

Summary Evaluation Report

NCL Dental and Oral Health Project for Asylum Seekers

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1. Introduction

The North Central London (NCL) dental health project was set up to deliver on an aspect of the Barnet Asylum Seeker Health Action Plan. The purpose was to improve oral health and education and access to dental care for asylum seekers residing in contingency hotels across NCL. The project was funded by the NCL ICB's Communities and Inequalities stream.

Background and context:

Oral health is an important public health topic. Poor oral health can impact an individual's wellbeing and self-esteem and has associations with long-term health conditions including cardiovascular disease, head and neck cancer and mental health challenges, although mechanisms of these associations are still quite unclear^{1,2,3}.

Asylum seekers experience extreme oral health inequalities with high levels of oral disease and dental caries⁴. A systematic review of dental decay amongst refugees in Europe found that eight studies on oral health showed a range of 50-100% dental decay within these groups⁵. Nevertheless, oral health is often a lower priority for asylum seekers as they face other stresses, uncertainty and instability⁶. Hence, oral health is often one of the most neglected aspects of migrant health.

At present, asylum seekers based within contingency hotels are living on a limited budget per week. Within catered accommodation, residents receive £8.86 per week and are generally only provided with a toothbrush and toothpaste when they ask for it, with no oral health information. Within self-catered accommodation, residents receive £49.18 per week and are not provided with a toothbrush or toothpaste.

¹ Cherry-Peppers, G., Fryer, C., Jackson, A.D., Ford, D., Glascoe, A., Smith, D., Dunmore-Griffith, J., Iris, M., Woods, D., Robinson-Warner, G. and Davidson, A., 2024. A review of the risks and relationships between oral health and chronic diseases. *Journal of the National Medical Association*, 116(6), pp.646-653.

² Skallefold, H. E., Rokaya, N., Wongsirichat, N., & Rokaya, D. (2023). Importance of oral health in mental health disorders: An updated review. *Journal of Oral Biology and Craniofacial Research*, 13(5), 544-552.

³ Tasoulas, J., Farquhar, D. R., Sheth, S., Hackman, T., Yarbrough, W. G., Agala, C. B., ... & Amelio, A. L. (2024). Poor oral health influences head and neck cancer patient survival: an International Head and Neck Cancer Epidemiology Consortium pooled analysis. *JNCI: Journal of the National Cancer Institute*, 116(1), 105-114.

⁴ Keboa, M. T., Hiles, N., & Macdonald, M. E. (2016). The oral health of refugees and asylum seekers: a scoping review. *Globalization and health*, 12(1), 59.

⁵ Bhusari, S., Ilchukwu, C., Elwishahy, A., Horstick, O., Winkler, V., & Antia, K. (2020). Dental caries among refugees in Europe: a systematic literature review. *International journal of environmental research and public health*, 17(24), 9510.

⁶ Paisi, M., Baines, R., Wheat, H., Doughty, J., Kaddour, S., Radford, P. J., ... & Witton, R. (2022). Factors affecting oral health care for asylum seekers and refugees in England: a qualitative study of key stakeholders' perspectives and experiences. *British Dental Journal*, 1-7.

Barnet's most recent Migrant Health Needs Assessment⁷ highlighted that asylum seekers encounter significant challenges to accessing dental care. Despite being eligible for free dental care with their HC2 certificate, asylum seekers still face challenges accessing dental care, especially with added transport costs⁸, language barriers, limited awareness of services available and a lack of NHS dentists. In addition, when asylum seekers do seek dental care, they can often experience negative encounters with healthcare teams⁸.

In a study assessing the health of 1,390 asylum seekers living in contingency sites across NCL, 73% reported having access to a toothbrush, but only 50.8% indicated routinely brushing their teeth⁹. This is significantly lower than the 71% of UK adults who report brushing twice daily¹⁰. The low rates of routine brushing highlight that access to a toothbrush alone is insufficient without accompanying oral health education from professionals⁹. Furthermore, actual rates may be even lower due to study limitations, including low response rates to the dental questions and lack of data on accommodation type. Additionally, the study found 28.8% reported dental pain and only 32.7% had seen a dentist in the last 24 months, falling short of the NICE guidelines^{9,11}. Together, these findings suggest limited awareness of oral health and the UK dental system, and a clear need for targeted education and support.

Two key recommendations arose from this research, which then formed the basis of the current project:

1. Provide targeted oral health promotion and education to asylum seekers, alongside distribution of toothbrushes.
2. Consider high-risk characteristics and known barriers to accessing dental care by utilising on-site pop-up dental clinics⁸.

⁷ London Borough of Barnet (2022). Migrant Health Needs Assessment. Available at: <https://barnet.moderngov.co.uk/documents/s75859/Barnet%20Migrant%20Health%20Needs%20Assessment%20-%20September%202022%20Updated%20Copy%20-%202028.12.22.pdf>

⁸ Paisi, M., Baines, R., Burns, L., Plessas, A., Radford, P., Shawe, J., & Witton, R. (2020). Barriers and facilitators to dental care access among asylum seekers and refugees in highly developed countries: a systematic review. *BMC Oral health*, 20(1), 337.

⁹ Hurry, K. J., Longley, N., Cinardo, P., Chowdhury, H., Ward, A., & Eisen, S. (2025). Dental Health Adjuncts and Care: Exploring Access Among Asylum Seekers and Refugees in London, United Kingdom. *JDR Clinical & Translational Research*, 10(3), 294-303.

¹⁰ Denplan. (2022). Consumer Oral Health Survey Results. Available at: <https://www.denplan.co.uk/content/dam/simplyhealth/documents/consumer-oral-health-survey-denplan-2022.pdf>

¹¹ National Institute for Health and Care Excellence. (2004). Dental checks: intervals between oral health reviews. Available at: <https://www.nice.org.uk/guidance/cg19/chapter/Recommendations>

Purpose and scope:

The aim of this report is to:

- Evaluate the planning and delivery of the NCL oral and dental health promotion project and Dentaaid visits, including partnerships with key stakeholders.
- Provide guidance and recommendations to support delivery of future work to improve oral and dental health of asylum seekers in contingency hotels as well as the wider migrant community.

2. Planning and Delivery of Project

Initiation of project

Ahead of planning, a meeting was set up with Public Health colleagues who work on homelessness health to understand and learn from their dental health project. A meeting was also set up with a local dentist in Barnet (Leo Dental Practice) to gain the perspective from a high street dentist and explore ways to collaborate.

Initially, the project was only set out to focus on distributing dental packs, however, after further research which identified the challenges for asylum seekers accessing dental care, it was decided to utilise some funding to commission Dentaaid the Dental Charity, to provide outreach dental clinics at contingency hotels via their mobile dental unit. As part of the planning, a meeting was set up with Ealing Public Health Team to understand their experiences working with Dentaaid and their recommendations to utilise it as part of our work.

Engaging with relevant partners

Initiation of an NCL-wide Asylum Seeker Dental/Oral Health Task and Finish Group

To support the planning and delivery of the project, an NCL-wide Asylum Seeker Dental/Oral Health Task and Finish (T+F) group was set up in February 2025 to share learnings and support throughout the project. These meetings were held monthly.

The attendees initially consisted of:

- Public health leads from Barnet, Camden, Haringey and Islington Council
- The Regional Lead for Secondary, Community & Specialist Dentistry at the ICB (Andrew Biggadike)
- NHS England Professor of Dental Public Health and Consultant in Health Inclusion and Dental Public Health (Professor Huda Yusuf)
- Oral Health programme lead from Whittington Health (Farheen Naqvi)

During the project (in June 2025), the contingency hotel in Haringey was closed by the Home Office, which resulted in Haringey Council's reduced involvement within the project and exit from the T&F group.

The Terms of Reference, and up to date action log for the group can be found in Appendices 1 and 2.

Before the initial T&F group meeting, the Migrant Health Needs Assessment¹² was reviewed and research from a literature review conducted by the Migrant Health Officer was used to inform decisions moving forward.

Operational Delivery

Dentaid Visits and Health Promotion Events:

A total of four Dentaid charity clinics were delivered within contingency hotels across Barnet, Camden and Islington, providing urgent dental treatment to those in need.

The timetable of the dental clinics is displayed below:

<u>Date and time of Clinic</u>	<u>Borough</u>
14/05/2025 10:00-14:00	Camden
25/06/2025 10:00-14:00	Due to be Haringey but changed to Barnet
16/07/2025 10:00-14:00	Barnet
23/07/2025 9:00-13:00	Islington

Two visits were held in Barnet hotels, due to the last-minute closure of the Haringey hotel and the higher number of asylum seekers in Barnet. The Dentaid team included a dentist, dental nurse, clinical supervisor and driver. The clinical supervisor conducted a medical history and triage with each patient before treatment. An overview of the triage questions which could inform triaging for future clinics can be found in Appendix 3.

