Local Government and Communities Committee

Homelessness

Submission from Smile4life, University of Dundee

Introduction

The Dental Health Services Research Unit (DHSRU) based at the School of Dentistry, University of Dundee is an international research centre in dental public health. It is charged with contributing to the improvement of oral health and psychosocial wellbeing in Scotland and beyond, by undertaking and facilitating collaborative health-related research. One of the programmes it co-ordinates is Smile4life – the national oral health improvement programme for people experiencing homelessness in Scotland. This was established in 2007, in response to the Health and Homelessness Standards and the Dental Action Plan (Scottish Executive, 2005), which together stressed the role of the NHS Boards in addressing the health of people experiencing homelessness, and identified this population as being “in most need” with regard to oral health.

Addressing the oral health needs of homeless people

After it was established in 2007, the first task of the Smile4life programme was to conduct a needs assessment to determine the oral and psychosocial health of people experiencing homelessness, the results of which were published in the Smile4life Report (Freeman et al., 2011). The survey involved over 850 homeless people from across Scotland, and asked them to undergo an oral examination and complete a questionnaire which asked participants questions about dental anxiety, depression, oral health-related quality of life, health and health behaviours and their dental experience and attitudes towards dental health.

The responses to the questionnaire highlighted the needs of the homeless population with regard to their oral health. Oral health was poor and there were lower numbers of filled or restored teeth, compared to the general population. In addition, there was an increased prevalence of decayed and missing teeth. The responses also indicated that the participants had higher levels of dental anxiety and depression than the general population, alongside a higher number of oral health impacts.

The Smile4life Report also included a qualitative analysis of interviews that took place with 34 participants. These interviews highlighted that there were many practical difficulties to maintaining good oral health while homeless, in addition to chaotic lifestyles and substance misuse. Furthermore, it emerged that in many cases oral health – and attempts to register or attend a dental appointment – only became a priority in cases of extreme dental pain. A history of poor attendance often meant that homeless individuals either believed they were no longer registered at a practice, or that they would have outstanding fines to pay – both acted as a deterrent to making appointments. Regular attendance was only considered possible when an individual
was already taking steps to get themselves out of homelessness, making positive lifestyle choices and in a position to prioritise their oral health.

To address the needs identified in the Smile4life Report, the next step of the Smile4life programme was to develop an oral health intervention. The aim of this intervention was to improve the oral health of people experiencing homelessness. There are three stages to the intervention – basic, intermediate and advanced – which provide different levels of support to service users, based on their readiness to change their behaviour. The intention of the intervention is that practitioners (either oral health practitioners or Third Sector staff who have received Smile4life training) provide oral health information, toothbrush and toothpaste packs and assistance in arranging appointments.

The intervention was launched in 2012, alongside an accompanying Guide for Trainers (Freeman et al., 2012). An evaluation of the implementation of the intervention began the following year. Telephone interviews took place with oral health practitioners from all the mainland NHS Boards over an 18 month period. The results of this evaluation were published in 2016 and revealed the different ways in which the Boards were implementing the intervention (Beaton and Freeman, 2016). Some used a mobile dental unit, to provide dental treatment at hostels and drop-ins; others focused on training Third Sector staff to deliver the intervention to their service users; and others regularly visit hostels to deliver oral health advice to service users. In a subsequent evaluation of the knowledge, attitude and behaviour of practitioners, it was found that, for Third Sector staff, being involved with Smile4life increased their likelihood of helping service users access dental care (Beaton et al., 2015). In addition, oral health practitioners reported that they were confident in assisting service users to access dental care.

Therefore, with regard to improving access to dental health services for homeless people, when NHS Boards are involved in delivering the Smile4life intervention, the oral health needs of homeless people are being addressed. The Smile4life research team continue to promote the Smile4life intervention by strengthening links with practitioners from the NHS and Third Sector, encouraging the sharing of best practice between Boards, and facilitating networking and discussion between all practitioners.

Building a collaborative work for homelessness, health and social care integration. How to create shared spaces of knowledge and increase trust between cross-sector agencies?

The Smile4life programme was also rolled out to Community and Third Sector Organisations with the ambition to (i) translate the Smile4Life research findings into practical changes to address homelessness, poverty, social inequality and stigma across services, and (ii) to positively change the experience for people using services. We, as a University, believe in our role to actively change realities through academic studies and interventions that can be useful in responding to some of the current problems in our society. Therefore we try to go beyond the university walls and reduce the distances among different sectors to establish joint strategies across sectors. “Building collaborative work for homelessness, health and social care integration” is the
name of a series of events that started in 2016 in Dundee in partnership with Shelter Scotland. This was repeated in Aberdeen in May 2017, and there are plans to hold similar events in Edinburgh and Glasgow. Thus we began a multi-agency conversation focused on developing the best approach to the creation and delivery of more integrated health and social care services for people facing health and homelessness issues. These events are part of a national platform from which to discuss existing services as well the opportunities and barriers to integrated services delivery for homeless people and those at risk of homelessness.

**Bridging the gap**

It is widely recognised that a sensitive response to the needs of people experiencing homelessness or at risk of homelessness requires a holistic, person-centred approach delivered across services in housing, health and social care. Despite the Scottish Government statement in 2005 that all local authority departments and relevant agencies should work together to prevent and tackle homelessness there are still many challenges to achieve this ambitious task. Considerations in how we work together in practical ways should be built collectively resulting perhaps in new protocols or common procedures to achieve a real cross sector collaboration.

