

## “Improving dental services for homeless people” Summary of findings from exploratory research

### BACKGROUND TO THIS INITIATIVE

Arrangements for access to NHS dental care can appear complex, with considerable local variation. Many homeless people experience the double disadvantage of being at high risk of serious dental problems, including tooth loss, and facing considerable barriers in accessing health services. Against this background, London Housing Foundation funded Pathway to conduct a brief research project to explore:

- practical or attitudinal barriers to accessing dental treatment;
- the importance of restorative dentistry and oral care to homeless people; and
- the potential difference treatment could make to an individual’s recovery and life chances.

Pathway designed and delivered the research in collaboration with the Eastman Dental Hospital (EDH) and worked with Groundswell’s Peer Advocacy Team to support homeless people to participate. The exploratory research was delivered between February and June 2013, and comprised the following three components:

- a) structured surveys of more than 150 homeless and ex-homeless people in London;
- b) detailed survey and dental assessment at the Eastman Dental Hospital for 14 people;
- c) initial engagement with NHS dentistry colleagues and specialist homeless agencies.

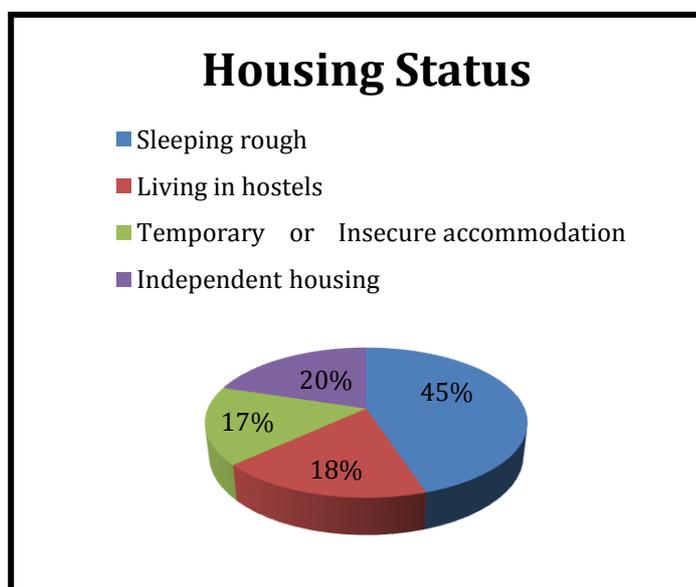
This briefing note summarises the methodology, findings and implications of the initial phase of the joint Pathway / EDH initiative. Additional resource has been provided by LHF to support action research with a small number of people as they access treatment, to facilitate partnership initiatives to improve homeless people’s access to dental advice and care and to influence those commissioning and providing dentistry. Sources of further information and contact details can be found at the end of this report.

### SCOPE AND METHODOLOGY OF INITIAL RESEARCH

The research aimed to gather the views of homeless and ex-homeless people about their dental health needs and the impact of dental problems on their well-being and recovery or resettlement. It sought information from currently and previously homeless people about their expectations and experience of dentistry, and explored the perspectives of homelessness and health service providers about dental needs and access issues for their service users.

In addition, it involved working closely with specialist dentists at EDH to thoroughly assess the clinical needs of a small number of (ex) homeless people and provide them with self-care advice, recommendations about treatment, and support to initiate the process of accessing treatment.

- a) Pathway’s Peer Research Lead completed surveys with 158 people accessing homeless services in London during May 2013. Of these, nine were excluded from analysis because of incompleteness of surveys or data quality issues, mainly arising from language barriers. The remaining sample of 149 people comprised 67 rough sleepers (45% of the sample), 27 hostel dwellers (18%), 25 people (17%) in temporary accommodation including ‘sofa surfers and squatters, and 30 people (20%) who had moved on to independent accommodation. The majority (89%) were aged between 26 and 60 years, 17% were female, and 56% were UK-born.



The surveys included questions about dental problems, their impact on daily living and well-being, and experience of dental care. To facilitate comparisons, both the surveys and EDH assessments used standardised screening tools from relevant sources where available and incorporated some of the same questions (for example, those on current dental needs and their impact).

