

Full report - July 2021

Improving dental care for young people who experience homelessness

Recommendations for dental service providers & policy makers

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What is this report?

This report is the outcome of a partnership project between University of Oxford's Department of Primary Care Health Sciences and St Basils charity. It aims to provide information about improving dental care for young people who experience homelessness. The contents of this report are informed by the outputs of this project, evidence-based review of available research and consultation with experts in this field.

Who is this report for?

This report can be used by dental policy makers, service providers, organisations working with young people experiencing homelessness and anyone else who has an interest in this topic.

Definition of terms

The following definitions have been used in this report:

- **Young people:** anyone aged 16-25 years.
- **Homelessness (social definition):** not having a safe, available and reasonable home to occupy.
- **Hidden homelessness:** people living outside of mainstream housing provision. Examples include temporary accommodations, insecure housing (such as sofa surfing) and inadequate housing (such as overcrowding).
- **NHS general dental service:** dental care and treatment provided by dental practitioners who are either in contract with, or employed by, their local NHS Board.
- **NHS Community dental service:** a 'referral' only dental service, whereby dental practitioners refer patients due to specialist or complex needs. Examples include learning difficulties, physical disabilities, mental health problems or severe dental anxiety/phobia.
- **Psychologically informed environment (PIE) ¹:** a whole organisation approach for working collaboratively with clients with support needs, to achieve their goals and ambitions. PIE is designed to provide a positive environment for those who have experienced complex trauma.
- **Trauma informed care (TIC) ²:** a whole organisation approach for healthcare organisations and care teams. TIC seeks to realise the widespread impact of trauma, understand paths for recovery, recognise signs & symptoms of trauma and integrate this knowledge into policies, procedures and practices.

The case for improving dental care for young people experiencing homelessness

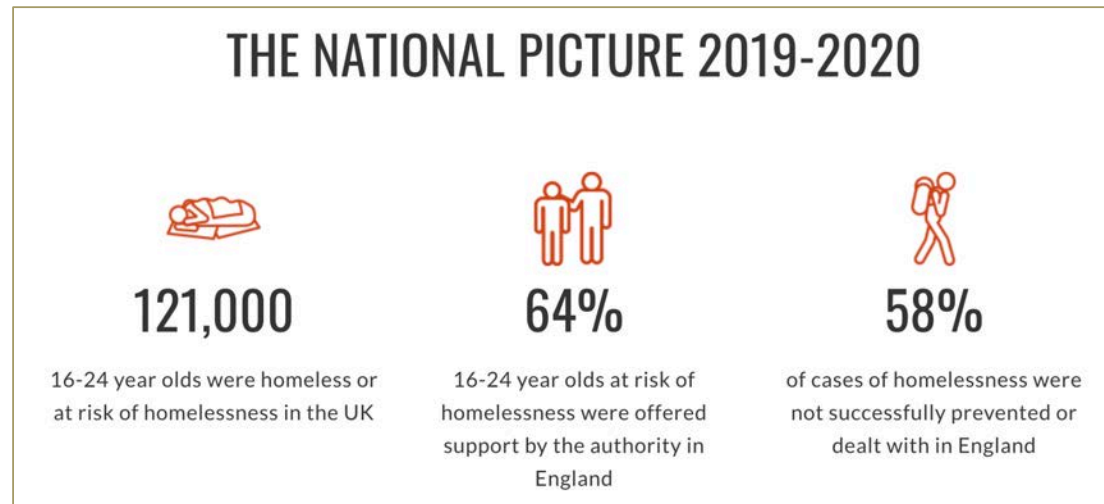


Figure 1. Prevalence of homelessness amongst young people

(Source: Centrepoin charity databank)

According to the latest figures by Centrepoin charity, 121,000 young people aged 16-24 were either homeless or at risk of homelessness in 2019-20³.

Majority of homelessness in young people is caused by problems in the home (such as family breakdowns, breakdown of relationships or domestic abuse)⁴.

Young people experiencing homelessness are a diverse group, including foster care leavers, LGBT youth, ex-prisoners, ethnic minorities, refugee youth and those who come from abusive or dysfunctional family backgrounds

^{5,6}.

