NICE National Institute for Health and Care Excellence

Improving dental access for people experiencing homelessness in line with NICE guideline (NG214)

Case studies

Published: 23 October 2025

www.nice.org.uk

Contents

Overview

Organisation: Peninsula Dental School, University of Plymouth

Organisation type: University

Despite being largely preventable, oral diseases remain a global public health challenge. The most marginalised and socially excluded groups in society such as people experiencing homelessness, drug and alcohol dependence, prisoners, people with disabilities and refugees experience extreme oral health inequalities with very high levels of oral diseases, compounded by limited access to services. The work presented here represents an example of a health inclusion model targeting people experiencing severe and multiple disadvantage (SMD), such as homelessness, problematic substance use and repeat offending, which has integrated dental education, service development and research and evaluation of outcomes using a community participatory approach.

A systematic review of the barriers and facilitators to accessing dental care for people experiencing homelessness in the UK carried out in collaboration with Public Health England found links to both the lived experience of homelessness and the nature of the healthcare system. This review, the first to conceptualise factors impacting on people experiencing homelessness, suggested changes to practice, education and policy to address the complex issues that socially excluded groups face in improving their oral health. At service level, the review identified a need for dental services to be reconfigured and delivered in a way that recognises patients' complex and diverse needs. It also highlighted the need to empower people experiencing homelessness to adopt good oral hygiene habits and to promote engagement of dental students with marginalised populations through outreach.

Despite their greater needs, people experiencing homelessness are not able to access universal services in an equitable way. The team has led research on inclusion in oral health with a number of vulnerable groups and has developed models of care using a community engagement approach. Their research has been pivotal in contributing to the evidence base, influencing practice, commissioning strategies and prioritisation in the Southwest and influencing national evidence-based policy decisions. This case study focuses on people experiencing SMD.

Implementation

Plymouth is a small coastal city with a population of 278,000. The city's health profile indicates deprivation and poverty are significantly worse than the England average and the number of people experiencing homelessness in the city has been rising. Like many deprived coastal areas there are significant challenges in accessing NHS dental care. As a result, there are over 22,000 people on a waiting list to access an NHS dental service.

While wishing to address the challenges in dental access for all residents, concerns were raised by political and civic leaders, community-based organisations, healthcare staff and public health officials regarding access to dental care for people experiencing homelessness.

In response to these challenges a team in the university, supported by community partners, developed work to profile the oral healthcare needs of people experiencing homelessness, their treatment needs, and the impact of oral disease on their quality of life. Throughout these projects, the principles of co-design, community engagement and working with peers and experts by experience was integral to the approach. One such example is the 'Teeth Matter' project, which explored motivational interviewing by 'Peer Educators' (individuals with lived experience of homelessness) to improve patients' removal of plaque by regular toothbrushing. This project was supported by peer researchers from the charity Groundswell and conducted in the community at a homeless hostel. This was the first oral health study to use peer researchers in its design and delivery. The study, among other things, investigated factors influencing oral health behaviours and access to dental care from the perspective of people with lived experience of homelessness and other stakeholders, including support workers, dental providers and other health professionals. In addition to informing the development of an oral health intervention project for people experiencing homelessness, research findings were used to feed into the development of the care pathway. The project, the design of which drew on interviews with stakeholders (homeless centre residents, and care/service providers) along with a student dental outreach project improved our knowledge of the oral health behaviours of the target group. It also provided a good understanding of barriers and enablers to taking care of their teeth and accessing local services. Through developing, implementing and evaluating the project, we made recommendations for engaging people experiencing homelessness with oral health promotion, which are included in the NICE guideline.

In response to the significant NHS dental waiting list in Plymouth Peninsula Dental Social Enterprise (the clinical arm of Peninsula Dental School at the University of Plymouth), established a community dental clinic in January 2018 for those experiencing homelessness. The clinic was initially developed as a pro bono contribution to the local community. Although initially, the clinic treated people experiencing homelessness, the care pathway was expanded to include individuals using drug and alcohol services, as well as vulnerable women who risk having multiple children removed from their care. The findings from the research work were and continue to be used to inform the development of the service.

The service has been evaluated using a mixed-method approach. Research findings indicate that, as well as helping patients with pain relief, functionality and motivation to look after their teeth, treatment impacts positively on their confidence, self-esteem, self-worth and aspirations for a new start in life. The acceptability and impact of service has also been formally evaluated from the perspective of patients, support staff and service providers. Due to its success, more recently the dental pathway has become fully integrated into the broader coalition, which has brought together healthcare, housing, social care, local government and the charity and voluntary sectors to address the needs of people in the city with complex needs. While these organisations worked together previously, the new initiative has formalised integration and reciprocity between different providers and services. The integration of the dental care pathway into such an alliance is the first example in the country of integrated commissioning and is built on the research and evaluation conducted by the university aligned to the principles within the NICE guideline.