A health promotion event was held around one week prior to each Dentaid visit. This provided an opportunity to identify those suitable for the patient list for Dentaid, using a pre-screening questionnaire developed with a local Barnet dentist.

¹² London Borough of Barnet (2022). Migrant Health Needs Assessment. Available at: <https://barnet.moderngov.co.uk/documents/s75859/Barnet%20Migrant%20Health%20Needs%20Assessment%20-%20September%202022%20Updated%20Copy%20-%202028.12.22.pdf>

There were 3 possible outcomes after screening:

1. Urgent dental care pathway (via NHS 111) where individuals were offered support on the day to obtain an emergency appointment.
2. Signposting and supporting individuals on the day to obtain appointments with local dentists.
3. If individuals had additional barriers to accessing dentists outside the hotel, they were placed on the Dentaaid patient list (each clinic list comprised of 10 patients and 5 reserves).

Ahead of the health promotion events, we engaged with local dentists to understand which clinics were accepting new NHS patients so that we could signpost hotel residents to these if they required a non-urgent appointment. Local health services were also invited to attend to provide health promotion materials and advice. Dental packs were distributed by members of Whittington Health's oral health promotion team. Interpreters were available at these events via The BigWord and other VCS organisations.

The hotel managers were supportive in the planning and delivery of the health promotion events and Dentaaid visits. Visiting the hotel prior to the events to identify the spaces to be used was particularly effective. Regular communication with hotel staff and managers was carried out via email.

The following partners attended each pre-Dentaaid health promotion event:

Borough:	Partners involved:
Camden	<ul style="list-style-type: none">• Free health and wellbeing checks.• Information and signposting to local health services.• Breathe Stop Smoking support, in partnership with Central & Northwest London NHS Foundation Trust.• Cancer screening leaflets and information.• Free toiletry goodie bags, food, and pre-loved clothing.• Barnet and Southgate College - Who delivered brief exercise sessions (15-20 minutes duration) with supporting explanations and leaflets for SUs.• Parenting Practitioners - Parenting programmes such as Triple P and Solihull.• Camden Baby Feeding team.

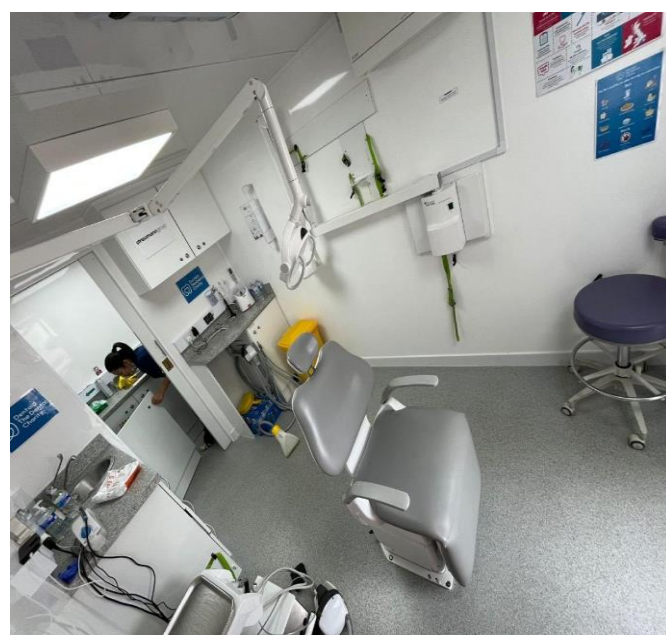
	<ul style="list-style-type: none"> • Admin - Vitamin D for women who are trying for a baby, pregnant or up to 1 year after birth. Plus, children under the age of 4 years old. Sanitary products – women. BSfB - Early Child programme health appointments for families who have children between 3 months - 1 year. • IEW - They promote all of the services in Early Years and support families to engage. • Family Lives - Support for parents. They are volunteers and support families to engage. with services. They have a team who speak a range of languages. • Midwifery - For women who are pregnant. • Welfare Rights - Benefits and Debt advice.
Barnet	<ul style="list-style-type: none"> • Brook, Sexual Health and Wellbeing Charity • BOOST, Employment and Training Support • Meridian Wellbeing • Barnet Council's Smoking Cessation Team • Groundwork London • Whittington Health
Islington	<ul style="list-style-type: none"> • Breathe Smoking Cessation Service • CLASH Sexual and Reproductive Health • Lung Cancer Screening Service • Asylum Support Team

A risk assessment was carried out prior to the health promotion events. An example of this can be found within Appendix 4. In addition, Dentaïd conducted their own risk assessment prior to their visits.

Two additional health promotion events were delivered by Barnet alongside Whittington Health at two hotels which did not host Dentaïd visits:

Date and Time	Borough
18.8.25 11:00-15:00	Barnet Palm Hendon
9.9.25 11:00-14:00	Barnet Colindale

Photos from the Dentaïd visits and health promotion events:



- 1 (top left) – Dentaïd team outside mobile clinic at Finchley hotel
- 2 (top right) – Inside the Dentaïd mobile clinic
- 3 (bottom left) – Dentaïd mobile clinic in the streets of Islington

4 (bottom right) – Manisha, Whittington Health providing oral health information at health promotion event

Dental Packs:

During the health promotion events, age-appropriate dental packs were distributed to hotel residents alongside oral and dental health advice provided by oral health promotion leads from Whittington Health. These leads were present at three out of four of the health promotion events, and in the one hotel where this wasn't possible, health navigators who had been trained in oral health provided oral advice to hotel residents. Upon Whittington Health's recommendation, we used AMS International as the dental pack supplier throughout this project. The dental packs included a toothbrush, toothpaste and an oral health leaflet specifically for asylum seekers (both child and adult versions). The Migrant Health team co-produced these leaflets (see Appendix 5) with Public Health colleagues from the Children and Young People team, Oral Health professionals from Whittington Health and Dental Public Health ICB colleagues (Dr Huda Yusuf and Dr Andrew Biggadike). Unfortunately, due to time constraints there was not time to adequately co-produce the leaflet with asylum seekers themselves. Translated versions of the leaflet (in the 7 most common languages spoken in the hotels) were stored digitally on a Trello board, accessible by a QR code on the leaflet found in the dental packs. Translated versions could also be printed.

After the completion of the Dentaids visits, there is to be continued distribution of the dental packs to hotels every four months. Whittington Health are to support the boroughs with distribution and provide drop-in sessions for oral health promotion. Each borough is to liaise and plan these sessions and distribution of the packs with colleagues from Whittington Health.

Communications plan

It was important that communications during the project would account for the literacy and language needs of residents within the contingency hotels. It was decided that a combination of digital posters, as well as printed leaflets and posters would be used.

Oral health leaflets specific to the needs of asylum seekers were produced in the languages most commonly spoken by residents across NCL hotels which were:

- Arabic
- Farsi
- Spanish
- English
- Kurdish

- Albanian
- Pashto

The English version of these leaflets was included in the dental packs to be distributed to hotel residents (see appendix 5).

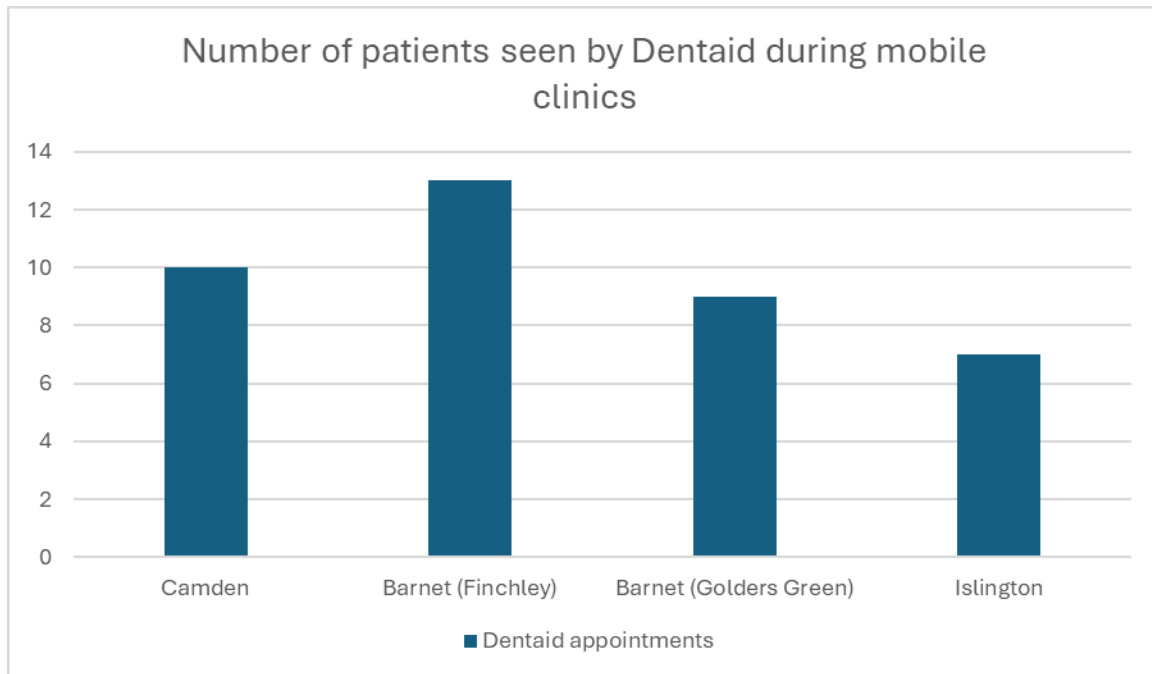
A poster providing advice on how to access the 111 NHS urgent dental care pathway (see Appendix 6) was printed and shared with hotels across NCL to display.

