Initial impetus for action

Within a decade, the UK has seen a dramatic increase in homelessness. This is defined as being without an available home that could reasonably be occupied. The increase has been driven by increasing poverty, welfare reform, cuts to public services and lack of affordable housing (Bramley *et al.*, 2015; Fitzpatrick *et al.*, 2013; Fitzpatrick *et al.*, 2018). Rough sleeping in England alone has increased by 2,909 people or 165% since 2010 (Ministry of Housing, Communities and Local Government, 2018). This increase has been particularly visible in London (National Audit Office, 2018), where approximately a quarter of the country's rough sleepers reside (Ministry of Housing, Communities and Local Government, 2018).

People experiencing homelessness, and other forms of social exclusion, also experience extreme health inequalities across a range of health conditions, including poorer oral health (Aldridge *et al.*, 2018; Groundswell, 2017). A study of a targeted homeless dental service in London found that 99% of service users needed some form of treatment (Daly *et al.*, 2010). In a further study of people experiencing homelessness in London, 90% of those interviewed reported having had problems with their mouths and 70% reported having lost teeth since becoming homeless (Groundswell, 2017). Despite an increased need for dental care, regular dental attendance is significantly lower in those experiencing homelessness when compared to the general population (Groundswell, 2017). Of those people experiencing homelessness who attended a dental service in London provided by homelessness charity Crisis

during the Christmas period in 2018, 70% stated they had not accessed any other dental service throughout the year (Doughty *et al.*, 2018).

Factors originating from both lived experience of homelessness and the healthcare system can act as barriers to accessing dental care (Paisi *et al.*, 2018). These include anxiety related to previous negative experiences, embarrassment related to their dental condition and the expectation of being discriminated against by dental professionals (Paisi *et al.*, 2018; Pathway, 2013). Organisational factors such as cost, strict appointment slots and requiring a fixed abode to enrol as a patient also act as barriers to care (Csikar *et al.*, 2019; El-Yousfi *et al.*, 2019; Paisi *et al.*, 2018). Peer research conducted by the homelessness charity Groundswell (2017) found that 58% of people experiencing homelessness lacked knowledge about their entitlement to NHS dental care.

Based on these findings, both Groundswell (2017) and Pathway (2018) made recommendations to homeless services to help improve access to dental care for people experiencing homelessness. These included the provision of more useful, accessible advice to support homeless people's access to dental care and that services could be more proactive, providing more dental hygiene products, nutritional advice and sugar-free food options.

Several homeless outreach programmes provided by early-career dental professionals have been evaluated. Oral health advice given by students at homeless dental clinics in London was positively received and service users reported feeling greater motivation to change their oral hygiene regime (Pritchett *et al.*, 2014).

## **Solutions suggested**

Between February and June 2019, Health Education England developed an oral health promotion outreach project for 33 foundation dentists in London. The aims of the project were to enable the dentists to experience delivering oral health promotion activities in a community setting and to enable them to engage with people experiencing social exclusion.

Foundation dentists attended a one-day training session that included teaching on the impact of homelessness on oral health and general health and a discussion session delivered by an expert with lived experience of homelessness. Topics covered in the training included the importance of social responsibility in dentistry, an overview of barriers faced by homeless people attempting to access dental care and suggestions for ways in which dental practices could become more socially inclusive. The foundation dentists completed a short knowledge and attitudes questionnaire before and after the study day.

After the first training session, groups of three to four foundation dentists were attached to the University College London Hospitals Find and Treat Service mobile tuberculosis screening unit. The unit visits a range of homeless services across London and each dentist spent a half-day session delivering oral health promotion at their allocated service. Toothbrushes and toothpaste were distributed to the service users alongside oral hygiene advice and signposting to local dental services. A permanent staff member at each service was appointed as an oral health champion using the Groundswell (2018) oral health champion resources. A key objective of the programme was to start to build trust between dental professionals and service users and for the foundation dentists to provide a 'friendly face' to the dental profession.