Alongside promoting dental care access to people who find access to mainstream dentistry particularly challenging, ongoing outreach activities by a dental outreach team break down some of the stigma and apprehension around dental care among this population and provide oral health information and basic oral health supplies to support individual empowerment and self-care.

Outcomes and learning

The care pathway has provided much needed treatment to people who found access to NHS dentistry particularly challenging. To date, over 300 individuals have benefited from the pathway. The mixed-methods evaluation has shown a high uptake of care, and a number of benefits of using the care pathway have been determined by patients and individuals supporting them. These include improved oral hygiene, enhanced nutrition, improved confidence and self-esteem, happiness, improved body image, learning to trust health professionals and getting a smile back. Outcomes often describe a catalyst for change in multiple areas of a patient's life.

Impacts were also identified at the staff level. Peninsula Dental Social Enterprise (PDSE) staff members found delivering the pathway 'very rewarding', 'humbling' and 'worthwhile'. Several reported a change in their own attitudes about homelessness.

The evaluation also enabled PDSE to identify gaps in provision and make recommendations for improvement, including working towards becoming a trauma-informed organisation. This work has led to the development of a successful model of inclusion and community engagement that supports co-production and involvement of all stakeholders in service design. It has been used to inform the development of similar pathways in other cities and settings and to improve oral healthcare and establish pathways for other vulnerable populations in the community, including asylum seekers and refugees.

The service has received multiple national awards and the increasing recognition of the impact of the clinic led to the team being approached to collaborate with several agencies supporting people affected by multiple and severe disadvantage in Plymouth, to develop a pathway aimed at creating an enhanced multidisciplinary team for people with complex needs. The overarching aim of this work was to create a comprehensive service, for adults with complex needs related to homelessness, health, contact with the criminal justice system and substance misuse issues, aligned to the principles of the NICE guideline. The proposal has been successful and following a tender bid, the model has been formally integrated into a broader health and social care initiative to improve care for people with complex needs in Plymouth. The criteria have expanded, and the service accepts referral from multiple agencies supporting people experiencing severe and multiple disadvantages. To our knowledge, the integration of the dental services into such an alliance is the first example in the country of integrated commissioning.

The care pathway has recently been evaluated from a cost effectiveness perspective. Over an evaluation period of 18 months, the PDSE programme served 89 patients experiencing homelessness, operating with a budget of £57,118 and generating £163,910 in health benefits. It yielded an incremental benefit to cost ratio (IBCR) of 3.02, meaning that every £1 invested returned an additional £2.02 in benefits. Health benefits were assessed using disability-adjusted life years (DALYs) averted due to dental caries, periodontitis, and tooth loss. Overall, the evaluation determined that funding a targeted dental programme provides timely, flexible and free access to dental services for people experiencing homelessness is cost-effective and results in costs savings to the wider NHS. Another evaluation has highlighted the factors that influence the integration of dentistry with other health and social care organisations.

For organisations wishing to develop similar pathways working in close partnership with community-based organisations is essential, alongside understanding the expectations and needs of the target group and working with them to co-develop services that are acceptable, accessible, welcoming and are designed around their needs. Ongoing community engagement, and the use of support workers and experts by experience to optimise the care pathway and its utilisation are also important factors. The pathway's ultimate success has been built on relationships and trust, integration into a wider alliance of support and a funding model that provides the time and support for clinicians to provide the care the patients need in a trauma-informed way.

Supporting information

The NICE guideline has provided a framework to use in refining and developing the care pathway. The general principles contained within the guidance, such as those of supporting and sustaining engagement with services and providing information and communication, have been used as part of a wider initiative to integrate dental access into a broader holistic health and social care response to homelessness. Use of the NICE guideline enabled us to adapt the service further to ensure that it meets the needs of the people it aims to serve.

Quotes

"Emotionally he's transformed, nutritionally he's put on weight because he's able to eat, his self-esteem, his confidence and employment opportunities, his sense of worth is now fully established... his decision was 'I either continue on this path of destruction', which was very much influenced by his childhood experiences, or 'I survive and thrive and I move forward'. And he chose the latter, and part of that was because he was linked to the Dental School."

Support worker.

"I think you've got a perception of what a homeless person may be like, they're taking drugs, etc. but actually you're stereotyping, they're just like me and you, they've just gone through a hard time. It's been a real eye opener for all of us, it's changed my perception really because I wouldn't [now] be so judgmental"

Peninsula Dental Social Enterprise staff member.

Contact details

Robert Witton

Professor of Community Dentistry

Email: Robert.witton@plymouth.ac.uk

Martha Paisi

Senior Research Fellow

Email: Martha.paisi@plymouth.ac.uk

ISBN: 978-1-4731-7289-0