The case for improving dental care for young people experiencing homelessness

- Research studies show that Individuals experiencing homelessness in the UK suffer from much higher levels of dental problems ⁷.
- They often have limited access to NHS general and community dental services, and are significantly more likely to attend hospital emergency dental services ⁸.
- Such patterns of access lead to ongoing dental pain, infection, more complex dental needs and ultimately higher costs for the NHS ⁷.
- Common barriers to dental access for homeless populations include chaotic lifestyles, competing priorities, dental anxiety and refusal or inability to register with a dental service ⁹.
- There is currently no research in the UK that focuses on dental needs of **young people** who experience homelessness. There is also very limited research in other countries about this topic - we know of one study worldwide (in Australia) that has focused on dental care for young people experiencing homelessness ¹⁰.

About our Knowledge Exchange project

In January 2021, we formed a partnership between University of Oxford's Department of Primary Care Health Sciences and St Basils charity.

We conducted interviews with 21 young people who had experienced homelessness.

We asked about their experiences, preferences and suggestions for improving dental care.

This allowed us to gain a unique insight into potential solutions that would be most beneficial for this population.

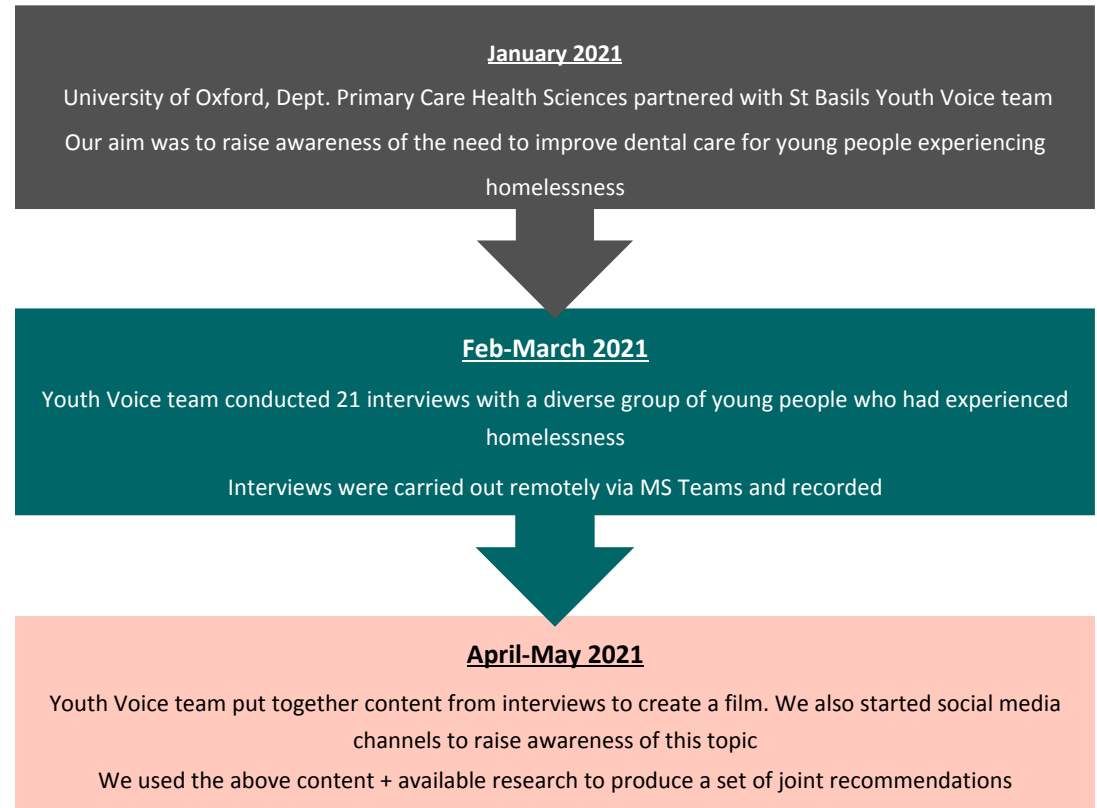


Figure 2. Timeline & outputs of our Knowledge Exchange project

Our recommendations

We have produced recommendations in the following 6 topic areas, and will present these in more detail in the next few pages.