A promotional poster for the health promotion events was created (see Appendix 7) which specified the time and content of the events. Hotel managers put up A4 posters within the communal areas to increase attendance.

There is a WhatsApp group for residents of the Barnet hotels run by Persian Advice Bureau (PAB) and New Citizens' Gateway (NCG), and this was used as a channel of communication to residents, especially to share the poster to advertise the health promotion events taking place in the hotels. WhatsApp was also used to contact those who were to be seen by Dentaaid during their visits to the hotels, to ensure residents were aware of their appointment time and details.

3. Outcomes

Figure 1 shows the number of patients seen by Dentaïd during mobile clinic visits to each of the four contingency hotels.



The total number of patients seen by Dentaïd during the mobile clinic visits was **39**. See Appendix 8 for a full breakdown of the treatments provided during each Dentaïd visit.

Note. During the visits, 3 patients were triaged at the Islington hotel by the Dentaïd nurse, however, did not attend their appointment. A similar situation occurred at both Finchley and Golders Green hotels, with 2 patients only attending their triage respectively.

Hotel:	Number seen by Dentaïd dentist	Number triaged by Dentaïd	Number of dental packs distributed at health promotion event *	Number supported to get dental appts with local dentist	Number supported with NHS 111 signposting/ appointment booking	Number referred by Dentaïd for further dental treatment
Barnet (Golders Green)	9	11	41 adults 7 children	16 (Denchic and Corner House Dental)	1	1**
Barnet (Finchley)	13	15	71 adults 18 children	17 (East Finchley Smiles and Corner House dental)	2	0
Islington	7	10	91 adults	19 (EC1 Dental)	4	0
Camden	10	10	62	3 (Bray Dental and Quex Dental)	3	0

Barnet (Colindale)	n/a	n/a	73 adults 12 children	5 (Corner House dental)	0	n/a
Barnet (Palm Hendon)	n/a	n/a	48 adults 6 children	8 (West Hampstead dental)	0	n/a

**Note. Not all dental packs distributed were recorded so these figures are a minimum number.*

***Note. Received further treatment from local dentist (Corner House Dentist)*

In total, 34 adults and 5 children were seen by Dentaaid during the hotel visits. Across the 6 health promotion events, over 450 residents engaged with services, including with the oral health promoters.

The most common languages of patients seen were Arabic (including dialects: Iraqi, Egyptian, Moroccan, Sudanese, Syrian and Tunisian), Kurdish, Persian (Farsi/Dari), Turkish, Somali, Georgian, Tigrinya, Pashto and Mandarin Chinese. Out of the 39, 30 individuals required interpreters during their appointments (77%). This highlights the benefit of the Dentaaid visits in helping those with language barriers access dental treatment, which they would not be able to access as easily normally.

Other outcomes are highlighted below:

- As of September 2025, 2,875 dental packs have been delivered to hotels across NCL boroughs.
- A total number of 6 colleagues and staff across the NCL boroughs have been trained in Oral Health by Whittington Health.
- A total of 6 oral/health promotion events have been carried out where dental packs have been distributed (4 of which were conducted alongside Dentaaid visits and 2 which were organised separately).
- In an interview with the outreach teams at Islington and Barnet, it was noted that there was an increased knowledge and awareness of dental services and their entitlements amongst asylum seekers.

During delivery of this project, we identified 2 asylum seekers residing in Barnet who were oral surgeons in their home countries. They have been trained to be oral health champions and assisted with distributed dental packs. They have also provided insights on the challenges sanctuary seekers face and how dentistry differs in their countries of origins and the UK. They showed interest in volunteering and any learning opportunities and had a meeting with Prof. Huda Yusuf which led to them attending a Dentistry conference.

Quotes from partners who attended a health promotion event in Barnet:

Groundworks Health Ambassador

“We engaged with 27 adults and 5 children. We gave away dual language books and had discussions about the variety on offer at Childs Hill Library, which is within 10 mins walking distance”

Barnet Libraries

“The event was a great success, providing an opportunity to educate residents about importance about oral health. I delivered oral health information following the guidelines set in the DBOH toolkit. I also demonstrated the proper way to brush teeth using the ‘Tell-Show-Do’ method. Both adults and children were actively engaged, making it a very interactive session.”

Whittington Health Oral Health Promoter

“It was truly a pleasure to have a stand. I signed up 6 patients on that day and as for the feedback, the event went smoothly”.

Smoking Cessation

“I spoke with at least 15 people who needed advice on access to medical appointments, dental services, and general health guidance. I think we need more such events to provide ongoing support for the residents.”

4. Reflections and recommendations

To effectively reflect on the project and inform future recommendations, feedback was gathered through interviews and written submissions from key stakeholders and project leads. The following individuals provided valuable insights that have shaped this evaluation:

Borough leads (from Camden, Islington and Barnet)
Health navigators
Whittington Health
Health ambassadors
Hotel managers
Dentaaid charity
Prof. Huda Yusuf

A summary of feedback from key project stakeholders is presented in the table in Appendix 9. This input was instrumental in shaping the reflections and informing the recommendations for future work.

Overall Reflections

An overview of the reflections of the project in its entirety are summarised in the following sections, followed by key learnings and recommendations for future work.

Project Planning and Logistics

Successes	Challenges
Strong relationships were built with senior dental health colleagues in NCL ICB and Whittington Health. Relationships between NCL boroughs were also strengthened and there was valuable learning from other boroughs and leaders in meetings.	There were challenges working across NCL, including engaging with the correct individuals and ensuring buy-in, especially as no other boroughs have dedicated migrant health leads.
Hosting health promotion events meant residents could receive support and advice from other services simultaneously. Whittington Health attended 5/6 health promotion events to offer oral and dental health advice.	Hard to understand whether the correct stakeholders were part of the NCL-wide Asylum Seeker Task and Finish Group.
Establishing the Task and Finish group was a key project success. This group will continue to meet monthly to drive improvements and advocate for better oral and dental health for	The funding for the project had to be spent by March 2025, which meant there wasn't as much time for consultation with the NCL group as to what the money should be spent on as we would have liked.

residents in contingency accommodation across NCL.	
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Reflections of the Dentaïd visits

Key learnings and reflections from the Dentaïd visits and health promotion events are summarised in the section below.

What Worked Well
1. Staff support and project organisation <ul style="list-style-type: none"> • Use of health navigators/outreach staff in hotels to co-ordinate and liaise with residents before and during the visits and assisting with collating the patient list. • Support of volunteers and hotel staff in signposting residents to renew HC2 certificates and supporting them in calling NHS 111 for urgent dental appointments. • Individuals who expressed interest in receiving a dental appointment were signposted/ supported to access oral health information/dental care, including NHS 111 for those in dental pain. This meant everyone was supported to access dental care in some way. • The 1 person who was referred by Dentaïd to further treatment was supported to get an appointment the next week with a local dentist. Without this, the referral pathway Dentaïd used could have been up to 2 year wait. • All residents who saw Dentaïd were signposted to local dentists afterwards to ensure they could be followed up locally if necessary. • Staff felt well informed and supported throughout the initiative, contributing to smooth delivery. • Residents received clear, comprehensive information from approachable staff, which likely enhanced their understanding of oral health and its link to overall well-being. Better-informed residents may be more inclined to seek preventive care and adopt healthier habits.
2. Interpreters <ul style="list-style-type: none"> • Having face to face interpreters to explain procedures and collect medical histories and meant the dentists could see more patients. • Using local interpreters who already knew some of the residents was particularly useful and helped to improve trust and communication with the other health partners during the health promotion events. Dentaïd also had language line where face-to-face interpreters were not available. • Where interpreters weren't available, residents interpreted for their friends and family when needed.
3. Organisation/practicalities of mobile unit visits <ul style="list-style-type: none"> • Hosting a health promotion event the week before each Dentaïd visit was essential to pre-screen and compile the patient list and helped to ensure smoother delivery. • Having residents' names, room numbers and appointment times in advance allowed for smooth scheduling and minimised confusion on the day.

- Having the mobile dental unit positioned directly outside the hotel for 3 out of 4 clinics made it accessible for those in dental pain who needed urgent care.
- Having reserves on the patient list meant there were enough patients and DNAs did not affect the number of patients seen.