- b) Fourteen people with a significant history of homelessness participated in the part of the study involving more detailed clinical assessment and advice from EDH. Three of the participants were women and all were aged between 26 and 61 years. No one was currently sleeping rough, although most had been in the past, but around half were in hostel or temporary accommodation and the other half in more settled housing.

Prior to being clinically assessed by the Restorative Dentistry Specialist Registrar at EDH, each person was supported by Pathway or Groundswell to complete a detailed assessment of their medical and

dental history, current dental needs and their impact on various aspects of daily living and wellbeing, and a standard screening tool for anxiety and depression. Each person had a thorough dental examination, including X-rays where indicated, and was provided with detailed verbal and written information about their needs and dental treatment required, as well as advice about dental hygiene and self-care.

c) During the course of planning and delivering this research, Pathway had contact with staff and volunteers in a range of homeless services including hostels, day services, drop-ins, and advocacy services. In addition, they sought informal views from a range of health services including GPs and nurses working with homeless patients, dentists and dental students.

### 3. KEY FINDINGS

Both the EDH assessments and surveys demonstrate high levels of dental problems and their significant impacts on the quality of life of homeless people, many of which continue into individuals' recovery and resettlement. The research highlights the potential costs to both individuals and health services of inadequate access to dental advice, preventative care, and timely treatment. On the positive side, the research demonstrates that, once in contact with good services, the experience of homeless people is more often positive than negative, and many remain in contact with services once registered. However, it also demonstrated a need for further work to raise awareness of the benefits of regular dental care, how to access treatment, and what to expect from treatment as well as the need to challenge some misconceptions among both service providers and potential service users.

#### Dental needs and impact

Dental pain (affecting the teeth, gums and/or mouth) was reported by more than one-third of the 149 people completing the survey and six of the fourteen people attending EDH. Bleeding gums, an important indicator of future gum disease and potential contributor to future tooth loss, were reported by four in ten of the survey respondents and 19% had lost more than five teeth. Of the 23% who had partial or full dentures, more than one-third reported they never or seldom wore them, mainly because they were ill-fitting or uncomfortable or because they had been lost.

Clinical assessment identified that twelve of the fourteen people (86%) attending EDH had gum disease, thirteen (93%) had tooth decay, and ten (71%) had lost more than five teeth. In addition, four of the people assessed were found to have oral lesions which required referral for further medical investigation. The EDH assessments identified treatment needs for all fourteen people from preventative care including smoking cessation, to simple dental procedures such as scaling and fillings, to extractions and more complex procedures such as crowns, bridges and dentures. In total, during the fourteen assessments the Specialist Registrar

diagnosed 57 oral health conditions, requiring 187 'treatment items' at an estimated cost of £56,000 excluding the cost of clinician time.

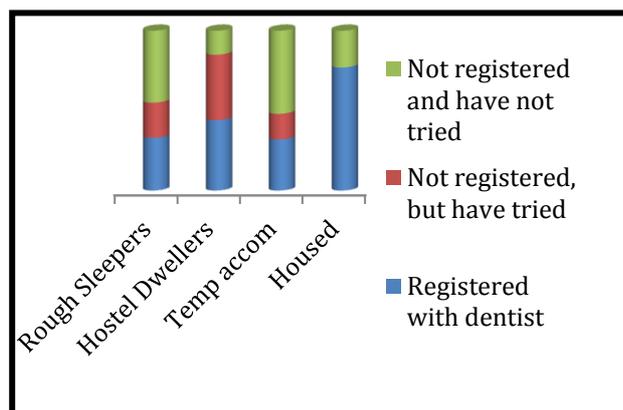
As these assessments indicate, the lack of access to preventative advice and timely treatment has implications for the cost of restoring dental health and functioning. In addition, the research provides an indication of the costs of inadequate access to dental care to individuals. As well as the impact of living with pain, people told us how dental problems impact on their diet and nutrition, emotional wellbeing and social interaction - all of which in turn have implications for their recovery from homelessness and social inclusion. The currently and formerly homeless people involved in the research reported that dental problems impact 'fairly often' or 'very often' on their:

- diet and nutrition (23% of survey respondents and 57% of EDH clients);
- social interaction and confidence (32% of surveys and 64% of EDH clients); and/or
- 'general satisfaction with life' (34% of survey respondents and 43% of EDH clients).