Emergency dental care

1. Recognise and plan for emergency dental needs of young people within each local authority area
2. Arrange emergency dental services to be accessible, not too far a distance and flexible with their appointment systems
3. Create local connections between dental services and hostels or social care services, so that there is more support for attendance of young people

Oral health promotion

1. Provide young people with oral hygiene packs as early as possible
2. Prepare youth friendly information with the right tone and language, preferably with input from young people themselves
3. Support and give young people information about accessing dental services, registration, costs and types of dental treatment
4. Encourage collaboration between homeless youth organisations and local dental services to provide oral health promotion

Outreach services

1. Support dental services (including dental schools) to provide outreach to young people. This can range from speaking with young people, answering their questions or concerns about oral health, signposting, giving out oral hygiene packs or information about self care
2. It is advisable for health and social care services work together to organise outreach activities
3. Train staff in the best ways and manners to approach young people during outreach activities

Prevention

1. Teach oral hygiene and healthy diet advice in schools from an early age
2. Implement supervised tooth brushing programmes in schools
3. Establish oral health education and support programmes for foster carers and young people in care

Dental services

1. Raise awareness of dental professionals about issues facing homeless youth
2. Raise awareness of dental teams about legal obligations for providing care to patients without a fixed address

3. Incorporate homeless oral health education in the undergraduate dental curriculum
4. Provide more postgraduate courses or continuing professional development in this topic for dental professionals
5. Support young people without a fixed address in accessing dental services. An example may be raising awareness of legal rights to NHS dental care by producing printed cards or statements ¹¹

Dental anxiety/phobia

1. Implement principles of whole organisational approaches, such as trauma informed care (TIC) & psychologically informed environments (PIE) within dental services
2. Provide more training for dental teams in the above topics (TIC and PIE)
3. Expand dental anxiety management services for young people experiencing homelessness
4. Raise awareness of traumas experienced by homeless populations and their relation to dental anxiety or phobia

Implications for policy making and practice

1.

When planning services, consider the **changing** dental priorities of young people during different stages of homelessness



Changing priorities of young people during homelessness

When young people first become homeless, their priorities change. Oral health is no longer on top of their agenda. Many still face dental problems such as pain and infection. The majority are unable to access emergency dental services.

Despite experiencing homelessness, **many young people are still interested in receiving oral health information.** They would also like to receive travel sized toothbrush / toothpastes and other oral hygiene kits.

The most important dental service to provide for young people at this stage is emergency dental services, including access to affordable painkillers and antibiotics.

When young people are recovering from homelessness, their priorities gradually return to their pre-homeless status. Many are then interested in regularly attending dental services.