4. Positive feedback of the Dentaïd Team

- The Dentaïd visits created exposure to healthcare staff, which in turn shows the importance of Dentaïd in contributing and building confidence amongst this population in seeking oral health support in the future.

Challenges

1. Privacy, Space and Public Attention

- Lack of private space and crowding of residents in communal areas meant maintaining privacy for patients during medical registration was difficult.
- At Camden, the public location of the unit led to frequent inquiries from passersby. At Islington, the clinic received unwanted attention from members of the public during a time of political protests outside the hotel.

2. Language and communication challenges

- Barnet's interpreting service did not always provide translators in time or would only let the lead know if they were available last minute.
- Language barriers were still a challenge at health promotion events as we couldn't have interpreters for every language. Dentaïd did not face this challenge for treatment as they had language line.
- Some residents missed their Dentaïd appointments. This could be due to language barriers meaning it wasn't clear to patients when they were going to be seen.
- Not all residents were aware of the event, leading to missed opportunities for participation.

3. Demand, Access and Resource Limitations

- Many residents had alternative queries, such as Home Office or GP support, which made it difficult to manage competing priorities at points.
- More people arrived for Dentaïd than could be accommodated, resulting in some individuals not receiving treatment from Dentaïd. This was particularly challenging in the Camden visit for 2 residents who had travelled from the hotel located further away (however, they received local dental appointments).
- Dentaïd only able to see a limited number of patients in comparison to the total asylum seeker population.
- Supporting residents to call NHS 111 and to book dental appointments was time consuming on the day for staff.
- For each hotel, most residents were signposted to the same local dentist, meaning patients are likely to wait longer for an appointment. Lack of dentists taking on new NHS patients made it difficult to signpost to alternatives dentists.
- Some individuals wished for cosmetic procedures whilst being seen by Dentaïd. This places importances on managing expectations and clearly communicating the scope of services.

<ul style="list-style-type: none"> Barnet does not have an Oral Health contract with Whittington Health, which made it more challenging to arrange oral health promoter drop-ins at Barnet hotels or to provide training for local staff. In contrast, they have a contract with Islington and Camden, making such arrangements more straightforward in those boroughs.*
4. Suitability of Resources
<ul style="list-style-type: none"> Dental packs were not always well received as some residents felt they were childish. This was fed back to AMS International to see if they can alter the toothbrushes and toothpaste.
5. Finalising the Patient List and Patient Hesitancy
<ul style="list-style-type: none"> Challenging to assess who should be seen during the Dentaaid emergency clinic as there were lots of individuals requiring dental care. Decision-making was not done by a clinician but was done through asking some key questions and giving everyone the option to be supported to access an appointment through NHS 111. Some patients were hesitant to proceed with recommended treatments due to fear of pain during dental procedure or uncertainty. Limits of Dentaaid only attending once. E.g., one resident was advised to have 3 teeth removed but declined.
6. Cost and Sustainability
<ul style="list-style-type: none"> Dentaaid is an expensive resource. Dentaaid only visited the hotels once due to the limited funding. Sudden hotel closures meant that plans and allocated budgets needed to be adapted.

*Note. However, through close collaboration with the Oral Health promotion lead at Whittington Health, we've now integrated hotel outreach into part of Barnet's Oral Health Promotion lead's contract, helping to address this gap in Barnet.

Key learnings from the project:

Identified barriers to equitable access to dental care in this population:
1. Lack of interpreters and translation services at high street dentist appointments <ul style="list-style-type: none"> All dental practices we contacted declined patients' appointments if they didn't have a basic level of English, causing a barrier for dental care for this population. NHS 111 urgent dental care pathway provide interpreters on the phone but not at the appointment which is a significant risk. Some dental practices allowed family/friends to act as interpreters at their appointments. 2 dental practices were identified in Barnet who had Arabic and Farsi speaking dentists who we signposted to. Lack of translated material for post-op care – i.e., how to manage pain or look after teeth after procedure. Residents are having extractions/procedures and not getting post-op advice in their language which increases risk of infection and further complications.
2. Long waiting lists to be seen by an NHS dentist <ul style="list-style-type: none"> Lack of NHS dentists taking new NHS patients

<ul style="list-style-type: none"> Dental practices who could only take a few new patients which is challenging when hotels have such large numbers of residents wanting to access dental care.
3. Accessing transport to get to appointments limits the radius of accessible dentists. <ul style="list-style-type: none"> Transport to appointments is not affordable with only £9.95 per week. Reliance on hotel staff for transport created delays and missed appointments. Transport challenges were a recurring issue, as some residents received urgent NHS 111 appointments with less than two hours' notice. This made it difficult to arrange taxis, which hotel staff typically require at least 4 hours to book. As a result, some individuals couldn't attend their appointment, had to walk far or rely on having sufficient credit on their Oyster cards, which significantly limited accessibility. The hotel staff can only book transport if the appointment is over 3 miles away.
4. Residents not having a valid (in-date) HC2 certificate <ul style="list-style-type: none"> Lack of HC2 certificates or proof of Section 95 prevented some from accessing free urgent dental care or booking a dental appointment. Many didn't have a HC2 especially if they were new to the country and awaiting Section 95 or it was out of date, and they hadn't been sent a new one.
5. Knowledge of dental services and HC2 eligibility <ul style="list-style-type: none"> Low health literacy among asylum seekers not knowing how to access a dentist. Limited understanding of what is free on the NHS and what dental treatment you need to pay for in the UK (e.g., implants).

Issues related to on-site hotel support and amenities
Lack of pain relief available in hotels for those in dental pain.
Inadequate nutritional food for children, for example 'snack packs' offered are sugary.

5. Conclusions and Recommendations for Future Work

The project's aim to improve oral health education and access to dental care for asylum seekers in contingency hotels was achieved through targeted outreach and collaborative partnerships. We have established a foundation to further promote oral health and reduce barriers to accessing dental care for asylum seekers across NCL. The high engagement from asylum seekers throughout the project confirms both the need for and willingness to access dental health support and advice in this population.

Nevertheless, a key learning from this project was the need for interpreters during dental appointments. Asylum seekers face many barriers to accessing dental care, including limited money to spend on travel to appointments and a reliance on a HC2 certificate to determine free dental care. However, language barriers appear to be one of the most significant challenges faced by this population. These barriers make it difficult for asylum seekers to navigate dental healthcare services and attend appointments, particularly when they lack basic English language skills. This can also complicate the process of obtaining informed consent during dental procedures. This needs to be addressed at both a local and national level to minimise health inequalities for this population.

In conclusion, the project enabled asylum seekers to access dental care, which they may not otherwise have been able to easily benefit from. Although Dentaaid was limited to providing treatment to 39 patients, the number of sanctuary seekers impacted by this project through oral health promotion, oral health training, distribution of dental packs, support accessing urgent dental care and local appointments far exceeds this. Additionally, we believe that the project was able to increase awareness and education around oral health for this population.

A major challenge of this project was its perceived sustainability as Dentaaid was only able to visit sites once. However, efforts were made to increase sustainability including providing oral health training for professionals, ongoing health promotion events and a rota for Whittington Health to visit the hotels. Furthermore, to ensure the sustainability and continued success of this project, it would be beneficial to continue the T+F group as a monthly meeting to ensure updates are provided to key stakeholders and partners working across migrant health in NCL. Continuing to involve senior dental health colleagues is particularly important to ensure we advocate for change at a London-wide as well as national level to reduce the barriers asylum seekers face to accessing dental care that were identified during this project.

Recommendations for future work are outlined below:

1. Maintain and strengthen partnerships with key stakeholders
Continue collaborations and engagement with relevant stakeholders and partners involved and ensure they are incorporated into and shape future projects.
Each borough to build on relationships with hotel staff and managers and work with them to find ways to improve oral and dental health of asylum seekers residing in their accommodation sites.
Explore options to include asylum seekers in the planning process, for example through focus groups or having asylum seekers in the T&F group.
Encourage partners to attend monthly NCL Asylum Seeker Oral/Dental Health Group Meetings to co-ordinate future visits and work in the hotels.
Use these partnerships to advocate for policy change, locally and nationally. For example, for there to be interpreters in dental practices and for an improvement in the nutritional value (and sugar content) of hotel food.
Explore conducting a nutritional review of food provided in the hotels.
Introduce introductory session on each NCL borough's asylum and public health teams to build cross-borough understanding and collaboration.
2. Establish a sustainable funding model for future oral health promotion projects
Explore future funding options with NCL ICB and beyond through the NCL Asylum Seeker Oral/Dental Health Group Meetings.
Explore with NCL ICB the creation of an NCL-wide coordination and outreach role focused specifically on oral health.
Consider a pilot project with the ICB to provide funding to high street dentists (Health Inclusion Dental Practices). This would be more cost-effective than Dentaaid and also support residents to build confidence visiting local high street dentists rather than relying on visits from a mobile clinic.
3. Establish regular oral health/health promotion events within hotels
Ensure regular communication with health navigators, hotel managers and already connected partners to work together to organise future health promotion events, including oral health information and signposting to local dentists.
Ensure NCL borough leads maintain communication with Whittington Health to co-ordinate regular oral health drop-ins to hotels and to support with signposting to local dentists where required and quarterly distribution of dental packs in hotels.
Improve the presentation of dental packs, ensuring adult packs are clearly distinguishable from children's ones.
4. Establish a method to reduce language being a barrier to accessing equitable dental care
Ensure face to face interpreters can attend future oral/health promotion events, as this was beneficial to the success of the Dentaaid visits and health promotion events.
Explore potential opportunities with NCL ICB and advocate nationally regarding interpreting services and availability of these at NHS dental practices.