Diverse service providers in the homelessness context aspire to prevent and mitigate homelessness, however a lack of well-established multi-agency partnerships, as well as trust between different services and professionals, prevent us from coming together to reflect on the best ways to address homeless cases under the perspective of a holistic approach.

Opportunities to disseminate good practices or information about services and sources available to both people facing homelessness and practitioners could provide a common baseline to work or help to achieve a common understanding of problems, barrier and solutions.

Service providers should create new channels of dialogue and develop better collaborative networks with different sectors. In addition, they should allow people time and space to discuss and share practices and knowledge inside the own services and with others. It means the adoption of a simple language with no jargons, making efforts to connect all demands aligned with training and exchanging opportunities where professionals from different areas can have planned time for this.

Poor communication and lack of clarification of roles from both sectors (health and social care) creates tension and stress for both parts. This is also allied to the fact that clients sometimes do not know what to expect from the services, which can cause misconceptions and misinformation leading to frustration. Professional systems do not speak to each other and there is no shared assessment tool or integrated pathway out of homelessness. Therefore clear links between trust, power relations and responsibility must be created. There is lack of trust, with regard what has been considered
‘possessiveness’ of service provisions. This also involves fear of taking clients away from one service to other. The ability to trust self and others must be challenged.

There an urgent demand for a mapping of available services and a better understanding of triggers for failure of a tenancy. A secure tenancy does not, in itself, provide sustainability. The person is likely to be in a new and unfamiliar location with few or no social networks. This can lead to negative emotions such as isolation and loneliness, anxiety and stress, as well as a fear of homelessness occurring again. This can impact on the self-confidence of individuals who are trying to rebuild their lives and can lead to depression or other mental health problems. Identifying trigger areas leading to relapse and tenancy breakdown could inform the best approach for individual ongoing support. However, transitional and ongoing support is also necessary to resettle and reintegrate the client as he moves from a crisis situation into a sustainable situation. Services need to reflect on this, maintaining their commitment to person centred, holistic support.

A Reflexive Mapping Exercise

A Reflexive Mapping Exercise (RME) of services and organisations working with people experiencing homelessness or at risk of becoming homeless was carried out in Dundee City, where the exercise is a pilot project led by the Dental Health Services Research Unit. The findings from this mapping will be used by Dundee City Council through their Housing Options and Homelessness Strategic Support Plan (2016-2021), an integrated and collaborative approach to the prevention and response to homelessness. In parallel, we also have a work in progress to map services in partnership with local organizations in Glasgow, Aberdeen and Edinburgh. The main aim behind the mapping process goes beyond the identification of duplication of services and gaps in some areas of support; it aims to promote reflexive practice with practitioners and service users from both health and social care sectors in order to improve communication and integration of services addressing homelessness. The mapping has been analysed by the University of Dundee in partnership with Dundee City Council and expected outcomes include:

1. Better dialogue and interaction between health and social care practitioners and between these practitioners and users through training events and other forms of collaborative interaction
2. Improve user access to services, including user overall experience and awareness of rights and available information
3. Strengthen a multi-agency platform created in 2016 to look at how best to deliver more integrated health and social care services to help people facing health and homelessness issues, focusing on the barriers and challenges to improve communication and integration.
Research Team

Professor Ruth Freeman

Ruth is currently Professor of Dental Public Health Research and Honorary Consultant in Dental Public Health, NHS Tayside. She is Director of the Oral Health and Health Research Programme and Co-Director of the Dental Health Services Research Unit at the University of Dundee. The research programme led by Ruth is underpinned by psychodynamic principles and uses a mixed methods approach to reduce health inequalities by addressing oral health as an indication and predictor of health and psycho-social functioning. Currently Ruth coordinates two Scottish Oral Health improvement programmes for people experiencing homelessness (Smile4life) and people in prison (Scottish Oral Health Improvement Prison Programme: Mouth Matters). It achieves this aim by providing high quality research and being successful in securing CSO funding, European Union funding and grant income from the Scottish Government Health Department.

Dr Andrea Rodriguez

Andrea has an M.A. degree in Psycho-sociology of Communities and a PhD in Social Psychology from Federal University of Rio de Janeiro, Brazil. Her academic and professional experience has a strong connection with Third Sector organizations and Government agencies working with social inequalities, stigmatized groups, professional development and violence reduction. For many years she has worked with vulnerable groups, residents in favelas in Brazil, young offenders and child victims of violence. Her PhD focused on life trajectories of young people involved in crimes and also team strategies and creative approaches used by practitioners from different backgrounds working with these groups. Currently she is working as a Senior Research Fellow in the Smile4life Programme, promoting health and psycho-social well-being for homeless people in Scotland.

Laura Beaton

Laura has a M.A. in Psychology, and a M.Sc. in Health Psychology. She began work as the research assistant in the Smile4life programme in 2013, and has been involved in two evaluations of the Smile4life intervention, as well as developing links with NHS Education for Scotland to promote Smile4life and with NHS Health Scotland to review and redraft Smile4life resources. She is currently undertaking a PhD, investigating how and why Smile4life is implemented in the NHS Boards across Scotland.
References


