**Research Project Protocol: Identifying the barriers and facilitators to providing oral health advice and services for the most deprived and excluded people in the city of Leeds**

**Researchers:**

[insert names]

**Background:**

A poll undertaken for homelessness.org in December 2013 found that around 32% of people asked have experienced homelessness or know someone who has in the UK. Those who are homeless have poorer physical, mental and dental health than the general population (Homelessness and Health Information Sheet, Gov.uk). There is a higher incidence of pain, gum disease, tooth loss, sepsis and increased dental phobia amongst this group and coupled with the increased participation in risky behaviours such as smoking, alcohol and illicit drug use. This coupled with the lower awareness and uptake of dental services puts the homeless population’s oral health at greater risk. Research with homeless populations related to oral health has been undertaken in Scotland through the Smile4life work (http://dentistry.dundee.ac.uk/scottish-oral-health-improvement-homelessness-programme-smile4life) a progressive framework for tackling homelessness to meet the needs of homeless people has been set. The challenge facing homeless people is related not only to their poor general health but also their low self-esteem and poor oral health. These factors are further compounded by problems accessing services which support oral health and advice on self-care (http://www.scotland.gov.uk/Resource/0039/00394171.pdf). The present study is proposing to take on this challenge within Leeds to put homeless people’s oral health needs at the center of its design and facilitates co-design of future services.

Within the present study focus groups will be undertaken covering topics such as; the oral health needs of this group, access to dental care, and their belief about their own oral health using theoretical frameworks of the Anderson Model of access and the Health Belief Model. Building on this data we will explore the health professional’s perspective of working with homeless people to support their oral health. There is evidence to suggest that practitioners perceptions towards underserved populations was influenced by factors such as; fear of infection, concerns about losing other patients, fears of their staff and a lack of prior experience with these groups (Sears et al 2011).

**Aims:**

The aim of the study is to identify the barriers and facilitators to providing oral health advice and services for the most deprived and excluded people in the city of Leeds.

**Objectives:**

1. Identifying oral health needs and beliefs about oral health and the barriers and facilitators to achieving this

2. Understanding current access to dental care and provision across Leeds

3. Explore effective communication of oral health care messages to this group

**Methods:**

This study will involve exploration of work with homeless people, healthcare commissioners and providers (stakeholders) to – understand perceptions of oral health and its importance to them, perception of oral health services and their attendance and preferred communication about oral health. This stage will allow researchers to meet the stakeholders and familiarize themselves with how the system currently operates to support the oral health of homeless people in Leeds.

This is an iterative process and so key themes identified and areas to be addressed in further detail will be explored through further follow-up interviews with key stakeholders to meet objectives 1-3.

*Focus groups with homeless people*

Three focus groups will be conducted where we will ask the participants about their oral health needs, access to dental care, their beliefs about their own oral health and explore with them how we can effectively get across health messages. To offer greater understanding about how messages about health are received by the most vulnerable and excluded people in society and help identify ways to improve this. There are two venues where the focus groups will be held: [insert details] (two focus groups). Each Centre has been approached and will identify a maximum of 6 clients for each focus group who have the capacity to be involved in a focus group of up to 1 hour. The focus groups will have a pre-piloted interview schedule and the sessions will be tape-recorded to form the basis of the analysis. All participants will be given information prior to the event (one week) and those who attend the focus group will have consent gained from the research team where they will have time before the session begins to ask questions and withdraw from the process if they change their minds. The qualitative data will be analysed is using a thematic analysis and the data presented to the clients at a follow up workshop to sense check findings and discuss next steps for dissemination.

**Topic guide: Focus groups with homeless people**

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| Establish participant’s perception of oral health and its importance to them: |
| Are you satisfied with appearance of teeth and mouth?  *Explore:*  Pain or discomfort, eating problems, social embarrassment, smell, physical contact. |
| How do you feel about your mouth?  *Explore:*  Feeling self-conscious or embarrassed about appearance, the effect on self-esteem and self-confidence  What do you like about your mouth?  What do you dislike about your mouth? |
| What could you do to improve how you feel about your mouth?  *Explore:*  Appearance, missing teeth, self-efficacy and external intervention or support |
| Do you think your mouth is important?  *Explore:*  Importance relative to other health aspects and preventative check-up. |
| Has anyone ever shown you how to brush your teeth or talked to you about how to keep your mouth healthy?  *Explore:*  Who, when, what do they remember from this.  Have you been able to follow the advice given to you to improve your mouth and how it works/feels? |
| Do you brush your teeth? How often?  *Explore:*  Why you brush in this way?  What stops you from brushing your teeth?  What would help you brush your teeth?  Can you think of any good things or benefits to you from brushing your teeth? |
| Establish participant’s perception of oral health services and their attendance: |
| Have you visited a dentist before?  If yes *explore:*  When ?  Why you went to the dentist last time? |
| How did the people at the dentist treat you last time you went?  *Explore:*  Respect, politeness, upstanding your issues, tried to help, help with administration |
| Tell me what you know about dental services? |
| Do you think you need dental treatment now? |
| What do you think the role of the dentist is?  *Explore:*  What they can you for them, who works within the dental setting |
| What stops you going to the dentist?  *Explore:*  Dental anxiety, finding a dentist, cost  If you had to design a dental service for you, what would it look like? |
| What would help you go to the dentist? |
| Can you think of any good things or benefits to you from going to the dentist? |
| Establish participant’s preferred communication about oral health: |
| How is it best to give you information?  *Explore:*  By text, e-mail, website, social media |
| Would you like to be involved in this research in the future? |

**Focus group with providers of care for homeless people**

One focus group will be conducted where we will ask the participants about the oral health services and advice they provide for homeless people and their thoughts on the barriers for services being provided and taken up by this group. The venue will be [insert details] where maximum of 6 professionals will participate in a focus group of up to 1 hour. The focus group will have a pre-piloted interview schedule and the sessions will be tape-recorded to form the basis of the analysis. All participants will be given information prior to the event (one week) and those who attend the focus group will have consent gained from the research team where they will have time before the session begins to ask questions and withdraw from the process if they change their minds. Participants will also be informed through the participant information sheet that they may be approached for an additional one-to-one follow-up interview at a later date. This will be either in person or via the telephone and be audio recorded. The purpose of which will be to explore further any themes identified through the focus group analysis that may require further investigation/exploration in keeping with a grounded approach to data gathering. The qualitative data will be analysed is using a thematic analysis and the data presented to the participants vis a report via email to sense check findings and discuss next steps for dissemination

**Topic guide: Focus group with providers of care for homeless people**

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| Establish participant’s perception of homeless people’s oral health: |
| Have you any experience of working with homeless people on improving/maintaining or advising on their general health?  *Explore:*  What were the areas you worked in, how did the work develop, what changed? |
| Have you any experience of working with homeless people on improving/maintaining or advising on their oral health?  *Explore:*  What were the areas you worked in, how did the work develop, what changed? |
| Can you tell me about any barriers that exist for proving services to homeless people?  *Explore:*  Opening times, location, registration, discrimination, their priorities, funding for services to give additional support time |
| Can you tell me how we can reorient current services to better meet their needs?  *Explore:*  Training, safety, financial, time, location, education (both sides), supporting homeless people before they get to services to increase their chances of a successful interaction, collaboration with other services. |