NCL borough leads to work with NCL ICB and dental professionals to develop translated material for dentists in NCL to give to patient's post-surgery/procedure, where interpreters are not available.
5. Work to ensure asylum seekers can access dental appointments as and when required
NCL boroughs (public health teams and hotel managers) to regularly identify local dentists close to hotels that are accepting new NHS patients and continue to build relationships with local dentists.
Ensure hotel managers support residents with accessing appointments when needed (including NHS 111).
Improve knowledge and awareness of HC2s so they can access dental appointments for free – share poster developed by Barnet with hotel staff and put up in hotels. Ensure this poster is translated into most common languages.
Continue to build relationships with dental practice managers with the support of key stakeholders and partners from the ICB and Whittington Health.
Offer clearer follow-up pathways for residents needing ongoing dental care.
Implement mechanisms to monitor long-term impact, such as whether awareness leads to sustained engagement with health services.
6. Ensure oral health training for key stakeholders working in migrant space
Work with Whittington Health to arrange another oral health training session for professional and staff working in this area, especially those who have not been trained before. This will ensure key stakeholders can support asylum seekers and signpost them to relevant dental care.
Explore idea of health navigators delivering short, accessible oral health training sessions, using leaflets in a variety of languages to reinforce key messages.
Encourage managers and outreach staff to do MECC training.
7. Work towards planning oral health information and initiatives reach those who need it most
Ensure oral health initiatives reach those in serious dental pain who face additional barriers to engaging with services and did not attend health promotion events. Identify if it's the same individuals engaging, potentially missing others such as those with language barriers, mental health issues or those who are isolated. Develop strategies to better reach these groups.
Review oral health leaflets with asylum seekers in the hotels and see if any changes will make them more engaging, inclusive and accessible.
Consider expanding the work to all migrant communities rather than only asylum seekers in hotels.
Develop a robust and inclusive communication plan to ensure all residents are informed well in advance.
Create a centralised, accessible platform (e.g., digital noticeboard or app) for event information that protects privacy.
Use multi-channel outreach (posters, flyers, staff announcements, digital tools) to maximise awareness.
Increase signposting and advertising to improve outreach and follow-up at health promotion events.

8. Continue to raise issues related to on-site hotel support and amenities to Clearsprings and the Home Office e.g., the lack of pain relief available and nutritional food.

6. Appendices

Appendix 1: NCL Dental Health Project for Asylum Seekers Task and Finish Group – Terms of Reference

Purpose:

To improve oral and dental health of asylum seekers residing in contingency hotels across NCL.

- Through the distribution of dental packs and educational materials alongside oral health promotion, and the provision of mobile dental treatment alongside support to access local dentists.
- Identify the current barriers and challenges for asylum seekers in hotels to access local dentists.

Objectives:

1. Distribution of Dental Packs:

- Distribute dental packs containing toothbrushes, toothpaste, and educational materials to all asylum seekers (adults and children) alongside oral health promotion in self-catered contingency accommodation across NCL every 4 months.
- Develop and disseminate age-appropriate oral health leaflets that emphasise the importance of oral hygiene and provide practical tips for maintaining dental health and accessing an NHS dentist. To be translated into the 7 most spoken languages.

2. Provision of Mobile Dental Treatment:

- Co-ordinate with Dentaaid to schedule and facilitate visits of the mobile dental unit to four designated hotels (one hotel per borough).
- Dentaaid to provide accessible and high-quality dental treatment to asylum seekers, addressing both preventive and urgent dental care needs.

3. Oral Health Promotion and Involving Stakeholders:

- Raise awareness of oral health among asylum seekers through targeted outreach and engagement activities where possible when distributing the dental packs.
- Collaborate with and involve local dentists, Whittington Health, Dental trainees and other partners where possible to promote oral and dental health.

- Engage with key stakeholders including hotel management and outreach workers to ensure the effectiveness of the project and identify how we can improve sustainability of the project.

4. Monitoring and Evaluation:

- Establish robust monitoring and evaluation of the project to assess the impact of the project on asylum seekers in the contingency hotels across NCL.
- Collect and analyse data to identify areas for improvement and inform future oral health interventions with this community.

Frequency of meetings: Monthly (frequency can be reviewed in the initial T&F meeting)

Agendas will be circulated prior to the meeting.

An action log and meeting notes will be circulated following each meeting.

Appendix 2: NCL Dental Health Project for Asylum Seekers Task and Finish Group - Action Log



T&F group action
log.xlsx

Appendix 3: Example questions asked by Dentaaid clinical supervisor during medical triage:

1. Are you in pain/have you been in pain? (reaction to cold food/drink is nothing to worry about but reaction to hot cold/food is concerning)
2. What symptoms are you feeling and what problems is it giving you?
3. Does it wake you up at night?
4. What pain relief are you using at the moment?

Appendix 4- Risk assessment example for health promotion events:

Risk Assessment Title:	Engagement Event at the Stay Club		
Name of Service	Public Health/Sanctuary Team		
Date: of Assessment	29.8.25	Authorise From (Date)	9.9.25
Assessors Name	Sue Cocker and Lucy Prest	Review Date	Not Applicable
Authorising Manager (Name)	Ayan Patel	Authorised by (Sign)	Ella Goschalk
Activity/Area/Room (if applicable)	<p>The Stay Club, Lower Basement Space</p> <ul style="list-style-type: none"> - Communal space: Partner stalls of services on offer in Barnet <p>This is an outreach event for asylum seekers residing at the stay club, Colindale. The aim is to enhance awareness of and engagement with health and wellbeing services available to them in Barnet. LBB colleagues from public health and early help will be present. Early help will run activities for children and have an information stand. Other professionals will have an information stand on the day who will be Meridien Wellbeing, the police, Whittington Health - Oral Health, Volunteering Barnet/Groundworks and libraries.</p> <p>We will have in-person translators provided by NCG (3-4) to support. We have also been granted access to the internet on premises, which will need hotel staff support to log into.</p>		
How many people will be attending	Staff (LBB and external) ~ 15 in total Residents: will be coming in and out of the event space, kept to the below capacity by hotel security staff.	Will food and beverages be provided	No

Time of Event	11:00 – 14:00	Transport to and from the event	PH staff and external providers will make their own way to the event
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What is the Hazard	Who is at risk	What are the current control measure in place	Do you need to do anything else to manage the risk	Likelihood	Severity	Risk Rating
Fire and Emergencies	LBB Staff, External Providers	<p>An Emergency Evacuation Plan is already in place and is managed by the hotel.</p> <p>Hotel staff are trained as fire marshals and will lead on evacuation in the main building.</p> <p>There is access for those with a disability.</p> <p>Fire extinguishers available and in date.</p> <p>Fire Call Points</p>	<p>Briefing by hotel staff to LBB staff to ensure they are aware of the evacuation plan, exit routes and assembly areas.</p> <p>Briefing by hotel staff to all staff regarding what actions need to be taken should a threat of terrorism be made, and the lockdown procedure evoked.</p>	2	3	6 - medium

What is the Hazard	Who is at risk	What are the current control measure in place	Do you need to do anything else to manage the risk	Likelihood	Severity	Risk Rating
		<p>available.</p> <p>Directional signage is in place.</p> <p>Police are attending the event and LBB receive intelligence from them in the lead up. There are no planned protests for 9th September. If this changes, the event would be postponed.</p>	<p>Not wearing visible ID upon entering the building to not draw attention to hotel and partners not to share location of hotel with anyone except attendees.</p>			
Venue layout obstructions of exits and in case on an emergency.	LBB Staff, External Providers	<p>Area / facility has been checked and is a suitable size to host the events - Yes</p> <p>Ensure area is free from trip/slip hazards such as trailing electrical cables, loose flooring – Yes (will do in the morning before partners arrive</p>		2	2	<p>4</p> <p>-</p> <p>medium</p>

What is the Hazard	Who is at risk	What are the current control measure in place	Do you need to do anything else to manage the risk	Likelihood	Severity	Risk Rating
Security – access to the event.	LBB staff, External Providers	<p>LBB staff to wear IDs around premises.</p> <p>staff will be signed in and out by security in visitor book.</p> <p>If there is verbal/aggressive behaviours toward LBB staff and external providers, this will be managed by security guards and staff on site to support. They will manage this and remove individuals from the area if appropriate.</p> <p>The police are also present at the event if necessary.</p>	<p>Comms to be sent around to ensure all staff bring their ID's.</p> <p>LP to send names of all attendees to hotel management before 9th September.</p>			
Welfare Toilet Facilities	LBB Staff, External Providers	There are accessible toilets and handwashing facilities available throughout the building and they are they cleaned frequently.	No	1	1	1 - low