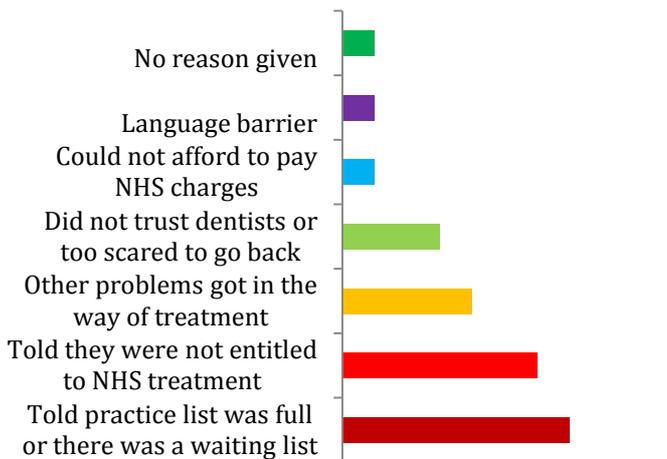
#### Access to and experience of dentistry

The Specialist Registrar found that all fourteen people who attended EDH had some degree of dental apprehension or anxiety, mainly based on unpleasant past experience or problems accessing adequate dental care. Eleven (13%) of the survey respondents who were not registered with a dentist also reported anxiety as the main reason for not accessing routine care. Although most people said they were generally able to access treatment in an emergency, EDH advises that the lack of routine contact can exacerbate anxiety because the only experience of treatment is during periods when the patient is already in acute pain and more likely to require extractions and/or uncomfortable interventions to alleviate immediate problems.

The experience of access to dentistry by those responding to the survey was mixed, and there were some surprising and encouraging results as well as some worrying findings. Although only 44% of respondents were registered with dentists, the majority of those who were reported that their experience of registering had been easy (69%) and their experience of contact with dentists had been good or excellent (84%)



## Barriers encountered by the 23 people not able to register



As expected, there are some differences in access for people who are rough sleeping, in hostels, in temporary accommodation or more independently housed. The highest proportion of people who were registered were those who had moved on to independent accommodation (77%) and the lowest proportion were those in temporary accommodation (32%) or rough sleeping (33%), with hostel dwellers in between the two (44%).

In total over half of the people surveyed (52%) said they 'definitely feel' that NHS treatment is hard to find. Of the 84 people who were not registered, 73% had not tried to do so and it appears some had been discouraged from even attempting to register because they thought they may not be entitled or may be turned away, because of previously bad experience of dentistry, or because they had more pressing problems to deal with. Rather worryingly, two felt they were too old and another two thought they would not get help because of their drug or alcohol use.

Concern about the cost of accessing treatment was only raised by one survey respondent, but is proving to be a significant issue for some of the people who attended the EDH assessments and now require several episodes of treatment over an extended period of time to meet their complex dental needs. The cumulative costs of NHS charges and travelling to treatment sessions could prove prohibitive for those who are not entitled to free travel and/or treatment.

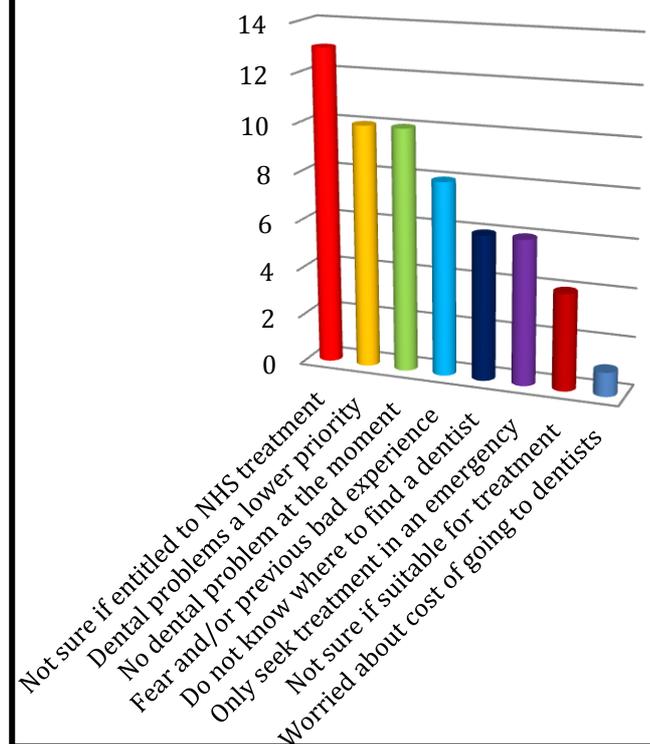
This is likely to be a significant barrier or deterrent for other (ex)homeless people, many of whom have part-time or low paid work as they progress towards recovery.