Following completion of the outreach sessions, two focus groups were run to explore the foundation dentists' perceptions of the project. Structured topic guides were used to facilitate the discussion. The main aims of the focus groups were to assess foundation dentists' perceptions of the project and how they felt the project could be improved in future.

## **Actual outcomes**

After the training day, foundation dentists reported better understanding of the social determinants of oral health, barriers to achieving good oral health and impacts of poor oral health throughout the life course of people experiencing social exclusion. They also reported increased confidence providing dental care for people experiencing social exclusion, as well as better understanding of how to make socially inclusive changes in their dental practices. The foundation dentists attended nine different services interacting with 38 service users, six staff members and three other healthcare professionals including the tuberculosis screening team. On average, 42 tubes of toothpaste and 23 toothbrushes were distributed to people experiencing homelessness per session.

To support the foundation dentists with signposting to local London-based homeless dental services and urgent dental care services, a pan-London leaflet was designed and disseminated. This leaflet is now being

used routinely by the tuberculosis screening unit for continued signposting to dental services and a plan for wider dissemination is underway.

During the delivery of the oral health promotion intervention, a need for additional support beyond the training session was identified. At the mid-point in the programme a step-by-step guide to providing an oral health promotion intervention at the outreach site was developed and shared with the foundation dentists (Figure 1).

The learning from the programme has led to the development of a written protocol designed to support foundation dentists in other regions to adopt similar outreach opportunities with people experiencing social exclusion.

All the foundation dentists felt that the project made a unique and valuable contribution towards their personal development. Most felt that the programme developed greater awareness of the oral health related problems faced by people experiencing homelessness. Some felt that the project was perceived as valuable to service users and staff. They described being able to deliver advice and resources effectively to homeless service users. However, there were also negative perceptions. Some of the foundation dentists felt that their session was of little value to services or service users. They felt they had not interacted with enough service users or that they had been unable to signpost effectively as targeted homeless dental services did not exist in the local area.

## **Ideas for improvement**

The foundation dentists felt that both they and the homeless services would have benefitted from clearer instruction about the project at an earlier stage. Most wanted greater direction and opportunity to prepare for the outreach session by researching local dental services and liaising directly with homeless services. It was felt that this would improve their ability to signpost to local services and engage more effectively with service users. Some foundation dentists wanted more toothbrushes and toothpaste resources to distribute.

Most of the foundation dentists felt they would have benefitted from more on-site support from the Find and Treat staff. Some dentists expressed a need for further training on communicating with people experiencing homelessness.

There was a wish to expand the project further in the future with opportunity to build on the experiences. Some foundation dentists felt that spending longer at the homeless sites or having multiple visits would be beneficial both for their own development and for service users. A minority of the dentists wanted to be able to provide clinical care.

## **Challenges addressed**

One of the most commonly held views amongst the foundation dentists was that there was insufficient time to prepare for their outreach experiences. Organising visits to 12 different homeless services over a period of four months was a challenging undertaking for the project organisers. The programme was reliant on the schedule provided by the Find and Treat tuberculosis screening unit. However, the mobile unit was highly dependent on weather conditions, movement patterns of

## The Homelessness and Inclusion Oral Health Project: a Step-by-step guide for Foundation Dentists

### Before you go:

Read, print out, and **take with you**:

- Groundswell: Healthy Mouths Poster
- Groundswell: Health Mouths Poster - Guidance notes for homeless services
- NHS Community Mobile Dental Van Poster
- FD audit sheet



Contact your **homeless service** and **plan your outreach strategy**  
Tell service staff to **let service users know** you're coming in advance

**Research** NHS dental services local to your site, so you know where to direct people

### On the day:

Find and **introduce** yourselves to:

- The UCLH Find and Treat TB Van
- The homeless service staff - confirm that you are here to give oral health promotion to service users



Find a good spot to set up a **stall**, where you can give out free toothbrushes and toothpaste



Talk to as many **service users** as possible! Aim to:

- Provide a **'friendly face'** to the dental profession
- Give **oral hygiene and dietary advice**
- **Signpost** to dental services available to homeless people (especially where to find urgent care)
- Give advice on **dental problems, how to register** for a dentist



