

Welcome to Dentaid The Dental Charity

This leaflet explains our unique approach to providing under-served communities with the best possible chance of accessing dental care.



What we do?

Dentaid The Dental Charity provides oral healthcare for people experiencing homelessness and other hard to reach groups across the UK. We offer dental screening, oral cancer checks, pain relieving and emergency treatments, preventative and restorative dentistry and oral health advice. Our goal is to breakdown barriers our patients face in accessing dental treatment relieving pain and increasing confidence in their oral health.

How we work?

We design care pathways that specifically suit the people we work with. We use a fleet of mobile dental units that visit locations where our patients feel safe and comfortable. This includes soup kitchens, night shelters, hostels, community centres and projects that support the most vulnerable people in our communities. We establish funding to visit each location on a regular basis so we can offer sustainable and ongoing care for each community. We understand our patients often live chaotic lives therefore we usually don't have fixed patient lists or appointment times – each venue provides a list of 10-12 patients who would like to see us and we see them in the order they arrive. If someone is unable to attend that day we'll offer them care next time and we can also adjust our days to see additional urgent cases.

Our approach

We know that hard-to-reach patients face many emotional, practical, systemic and physical barriers to accessing care and we do all we can to make our clinics as accessible as possible. We tailor each clinic around the needs of each group we support, listening to patients and their advocates to design a bespoke model of dental care. This includes the timings, length and locations of each clinical day. We know that many of our patients feel disconnected from traditional healthcare environments and are more likely to access an outreach mobile service on their own terms. We take face-to-face medical histories to help establish a rapport with our patients and see this as an opportunity to start a conversation about their oral health and general wellbeing. If patients are intoxicated this doesn't prevent them having a conversation with our volunteer dentists in the hope they will present to us at a future clinic in a condition to safely consent to treatment.

How much does it cost?

Dentaid The Dental Charity has to fundraise a minimum of £1,250 for each clinic we run, this amount differs depending on location and length of clinic to cover travel costs and any overnight accommodation costs for our teams.

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From £1,250 a clinic



We see around 12 patients per clinic = £100 per patient.



Attendance at A&E is £359. Source The King's Fund



UDA rate is £25*. Five UDAs on average per patient £125 x 12 = £1,500. Source BDA

Is there a cheaper option?

Possibly, but we believe that our approach gives the hardest-to-reach communities the best possible chance of accessing quality dental care. By taking mobile dental service to locations where our patients are supported by trusted keyworkers, we are breaking down as many barriers as possible and there is evidence that shows taking services to these patients, instead of expecting them to go to a clinic, increases their engagement with healthcare services. Our approach means that patients with the highest needs – who are most at risk of self medicating to mask dental pain, or being encouraged to attempt DIY dentistry – are able to get the care they need. This ultimately will reduce costs overall within the NHS, by reducing unscheduled dental care or attendance at general medical practitioners or even A & E. Very few of our patients have access to transport which would add additional costs and barriers to accessing care elsewhere. We are also able to maximise the clinical time available on the mobile, for example, by operating as a drop in we are able to fill the day with patients who want to be seen, compared to having fixed appointments where there is a high risk of failed appointments, and wasted clinical time, due to our patients' chaotic lives.

How are you staffed?

Two members of our staff attend every clinic as mobile dental unit officer and clinical supervisor. They work alongside a volunteer dentist and dental nurse who offer their time to help the most vulnerable people in their communities to access care. Dentaid The Dental Charity is fortunate to have a network of clinicians across the UK who are willing to donate their times and skills to help us reach people who would otherwise find it very challenging to access care.

Why is a charity doing this work?

Charities work to support healthcare provision across the NHS and beyond. The huge increase in demand for our services since the Covid pandemic illustrates the need for our charity dental clinics. Our aim is to help the hardest to reach groups to re-engage with NHS dentistry in the future but many of our patients require more support, which our mobile clinics are uniquely positioned to provide. Many NHS dental services across the UK are operating with long-waiting lists and access to NHS dental care is becoming increasingly challenging. We are able to work together with the NHS and government bodies to act quickly and fill the gaps in dental care provision, which disproportionately affects the most vulnerable. Because we operate outside of the NHS dental contract, we are able to treat people with high needs who might not be suited to a general practice model and we can focus on addressing the expressed oral health needs of our patients.

What people say

Having been in a general practice mostly within the NHS, it saddens me that there is so little support for people experiencing homelessness and hard-to-reach groups. I am happy to volunteer a couple of times a month for a really good cause. On a personal level, it makes me feel valued and useful. – Mary Green Dentist



"I came here with a broken front tooth that made me feel really bad about myself. My self-confidence had gone and I couldn't smile at people without putting my hand over my mouth. Today the dentist has built up my tooth at the front and now it looks like a proper tooth. It looks so nice. He needs a medal. It's not just my smile, it's that he took the time and the care. I was homeless for a long time and stayed in a hostel but now I've got a flat.

Next week I've got an interview at a restaurant and I'll feel confident that I can talk to the customers and smile at them. Dentaid has changed my life, it's brilliant!" Sophie was successful in her job interview. – **Dentaid patient Sophie**

A big problem for survivors is that they haven't had any access to dental care, and it's hard to get mainstream dentistry. Survivors have experienced trauma, which meant that brushing their teeth wasn't a priority for them in the past. Often survivors would not have been able to access medical or dental care, and in some cases, survivors have experienced damage to their teeth through physical violence. We are working with people who have not had freedom for a long time, so they have yet to be able to access dental appointments or have their teeth examined. It makes a huge difference. I've only heard positive feedback from survivors. One story that stands out is a woman who tried to visit the dentist but couldn't handle it because it brought back the trauma, which she found very distressing. Having Dentaid here, and their gentle approach, has really

helped put her at ease. - Support Worker Unseen.

Further reading

- Models of Dental Care for People Experiencing Homelessness in the United Kingdom. A Systematic Review of the Literature. Natalie Bradley BDS DSCD MFDS RCSE 2021
- Groundswell Healthy Mouths Report 2018
- Integrating health and social care for people experiencing homelessness. A step-by-step resource for implementing the joint guideline. Centre for Homelessness Impact and NICE National Institute for Health and Care Excellence 2022
- Identifying the barriers and facilitators for homeless people to achieve good oral health.

 J. Csikar, K. Vinall-Collier J.M. Richemond J. Talbot , S. T. Serban and G.V.A. Douglas 2019.