Many of the 25 people who had attempted and failed to get registered encountered barriers from dental practices with over half telling people their lists were full, they were not entitled to register or they could not be registered because they had no fixed abode or were out of the catchment area. Some of this reported experience is at odds with national policy on

access and some of the reasons given for not attempting to register appear to be based on inaccurate information and/or dental anxiety.

The exploratory research indicates that support to access dentistry may be an important aspect of enabling homeless people to have their dental care needs met. Twelve of the 65 people currently registered (18%) had been supported with the process, about half by homeless services and the remainder by friends or family. The people consenting to attend EDH assessments were provided with peer support prior to their appointments and on the day. Despite their levels of dental anxiety and the complexity of their dental needs, only one of the fifteen people booked in to the EDH did not attend (because of a fall on the day) and all fourteen who did attend reported they had found the advice and information helpful. Several have already started the process of accessing the treatment they were assessed as needing, supported by Pathway, and feedback about their experience is being gathered throughout their treatment journeys.

## Reasons given for not trying to register



All three aspects of the research demonstrated a lack of accurate information or awareness about entitlements to NHS treatment, routes into dental care, and what to expect from dentists in the way of restorative treatment. In addition, the research indicated poor levels of understanding of the importance of self-care and the significant impact it can have on dental health – both preventatively and as part of the plan to address existing problems. The EDH assessments and contact with dental practitioners also highlighted the need for smoking cessation as a core part of working with homeless people on dental health issues.

## IMPLICATIONS FOR FURTHER RESEARCH AND ACTION

This research project was delivered within a fairly tight timeframe to ensure findings were available in time to influence current discussions in the Department of Health, NHS England, and Faculty for Homeless and Inclusion Health about future arrangements for access to dentistry. In addition, it was relatively localised and small-scale to ensure delivery within available resource whilst identifying areas which may require further investigation, action or investment.

Despite this, the research has gathered the views of over 150 currently or formerly homeless people and has shone a light on high levels of need and variable experience of access to care, with many participants reporting a history of limited access or poor experience of care in the past. It has also engaged a range of staff and volunteers, and raised concern about relatively poor levels of awareness of how best to provide and/or access services to meet the complex needs homeless people.

Arising from the work to date, there is sufficient evidence of the need to:

- Improve awareness of entitlements and practicalities of accessing dental care among a wide range of homelessness and health service providers;
- Develop the capacity of homelessness service providers to actively support their service users to access appropriate dental advice and treatment;
- Facilitate provision of preventative advice and support from dental practitioners in homelessness services to raise awareness of dental hygiene and encourage improved self-care;
- Raise homeless people's awareness of the benefits of accessing dental care and develop useful, accessible advice to support them to do so;
- Work with the next generation of dental practitioners, through dental schools, to increase their awareness of the needs and perspectives of homeless patients.

Some specific areas for further investigation and action include:

- continued action research with some of the fourteen people assessed during this project, to support and learn from their journey through dental treatment;
- further work to understand the supply-side issues and constraints within General Dental Practice, Community Dentistry Services, and Specialist Dental Service providers;
- engagement with a range of dentistry and homeless health partners to share findings, consider their implications for practice, and involve them in the next phase of the Pathway / EDH initiative.

## SOURCES OF FURTHER INFORMATION

Further information on the survey methodology, respondents, and findings is available on the Pathway website <http://www.pathway.org.uk>

More detail on the findings from the clinical assessments is available on the EDH website <http://www.uclh.nhs.uk/OurServices/OurHospitals/EDH/Pages/Home.aspx>

If you are interested in hearing more about this initiative or getting involved in future work to improve homeless people's access to dental care, please register your interest with Stan Burridge, Research Lead, on Service User Involvement: [stan.burridge@pathway.org.uk](mailto:stan.burridge@pathway.org.uk)

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