Talk to as many **staff members** as possible! Aim to:

- Provide a **'friendly face'** to the dental profession
- Advise on giving **OHI and dietary advice**
- **Signpost** to dental services available to homeless people (especially where to find urgent care)
- Advise on how service users can **register** for a dentist



Nominate one permanent staff member to be an **Oral Health Champion**

- **Explain** the role to them (see Groundswell Healthy Mouths Poster: Guide for Homelessness Services)
- Leave your printed out **resources** with them
- Get their **contact details**
- Explain they may be contacted for a short **telephone interview** for feedback



Fill in the **FD Audit Sheet**

Remember to include the contact details of your **oral health champion**

Email to: -----@gmail.com

Thank you for taking part in the project!  
We hope you find it a valuable experience

Any queries or problems, please contact ----- at -----@gmail.com

Figure 1. Project step-by-step guide provided to foundation dentists.

people experiencing homelessness and known tuberculosis outbreaks. As a result the unit often visited shelters or hostels with minimal notice, so that the foundation dentists were informed of their project location within days of the event. Furthermore, the dentists needed to collect their supply of toothbrushes and toothpaste from a single location in central London. As a result, they had little time to research the local area and coordinate an onsite engagement strategy amongst themselves and some were unable to access the toothbrushes and toothpaste in time. A combination of these factors led to a feeling of lack of preparation amongst the dentists, which in turn had a negative effect on their confidence.

As described above, some foundation dentists felt that they were limited in their ability to make valuable contributions within the project. This appeared to be largely dependent on the homeless service visited, the timing of the visit and how well prepared a service was for the visit.

### Future implications

This was the first London-wide foundation dentist-led oral health promotion project for people experiencing homelessness organised by Health Education England. The primary aim was to provide foundation dentists with a valuable learning experience, enabling them to develop their awareness and motivation to provide socially inclusive dentistry. Alongside this, through appointing oral health champions, the project aimed to establish greater links between homeless services and local dental services and promote oral health within the homeless population. Future cycles of this project will involve evaluating the experiences of the oral health champions to better understand the project's impact in these areas.

Evaluation of the project highlighted various logistical and organisational issues that had largely arisen as a result of 'teething problems'. Despite this, foundation dentists considered the project an enjoyable and valuable experience and expressed strong motivation to provide socially inclusive dentistry in the future. Now that a project framework and links with London's homeless services have been well established, Health Education England is seeking to improve the project during future cycles with new foundation dentists.

### Learning points

Based upon the findings of this evaluation, the project strategy has been refined for its second iteration in 2020 (Figure 2). Project organisers will ensure that dates with homeless services and the Find and Treat tuberculosis screening unit are set with as much notice as possible. Additionally, further information will be provided to each homelessness service utilising the resources developed as part of the first iteration of the project. Resources such as toothbrushes, toothpaste, posters and leaflets will be distributed to all foundation dentists in advance of the project and the tuberculosis screening unit has offered to store the resources. Finally, the foundation dentists' training day will include additional communication training including role-plays with experts by experience and will provide a written protocol and resource pack to support