What is the Hazard	Who is at risk	What are the current control measure in place	Do you need to do anything else to manage the risk	Likelihood	Severity	Risk Rating
Staff requiring first aid or suffering from ill health whilst at the event	LBB Staff, External Providers	<p>The hotel have qualified first aiders on site. Yes</p> <p>First aiders can be contacted (will be physically present in office)</p> <ul style="list-style-type: none"> - Management team (Vanessa and other hotel staff will be present on Tuesday in office and trained first aiders). 	All staff accidents and incidents must be recorded on the LBB reporting system as soon as possible after the event.	1	2	3- low
Involvement of external providers on the day.	LBB Staff, external providers	A briefing session will be given by hotel staff with LBB colleagues and the external providers on arrival to include fire procedures for the venue, summoning a first aider and accident, and incident reporting.	All LBB staff have completed online Health and Safety training	1	1	1 - low

Risk Rating Matrix

<u>Likelihood</u>	x	<u>Severity</u>	
1 Rare	x	1 Minor	
2 Unlikely	x	2 Moderate	
3 Possible	x	3 Significant	
4 Likely	x	4 Serious	
Almost			
5 certain	x	5 Major	

		SEVERITY				
		1	2	3	4	5
LIKELIHOOD	1	1	2	3	4	5
	2	2	4	6	8	10
	3	3	6	9	12	15
	4	4	8	12	16	20
	5	5	10	15	20	25

Risk Levels	
Low/Medium	1-3
Medium	4-6
Medium/High	8-15
High	16-25

Appendix 5 - Oral health information leaflets provided in dental packs

Adult version - English:

Keeping Your Teeth Healthy

Information for older children and adults



Keeping your Teeth Healthy at Home

Diet and lifestyle

- Limit the amount of sugary foods and drinks you have.
- Try to eat five portions of fruit and vegetables a day.
- Smoking and drinking alcohol can increase the risk of poor dental health and cancers.

We have services in place to help you:



Stop Smoking Support Services:
www.nhs.uk/live-well/quit-smoking/



Alcohol Support Services:
bit.ly/alcohol_support

Brushing your teeth

Fluoride protects the teeth and helps to stop tooth decay

- Brush your teeth for 2 minutes with a fluoride toothpaste, twice a day (last thing at night and one other time).
- Make sure you spit out the toothpaste and do not rinse so that the fluoride stays on your teeth.



Caring for people, our places and the planet

Accessing NHS Dental Services

Urgent dental care: If your tooth is painful, or you have another urgent dental issue, call your dentist to make an emergency appointment. If you do not have an NHS dentist or your dentist is closed, call NHS 111.

Finding an NHS dentist:

The NHS will provide necessary treatment to keep your mouth, teeth, and gums healthy. To find a dentist:

1. Visit this website www.nhs.uk/service-search/find-a-dentist and search using your postcode.



2. When you've found a dentist, phone them to confirm they are accepting new NHS patients. Your hotel reception or support worker can help you.

Who can get free NHS dental care?

- Children under 18 or under 19 and in full-time education.
- Women during pregnancy and for any treatment starting before their child's first birthday. You must show a valid maternity exemption certificate (either MAT B1 or MatEx) to the dentist.
- Asylum Seekers with a HC2 certificate. Make sure you show your HC2 certificate to the dentist.

Remember, not **every** dental treatment/procedure is free through the NHS. Ask your dentist what is free and what you need to pay for.

TOP TIP

If you need an interpreter, tell the dental practice when you make your appointment. They should be able to help.



Visit: bit.ly/translated-leaflet

Read this leaflet in your own language here

Arabic:

الحفاظ على صحة أسنانك

معلومات للأطفال الأكبر سنًا وبالغين



الحفاظ على صحة أسنانك في المنزل

النظام الغذائي ونمط الحياة

- قلل من الأطعمة والمشروبات السكرية.
- حاول تناول خمس حصص من الفواكه والخضروات يوميًا.
- التدخين وشرب الكحول يزيدان من خطر سوء صحة الأسنان وسرطانات الفم.

تنظيف أسنانك

الفلورايد يحمي الأسنان ويساعد في منع التسوس.

- نظف أسنانك لمدة دقيقتين بمعجون يحتوي على الفلورايد، مرتين يوميًا (آخر مرة في الليل ومرة أخرى خلال اليوم).
- تأكد من أنك تبصق المعجون ولا تشطف فمك، حتى يبقى الفلورايد على الأسنان.

لدينا خدمات لمساعدتك:

خدمات دعم الإقلاع عن التدخين:
www.nhs.uk/live-well/quit-smoking/

خدمات دعم الكحول:
troppus_lohocla/yl.tib



رعاية الناس، أماكننا، وكوكبنا

BARNET
LONDON BOROUGH

NHS

Your
Health
Barnet

North Central London
Health and Care

الوصول إلى خدمات طب الأسنان عبر NHS

العناية العاجلة بالأسنان: إذا كنت تعاني من ألم في الأسنان أو أي حالة طارئة، اتصل بطبيب الأسنان لحجز موعد طارئ. إذا لم يكن لديك طبيب أسنان أو كان مغلقاً، اتصل بـ NHS 111.

من يمكنه الحصول على رعاية الأسنان المجانية عبر NHS؟

- الأطفال دون سن 18 أو تحت 19 ويدرسون بدوام كامل.
- النساء أثناء الحمل ولأي علاج يبدأ قبل بلوغ الطفل عامه الأول. يجب تقديم شهادة إعفاء أمومة صالحة (MAT B1 أو MatEx).
- طالبي اللجوء الذين لديهم شهادة HC2. تأكد من تقديم شهادة HC2 لطبيب الأسنان.
- تذكر، ليست كل العلاجات مجانية من خلال NHS. اسأل طبيب الأسنان عن العلاجات المجانية وما يجب دفعه.

العثور على طبيب أسنان تابع لـ NHS
توفر NHS العلاج اللازم للحفاظ على صحة فمك وأسنانك ولثتك. للعثور على طبيب أسنان:



1. قم بزيارة هذا الموقع:
www.nhs.uk/service-search/find-a-dentist
وأبحث باستخدام رمزك البريدي.

2. عند العثور على طبيب، اتصل به لتأكيد ما إذا كان يستقبل مرضى NHS الجدد. يمكن لموظف الاستقبال في الفندق أو العامل الاجتماعي مساعدتك.

نصيحة مهمة

إذا كنت بحاجة إلى مترجم، أخبر العيادة عند حجز الموعد. ينبغي أن يتمكنوا من مساعدتك.



قم بزيارة: bit.ly/translated-leaflet

اقرأ هذا الكتيب بلغتك هنا

Keeping Your Child's Teeth Healthy



Keeping teeth healthy at home:

Be sugar smart

- Reduce the amount of sugary food and drinks your child has.
- Milk and water are best for healthy body and healthy teeth.
- Healthy snacks include cheese, eggs, rice cakes, fruit and vegetables.
- Try not to give your child sugary foods or drink before bedtime.

Brushing your child's teeth

- Start brushing your child's teeth as soon as the first tooth comes through.
- Brush teeth for 2 minutes twice a day, before bed time and one other time.
- Encourage your child to spit and not rinse so the toothpaste stays on their teeth.
- Children need help brushing their teeth until they are at least 7 years old.

Fluoride protects the teeth and helps stop tooth decay.

Children 0-3 years:
Use a smear of fluoride toothpaste

Children 3-6 years:
Use a pea-sized amount of fluoride toothpaste

Tips to help your child brush

- Be a role model and show them that you brush your teeth too.
- Sing or play music while they brush their teeth. There are some online: <https://bit.ly/4hsS7xG>



Caring for people, our places and the planet

Accessing NHS Dental Services

Taking your child to the dentist

- Take your child to the dentist as soon as their teeth start to appear or before their 1st birthday.
- Children should visit the dentist at least once a year.

Urgent dental care:

If you or your child has tooth pain, or another urgent issue, call your dentist to make an emergency appointment. If you do not have an NHS dentist, or your dentist is closed, please contact NHS 111. GPs cannot provide urgent or routine dental care.



Visit: bit.ly/translated-leaflet

Read this leaflet in your own language here



Visiting an NHS dentist

To find your nearest NHS dentist, visit: www.nhs.uk/service-search/find-a-dentist. Phone them to confirm they are accepting new NHS patients.



Who can get free NHS dental care?

- Children under 18 or under 19 and in full-time education.
- Women during pregnancy and for any treatment starting before their child's first birthday. You must show a valid maternity exemption certificate (either a MAT B1 or MatEx) to the dental practice.
- Asylum Seekers with a HC2 certificate. You must show your HC2 certificate to the dentist.