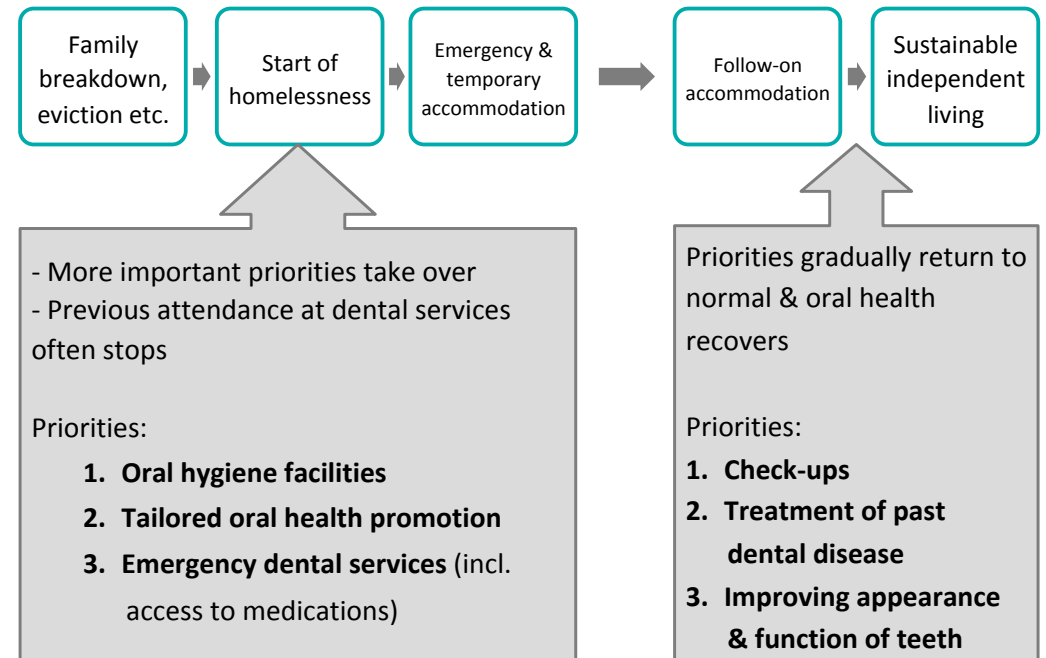



Figure 3. Dental priorities of young people during homelessness



2. Tailor oral health
information / promotion
to realities of young
peoples' lives

Tailoring oral health information

The majority of young people we interviewed would like to receive more information about ways of maintaining their oral health. They would however like this information to be tailored to their preferences and real life experiences of homelessness. We therefore suggest consideration of the following:

1. To produce information in a **compact, graphical, easy to read** and **accessible** format
2. To ensure that the **language** used is suitable for this age group (i.e. not too simple or complex)
3. To disseminate information using **media** most often used by young people (such as social media & digital apps)
4. To **take into account the living circumstances** of a young person experiencing homelessness. For example, services can consider the following questions:
 - What are some affordable, accessible healthy diet options that don't require cooking facilities?
 - How can young people still maintain some level of oral hygiene if they can't access a toothbrush/ toothpaste or running water?
 - What can young people do to lower the risk of tooth decay despite some intake of sugar in diet?

3.

Consult staff &
young people at youth
homelessness
organisations when
possible



Consult staff & young people at youth homelessness organisations

Young people with lived experience of homelessness & staff working in youth homelessness organisations have a wealth of knowledge and experience, and are best suited to provide advice about what is most appropriate in terms of service delivery.

We strongly recommend **consulting** young people and/or staff at youth homelessness organisations before planning any kind of dental service or producing oral health guidance.

Such consultations can take the form of patient-public involvement (PPI), informal consultations, collaborations, partnerships, commissioning etc.

4. Consider the
'hidden' nature of
homelessness
amongst young people

The 'hidden' nature of homelessness amongst young people

Because the majority of homelessness is 'hidden' amongst young people, it is not often noticed or discussed explicitly. As a result, many service providers may not be aware of the barriers faced by young people in their day-to-day lives.

In order to cater for the needs of this group, we recommend that services should be:

- **Friendly & approachable**
- **Non-judgmental**
- **Flexible**
- Take into account additional **concerns of young people** (such as safety & confidentiality)

We also suggest most dental outreach to be carried out in **safe, familiar environments** such as youth homelessness services, where young people already attend & congregate. This would enable improved acceptance, reach and effectiveness of such programmes.

5. How
services are
delivered is just as
important as **what** is
delivered



Psychologically informed environments & trauma informed care

A whole organisational approach

Research studies have shown that adopting a whole organisational approach to service provision is highly effective for everyone. This is because it provides a framework for decision-making, protocols and policies ¹.

Examples of whole organisational approaches include Psychologically informed environments (PIE) & trauma informed care ^{1,2}.