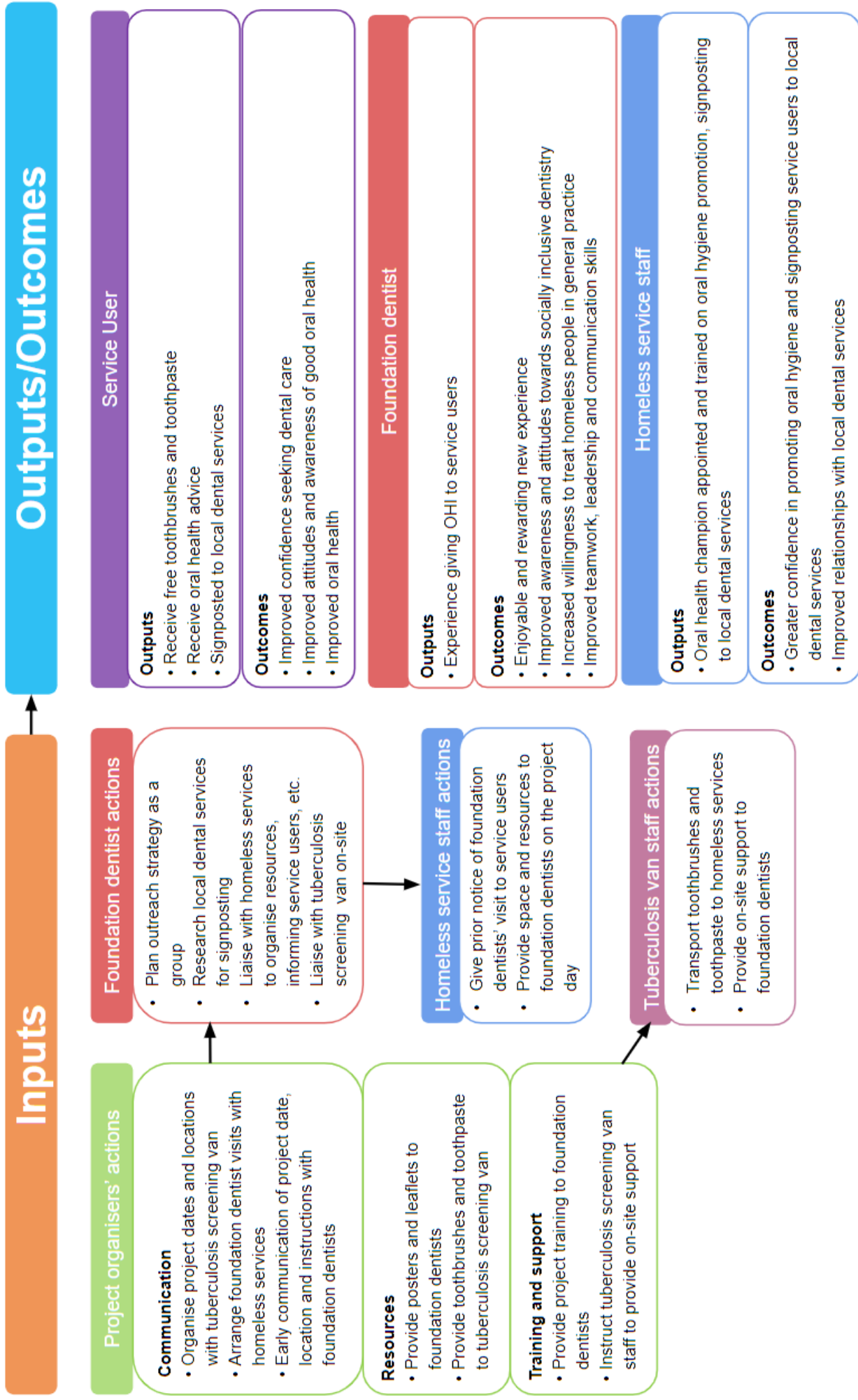


Figure 2. Refined outreach strategy for use in the second iteration of the project in 2020

the programme. The tuberculosis screening unit staff will be given further guidance on providing on-site support for the foundation dentists.

These changes will allow foundation dentists to take greater responsibility in planning and organising their outreach session in a supportive environment. The dentists will be expected to research dental services local to their homeless service site to allow for effective local signposting. They will also be encouraged to liaise with the homeless service and tuberculosis screening unit staff to ensure their outreach session runs as smoothly as possible.

### Acknowledgements

The authors would like to thank all those who gave their support towards this project, including the homeless dental services who provided us with information for the pan London leaflet, all homeless service staff for their kind collaboration, the staff at UCLH Find and Treat service for their invaluable time and expertise, Pathway inclusion health fellows for providing teaching for the foundation dentists and all at Health Education England who brought this project to fruition.

