The challenges facing dental outreach charities



Andy Evans, Dentaid CEO, discusses the challenges the current environment poses to the charity



After 5 years as CEO at Dentaid I have become used – but not immune – to these patients' stories. There was a young lad in Yorkshire desperate to stop using heroin and join a rehab programme but couldn't because he was suffering dental pain. There was the lady in Hampshire who wanted a job and a flat rather than living on the streets but couldn't look anyone in the eye due to the condition of her teeth. And the former site foreman who saw his life fall apart when a lost denture meant his confidence deserted him.

We see people who haven't seen a dentist for 30 years and say they are too embarrassed to open their mouths, those struggling with drug and alcohol addiction, people without NHS numbers or addresses, patients who have no phone to call the 111 service and no money for a bus to reach an emergency clinic. What Dentaid started in Uganda, Cambodia and Nepal – taking free outreach dental care to those who need it most – we now do in the UK and the demand is greater than ever. Dentaid's two mobile units visit soup kitchens, night shelters and day centres where our charity partners offer friendly support, a safe space off the streets and a warm meal. The fact that some of their clients couldn't eat these meals because they were suffering from dental pain, is what started Dentaid's UK work in the first place.

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Every week the Dentaid team receives requests for new mobile clinics. While we have been regular visitors to Winchester, Salisbury, Leeds and Dewsbury – 2021 we see us heading to new locations including Eastbourne, Birkenhead, Bournemouth, Fareham, Bristol, Southampton and North Shields to name a few.

It's often those already in need of support who are hardest hit by new crises. With 19 million fewer NHS dental appointments being carried out and practices operating at a third of capacity, it's no surprise that our homeless and vulnerable patients are finding it harder than ever. And they face other obstacles like keeping to appointment times, feeling comfortable in a waiting room, finding somewhere to store their possessions and communicating with a dental practice without access to technology.

And then COVID-19 takes its toll. We recently had to postpone a clinic for *Big Issue* vendors in Bournemouth. Not because their toothache suddenly disappeared but because they only had two days to sell their magazines before the streets emptied once more in the second lockdown. In other venues we've found support workers reluctantly keeping their clients outside due to COVID-19-restrictions; handing out takeaway meals while we take medical histories in a quiet corner of the car park.

Dentaid's work in Dewsbury, West Yorkshire has often sparked debate. Our free public access clinics for anyone who can't find NHS care are the busiest we do, and it's not unusual to have 30 people waiting for treatment when our trusty mobile dental unit is parked outside the town hall. We know that our clinics are only helping to fill the gap for the most desperate patients and what's really needed is systemic change which increases capacity and access to NHS services in the area. However, after months of enforced closures, postponed appointments and limited treatments, I wonder how many



patients will be waiting for us next time we pull up in Dewsbury?

From funding air ambulances to running hospices, charities work to support the NHS across most areas of healthcare. Dentaid providing dental care for those who can't access it otherwise is no different. This is underpinned by an incredible number of supporters and volunteers who feel frustrated and saddened that people in their communities are slipping through the net. And we need their help more now than ever. Early signs are that despite the financial pressures, personal losses and incredible emotional strain that Covid-19 has brought, people are still willing to donate their time and expertise to help others. But we can't take this for granted and will face increasing challenges to find dental professionals willing to give up a day in their practice.

And then there's fundraising. Analysis in June by the charity Pro Bono Economics predicted that the UK's 170,000 charities

would suffer a £6.4 billion loss in income by the end of the year. For Dentaid Lockdown 1 meant cancelling our entire fundraising events programme, postponing overseas volunteering trips and hunkering down by furloughing staff. By September we were back up and running and we're ploughing on through Lockdown 2. So, it's in the tough climate of job losses and economic uncertainty, that our fundraisers will be launching a new events programme, engaging with corporates and inspiring the dental sector to help us reach the most vulnerable people in our society.

Back to Salisbury and we manged to help the lady in pain by extracting her tooth. We also gave her oral health advice and reassurance that someone cared enough to help her. The next week we repeated this in Winchester where among our patients was a homeless man who slept on a bench – until it was taken away and now he sleeps on the floor.

We can't solve everything, but we can remove the misery of toothache. We can help people feel better about themselves. We can pick up early signs of oral cancer. And we can give dental health advice and toothbrushes to people who don't own one. We are a small piece in the jigsaw of their lives, but it should not be underestimated how important our piece can be.

I believe that dentists chose this profession because they want to help people. In this increasingly pressured world of UDAs and financial targets, it is good to know that we give the dental profession a reminder of why they chose dentistry in the first place. So, whether it's signing up for a fundraising event, spending a day volunteering or simply understanding what we do, please help Dentaid to carry on through the COVID-19 crisis and help those who need us most.

You can find out how to support Dentaid at www.dentaid.org • https://doi.org/10.1038/s41404-020-0620-4