For example, 5 key areas of PIE are as follows ¹ :

- Developing a psychological framework
- The physical environment & social spaces
- Staff training & support
- Managing relationships
- Evaluating outcomes

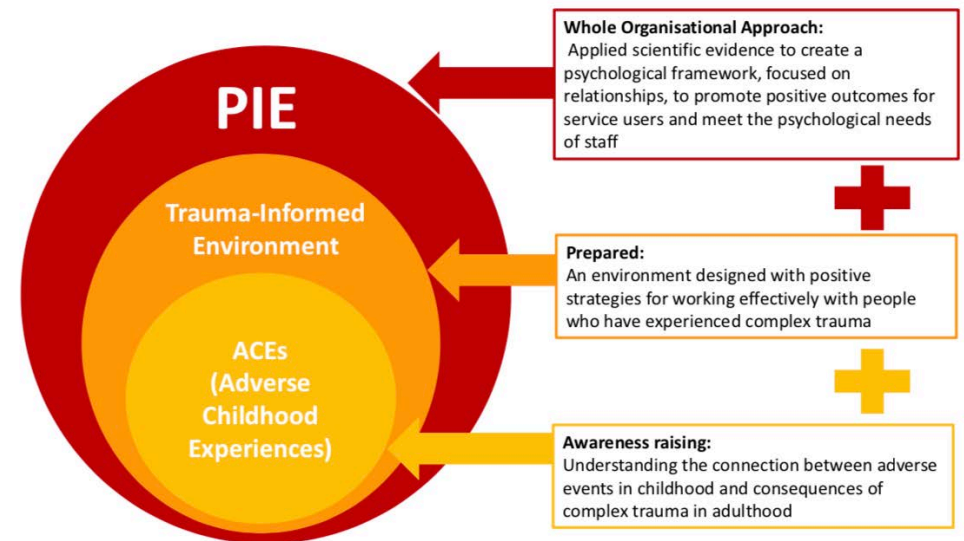


Figure 4. Whole organisational approach models to service delivery

The principles of these approaches can be adapted & implemented in various organisations, including dental services.

Additional key points

Dental interventions along a young person's journey through homelessness

Numerous dental interventions can be developed along a young person's journey through homelessness. These can range from simple to more complex, and often a number of services may be involved.