### References

- Aldridge, R.W., Story, A., Hwang, S.W., Norsentoft, M., Luchenski, S.A. and Hartwell, G. (2018): Morbidity and mortality in homeless individuals, prisoners, sex workers, individuals with substance use disorders in high-income countries; a systematic review and meta-analysis. *Lancet* **391**, 241-250.
- Bramley, G., Fitzpatrick, S., Edwards, J., Ford, D., Johnsen, S., Sosenko, F. and Watkins, D. (2015): *Hard Edges: Mapping Severe and Multiple Disadvantage*. London: Lankelly Chase Foundation. <https://lankellychase.org.uk/resources/publications/hard-edges/>.
- Csikar, J., Vinnall-Collier, K., Richmond, J.M., Talbot, J., Serban, S.T. and Douglas, G.V.A. (2019): Identifying the barriers and facilitators for homeless people to achieve good oral health. *Community Dental Health* **36**, 137-142.
- Daly B., Newton T., Batchelor P. and Jones, K. (2010): Oral health care needs and oral health-related quality of life (OHIP-14) in homeless people. *Community Dentistry and Oral Epidemiology* **38**, 136-144.
- Doughty, J., Shah, N., Johnson, A., Tatari, A., Kothari, C., Patel, R., Newman, A., Rai, A. and Kumar, R. (2018): Special feature: crisis and Christmas dental service 2017. *British Dental Journal* **224**, 64.
- El-Yousfi, S., Jones, K., White, S. and Marshman, Z. (2019): A rapid review of barriers to oral healthcare for vulnerable people. *British Dental Journal*. **227**: 2.
- Fitzpatrick, S., Pawson, H., Bramley, G., Wilcox, S. and Watts, B. (2013): *The homelessness monitor: England 2013*. London: Crisis. <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/england/the-homelessness-monitor-england-2013/>.
- Fitzpatrick, S., Pawson, H., Bramley, G., Wilcox, S., Watts, B. and Wood, J. (2018): *The homelessness monitor: England 2018*. Crisis, London. <https://www.crisis.org.uk/ending-homelessness/homelessness-knowledge-hub/homelessness-monitor/england/the-homelessness-monitor-england-2018>.
- Groundswell (2017): *Groundswell Healthy Mouths Report*. London: Groundswell. <http://groundswell.org.uk/wp-content/uploads/2017/10/Groundswell-Healthy-Mouths-Report-Final.pdf>.
- Groundswell (2018): *Healthy mouths poster: guidance notes for homelessness services*. London: Groundswell. <https://groundswell.org.uk/wp-content/uploads/2018/05/Healthy-Mouths-Poster-Guidance-Notes-version-for-publication-30-5-18.pdf>.
- Ministry of Housing, Communities and Local Government. (2018): *Rough Sleeping Statistics Autumn 2018, England (Revised)*. London: Ministry of Housing, Communities and Local Government. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/781567/Rough\\_Sleeping\\_Statistics\\_2018\\_release.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/781567/Rough_Sleeping_Statistics_2018_release.pdf).
- National Audit Office. (2018): *Homeless in England Visualisation*. London: National Audit Office. <https://www.nao.org.uk/highlights/homelessness-visualisation/>.
- Pathway. (2013): *“Improving dental services for homeless people” Summary of findings from exploratory research*. London: Pathway. <https://www.pathway.org.uk/wp-content/uploads/2013/05/final-final-edh.pdf>.
- Pathway. (2018): *Homelessness and inclusion health standards for commissioners and service providers*. London: Pathway. <https://www.pathway.org.uk/wp-content/uploads/Version-3.1-Standards-2018-Final.pdf>.
- Paisi, M., Kay, E., Plessas A., Burns, L., Quinn, C., Brennan, N. and White, S. (2018): Barriers and enablers to accessing dental services for people experiencing homelessness: a systematic review. *Community Dentistry and Oral Epidemiology*. 1-9.
- Pritchett, R.M., Hine, C.E., Franks, M.A. and Fisher-Brown, L. (2014): Student-led oral health education for the homeless community of East London. *British Dental Journal* **217**, 85-8.