Spanish:

Cómo mantener Sanos los Dientes de tu Hijo



Manteniendo los dientes sanos en casa:

Sé inteligente con el azúcar

- Reduce la cantidad de alimentos y bebidas azucaradas que toma tu hijo.
- La leche y el agua son lo mejor para un cuerpo sano y unos dientes sanos.
- Los tentempiés saludables incluyen queso, huevos, tortitas de arroz, fruta y verdura.
- Procura no dar a tu hijo alimentos o bebidas azucaradas antes de acostarse.

Cepillando los dientes de tu hijo

- Empieza a cepillar los dientes de tu hijo en cuanto le salga el primer diente.
- Cepíllele los dientes durante 2 minutos dos veces al día, antes de acostarse y una vez más.
- Anima a tu hijo a escupir y no enjuagarse para que la pasta de dientes permanezca en los dientes.
- Los niños necesitan ayuda para cepillarse los dientes hasta los 7 años como mínimo

El flúor protege los dientes y ayuda a frenar la caries.

Niños de 0 a 3 años:



Utiliza una pequeña cantidad de pasta dental con flúor.

Niños de 3 a 6 años:



Utilice una cantidad de pasta dental con flúor del tamaño de un guisante.

Consejos para ayudar a tu hijo a cepillarse los dientes

- Sé un ejemplo a seguir y demuéstrelas que tú también te cepillas los dientes.
- Canta o pon música mientras se cepillan los dientes. Hay algunas canciones en Internet: <https://bit.ly/4hsS7xG>



Cuidando de las personas, nuestros lugares y del planeta



Accediendo a los servicios dentales del NHS

Llevando a tu hijo al dentista

- Lleve a su hijo al dentista en cuanto le empiecen a salir los dientes o antes de que cumpla un año.
- Los niños deben visitar al dentista al menos una vez al año.

Atención dental urgente:

Si usted o su hijo tienen dolor de muelas o algún otro problema urgente, llame a su dentista para concertar una cita de urgencia. Si no tiene dentista del NHS, o si su dentista está cerrado, póngase en contacto con el NHS en el 111. Los médicos de cabecera no pueden prestar atención odontológica ni urgente ni rutinaria.



Visite: bit.ly/translated-leaflet

Lea este folleto explicativo en su propio idioma:

Visitando a un dentista del NHS

Para encontrar su dentista del NHS más cercano, visite: www.nhs.uk/service-search/find-a-dentist. Llámelos para confirmar que aceptan nuevos pacientes del NHS.

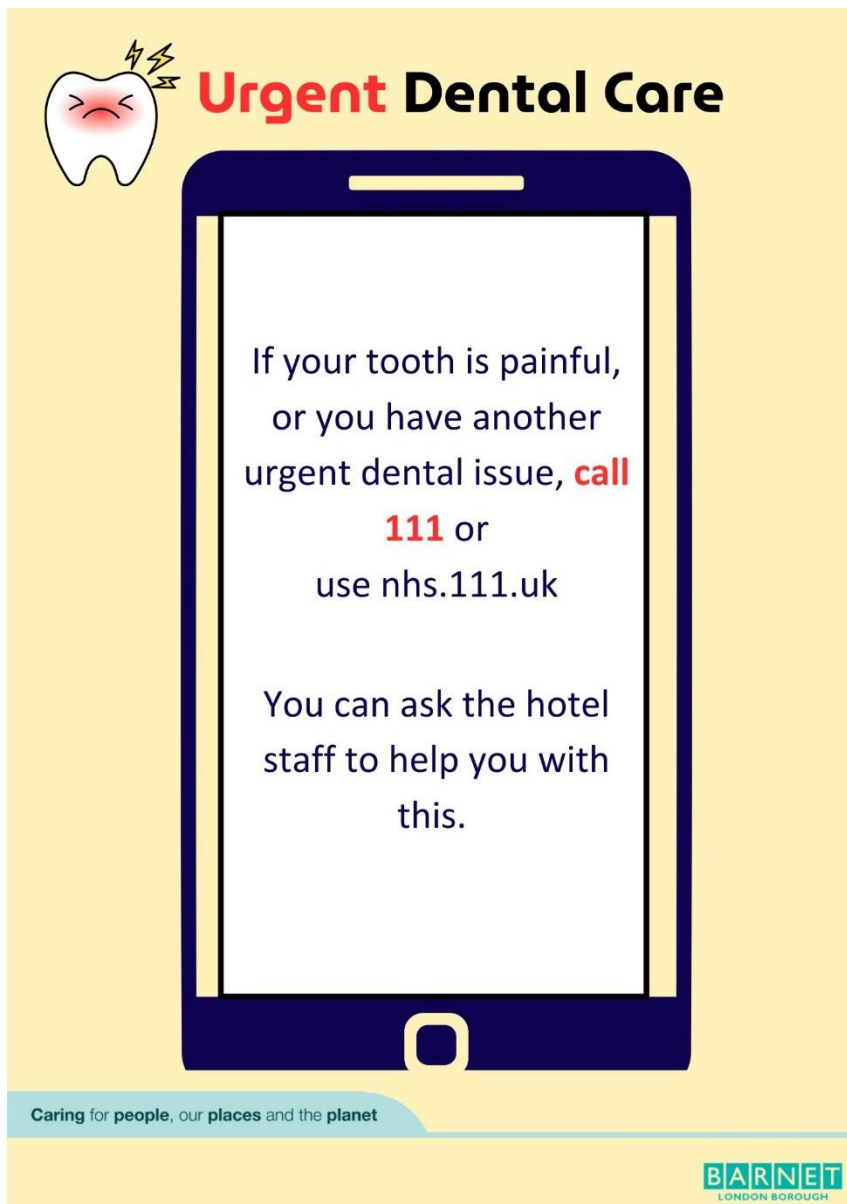


¿Quién puede recibir atención dental gratuita del NHS?

- Los niños menores de 18 años o aquellos jóvenes menores de 19 años que cursen estudios a tiempo completo.
- Mujeres durante el embarazo incluyendo cualquier tratamiento que comience antes del primer cumpleaños de su hijo. Debe presentar un certificado de exención por maternidad válido (MAT B1 o MatEx) en la clínica dental.
- Solicitantes de asilo con un certificado HC2. Debe mostrar su certificado HC2 al dentista.

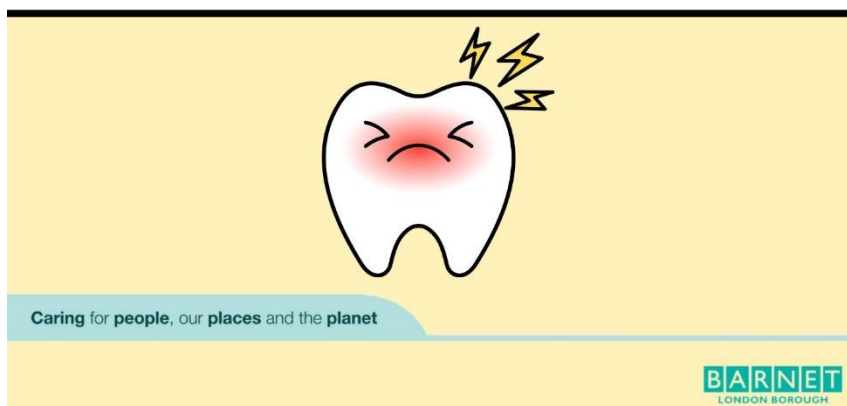


Appendix 6 - Poster providing advice on how to access the 111 NHS urgent dental care pathway



- Do you have tooth pain?
- Do you find it difficult to leave the hotel to see a dentist?

Please speak to your hotel manager about getting dental help.



Updated
Emergency Dental H

NHS 111 poster developed nationally to display and share in hotels.