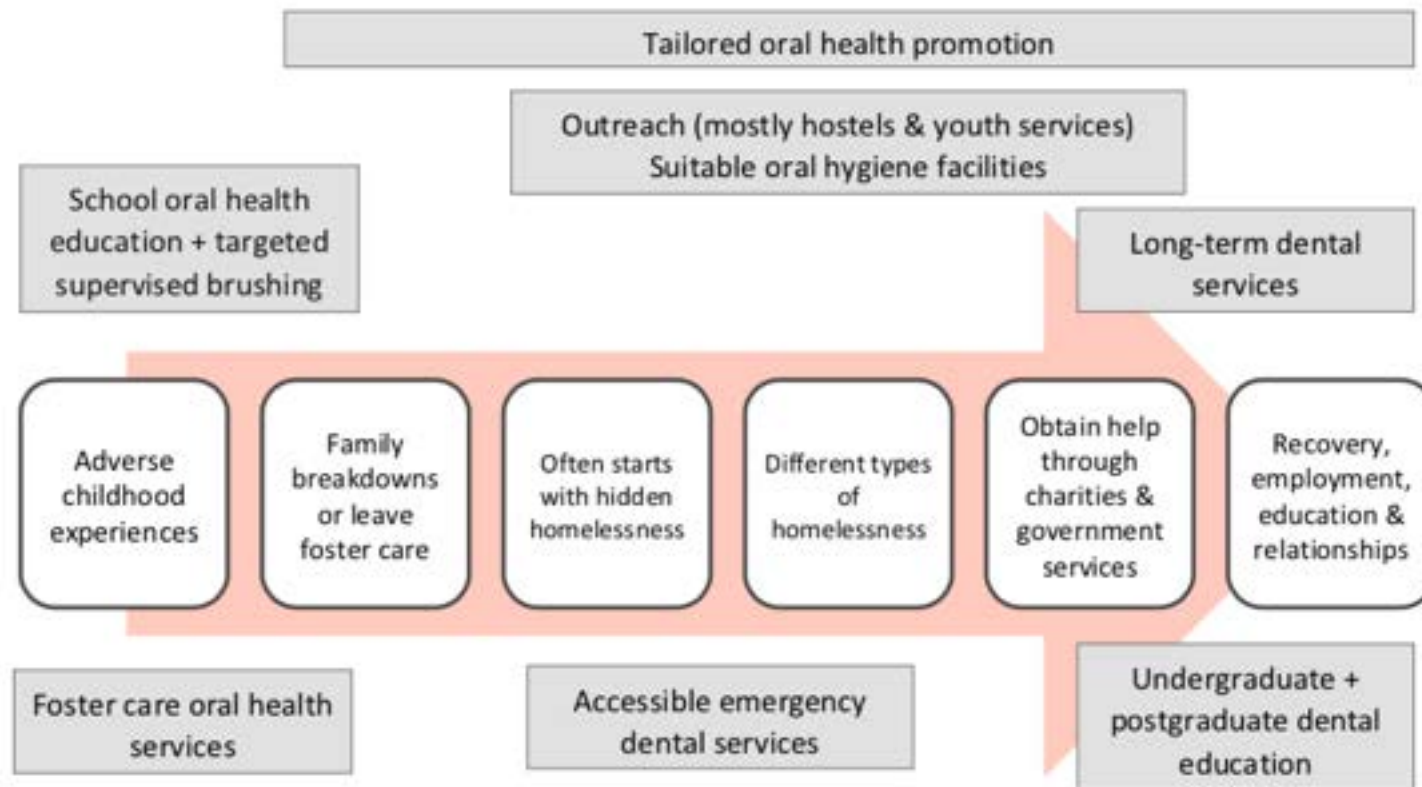


Figure 5. Examples of dental interventions along a young person's journey through homelessness

Collaboration between services is key

Considering the complexity of homelessness, young peoples' needs are often best met when a range of services work together. This also allows multiplying of resources, which can lead to improved outcomes for everyone involved.

We therefore recommend this approach whenever possible.



Figure 6. Example of service collaborations

Examples of dental interventions for young people experiencing homelessness

In this table, we have provided examples of interventions that can be carried out by various organisations in order to improve dental care for young people who experience homelessness.

Dental services	Patient-centered dental care	Emergency dental services	Tailored OHP	Outreach services
Charities & NGOs	Information dissemination	Signposting	Outreach services	Support with dental attendance
Dental regulatory bodies	Undergraduate / postgraduate dental education	Continuing professional development	Legal aspects of dental services	Raising awareness amongst dental teams
Public Health England	Commissioning guidelines & resources	Policy making	Coordination of services	Budget & resource allocation
NHS	Information production & dissemination	Policy making	Staff training	Access to medications (such as painkillers & antibiotics)
Housing services	Sign-posting	Information dissemination	Outreach services	
Social care	Commissioning guidelines & resources	Providing oral hygiene facilities	Support with dental attendance	Support for foster carers & care leavers
Probation & foster care services	Commissioning guidelines & resources	Providing oral hygiene facilities	Policy making	Support for foster carers & care leavers
Education	Oral health education in schools	Targeted/supervised tooth brushing	Oral health education in after school clubs & summer schools	
GP & nursing	Prescribing sugar-free medications	Tailored healthy living advice incl. oral health	Referrals & sign-posting	Outreach services

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Dr Amanda Skeate	<i>Consultant clinical psychologist, St Basils charity</i>	Ms Michelle Doyle	<i>Community Engagement Co-coordinator, St Basils charity</i>
Mr Nick Taylor	<i>Pointfive.space</i>		

Appendix: image credits

Page 5, Figure 1	<i>Centrepoint charity databank, available at https://centrepoint.org.uk/databank</i>
Page 13	<i>St Basils Youth Voice image library</i>
Page 15	<i>St Basils Youth Voice image library</i>
Page 17	<i>St Basils Youth Voice image library</i>
Page 19	<i>St Basils Youth Voice image library</i>
Page 21	<i>St Basils Youth Voice image library</i>
Page 22, Figure 4	<i>St Basils report: PIE & Wellbeing on the Frontline, Dr Amanda Skeate</i>

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