Appendix 7 – Examples of posters used to promote oral/health promotion events in the hotels



Dental and **HEALTH** ADVICE

**Thursday 10
July**
OYO Finchley
Dining area from
10:30am-2pm

**Come and find out
about the health
services available
to you in Barnet.**

- *Support accessing
dental appointments*
- *Cancer screening
advice*
- *Stop smoking advice*
- *Mental health and
wellbeing advice*

 **Come and collect
your free dental pack!**

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yourhealthbarnet.org



BARNET
LONDON BOROUGH



Dental and **HEALTH** ADVICE

**Thursday 19
June**
Holiday Inn Golders
Green
Downstairs from 2-4pm

**Come and find out
about the health
services available
to you in Barnet.**

- *Support accessing
dental appointments*
- *Cancer screening
advice*
- *Sexual health advice
and testing*
- *Stop smoking advice*
- *Mental health and
wellbeing advice*

 **Collect your free
dental pack today!**

Caring for people, our places and the planet

yourhealthbarnet.org



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Appendix 8 – Full breakdown of the treatments provided during each Dentaïd visit

NORTH LONDON REFUGEES BARNET COUNCIL	Clinic s	Patient s	Oral Assessmen t	Cancer Screenin g	X- ra y	Filling s	Fissure Sealan t	XLA (Extraction)	Fluorid e Varnish	Othe r	Referra l	Scale & Polis h	OHI (Oral Hygiene Instructions)	#TOTAL Treatment s
14/05/202 5	1	9	9	6	17	4	0	2	0	1	0	3	9	34
25/06/202 5	1	9	9	9	7	3	0	3	0	0	1	4	9	38
16/07/202 5	1	15	12	12	8	1	0	1	6	0	0	0	15	47
23/07/202 5	1	7	7	7	7	0	0	3	0	1	0	0	7	25

Appendix 9 – Feedback from key project stakeholders and leads:

Topic area	Borough leads	Health Navigator	Hotel Managers	Health Ambassadors	Whittington Health	Dentaid Charity
What worked well?	<ul style="list-style-type: none"> • Strong support and organisation throughout the project • Effective preparation and communal meetings • Valuable learning from other boroughs and leaders in T&F group meeting • Support and 	<ul style="list-style-type: none"> • Organising a pre-session to register interested residents and conduct initial assessments helped streamline the main event. This proactive approach ensured readiness and reduced delays. • Having residents' names, room numbers, and appointment times in 	<ul style="list-style-type: none"> • Service users actively participated in oral health promotion activities and appreciated having services delivered on-site, especially given the long wait times they typically face elsewhere. • Staff felt well informed and 	<ul style="list-style-type: none"> • There was great support offered at the events with advice, signposting and making dental appointments on the spot. Having translators at the events helped enormously. 	<ul style="list-style-type: none"> • We engaged effectively with families, signposting them to the local NHS dentist for general check-ups and treatment. • This increased awareness among families about the importance of oral health and the benefits of using 	<ul style="list-style-type: none"> • The Dentaid visits created exposure to healthcare staff, which in turn shows the importance of Dentaid in contributing and building confidence amongst this population in seeking oral health support in the future.

	<p>involvement from LBB Team</p> <ul style="list-style-type: none"> • Value placed on collaborative working 	<p>advance allowed for smooth scheduling and minimized confusion on the day.</p> <ul style="list-style-type: none"> • Residents were prepared and eager to attend their appointments, which contributed to the overall success of the dental visit. • The event ran effectively, with clear structure and enthusiastic participation, 	<p>supported throughout the initiative, contributing to smooth delivery.</p> <ul style="list-style-type: none"> • Residents received clear, comprehensive information from approachable staff, which likely enhanced their understanding of oral health and its link to overall well-being. • Better-informed 		<p>fluoride toothpaste.</p>	
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		reflecting strong planning and communication.	residents may be more inclined to seek preventive care and adopt healthier habits. <ul style="list-style-type: none"> • There is clear enthusiasm for hosting similar events again, indicating the initiative was well-received. 			
What changes or impacts were noticed?	<ul style="list-style-type: none"> • Increased requests for dental appointments 	<ul style="list-style-type: none"> • More people now want to register for a dentist. They know they 				

	<ul style="list-style-type: none"> • More conversations in oral health • Some frustration from residents with NHS waiting times 	<p>have the right to utilise this service, which some people didn't know they were entitled to before.</p> <ul style="list-style-type: none"> • Hotel navigator and hotel staff support residents with registering for dentist appointments • People are more aware of the importance of having an HC2 certificate. Hotel navigators/hotel staff are 				
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		<p>checking this more frequently.</p> <ul style="list-style-type: none"> • People used to call NHS 111 all the time, now people register with the dentists and go to appointments instead of just calling NHS 111. 				
What challenges or barriers were encountered?	<ul style="list-style-type: none"> • Islington's limited team involvement in oral health training • Need for clearer follow-up plan after 	<ul style="list-style-type: none"> • Not all residents were aware of the event, leading to missed opportunities for participation. • There's an ongoing 	<ul style="list-style-type: none"> • The hotel setting posed constraints, particularly around space and privacy, which may have affected the comfort and effectiveness 	<ul style="list-style-type: none"> • Many of the residents had dental health issues (some serious and urgent). • There was a need to support the 	<ul style="list-style-type: none"> • Lack of awareness, as most of the families are not aware of key oral health messages aligned with DBOH (Delivering 	<ul style="list-style-type: none"> • Many residents had had extensive dental work in their home countries, much of which had failed. • Differences in dental

	<p>Dentaid visits</p> <ul style="list-style-type: none"> • Short timeframe for engagement with T&F group ahead of project delivery • Inconsistent interpreter availability during Dentaid visits/health promotion events 	<p>challenge in bridging the gap between promoting an event and ensuring all intended clients receive and act on the information.</p> <ul style="list-style-type: none"> • Reliance on informal or limited platforms (e.g., a single WhatsApp group) restricts the reach and inclusivity of event announcements. 	<p>of service delivery.</p> <ul style="list-style-type: none"> • The dental mobile clinic was only able to serve 14 residents, which restricted access for other interested residents. 	<p>residents with making dental appointments. In some cases, the language barrier was especially challenging for them in accessing health information.</p> <ul style="list-style-type: none"> • The dentist we contacted insisted on having a translator present (rather than relying on translation software). It was 	<p>better oral Health Toolkit), and they do not prioritise their oral health in the first place.</p> <ul style="list-style-type: none"> • Most of the families were not aware of the benefits of using fluoride toothpaste. However, after providing information regarding fluoride and the importance of looking after oral health, they 	<p>treatment in country-of-origin vs the UK (e.g., implants and bridges).</p> <ul style="list-style-type: none"> • Most patients seen by Dentaid were identified as having poor oral hygiene. One of the dentists at the Barnet visit noticed that many of the patients had reflux because of the rich foods they're being provided with at the hotel. Although dentists
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				<p>arranged for one of one of the residents to accompany to the appointments.</p>	<p>found the workshop very informative.</p> <ul style="list-style-type: none"> • Language barriers were a challenge to engagement and delivery. 	<p>provided dietary advice, it remains challenging for individuals living in catered accommodation, as they have little or no control over their food choices.</p>
<p>Recommendations for future work</p>	<ul style="list-style-type: none"> • More team training and involvement from Islington • Clearer follow-up pathways • More sustained delivery 	<ul style="list-style-type: none"> • Develop a more robust and inclusive communication plan to ensure all residents are informed well in advance. • Create a shared, accessible 	<ul style="list-style-type: none"> • Expand the number of residents who can access the dental mobile clinic during each visit to meet demand. • Consider scheduling 	<ul style="list-style-type: none"> • Health resources should be available in the main languages spoken in Barnet to reflect the area's diversity. They 	<ul style="list-style-type: none"> • Utilising the telephone interpreter services for efficient communication could improve future oral/health promotion. 	<ul style="list-style-type: none"> • Some individuals wanted more cosmetic procedures (although other issues were identified). It is therefore important to manage

	<p>and outreach</p> <ul style="list-style-type: none"> • Greater resident engagement from the beginning – involving resident voice • More capacity and resources • Sustained presence from community dentistry (Whittington Health) • Dedicated oral health workstream at Islington Council 	<p>platform (e.g., a digital noticeboard, app, or internal webpage) where all residents can view upcoming events without compromising privacy.</p> <ul style="list-style-type: none"> • Use a combination of methods—posters, flyers, staff announcements, and digital tools to ensure wider coverage and engagement. • After each event, gather feedback on how residents 	<p>mobile clinics more regularly to maintain momentum and provide ongoing support.</p> <ul style="list-style-type: none"> • Explore ways to improve privacy and space allocation during events, possibly by using temporary partitions or alternative venues. • Implement follow-up mechanisms to assess whether 	<p>should use clear language and strong visuals to attract attention and make information accessible to all service users.</p>	<ul style="list-style-type: none"> • Increasing the use of visual aids. • More signposting and advertising to improve outreach and follow-up. • Ensuring that the leaflets are available inclusively to reach a broader community. 	<p>expectations before individuals attend appointments with Dentaaid.</p>
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	<ul style="list-style-type: none"> • Consideration of an NCL-wide coordination and outreach role with a specific focus on oral health • Early involvement of residents as champions (NCL wide) • Introductory sessions on NCL borough's asylum/public health teams 	<p>heard about it to refine future promotional efforts.</p> <ul style="list-style-type: none"> • Enhance the presentation of the dental packs, as the adult packs currently resemble those designed for children. • Health navigators could provide a short oral training session on basic oral health. Create a leaflet in different languages to support this and to summarise the information. • Health navigators 	<p>increased awareness translates into sustained engagement with health services.</p>			
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		<p>could do more to understand dental follow-ups required for those seen by Dentaaid.</p> <ul style="list-style-type: none"> • More Dentaaid visits, perhaps at least twice a year. • Host a health promotion even every 3 months in each hotel to continue raising awareness of oral health. 				
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