

SMILES WITHOUT SHELTER

Oral Health, Dignity
and Homelessness
in Europe



FEANTSA



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INTRODUCTION

Oral diseases such as dental caries, periodontal disease, tooth loss and oral cancers are among the most prevalent noncommunicable diseases and represent a significant public health challenge across Europe. The burden of oral disease in the region is particularly high. In 2019, 50.1% of adults in the World Health Organisation (WHO) European Region were affected by a major oral disease, the highest prevalence globally. Dental caries alone affect approximately 335 million people in Europe, making untreated tooth decay one of the most common health conditions in the region.¹

The consequences of oral diseases are major and far reaching on both physical and mental health. Oral diseases can lead to pain, infection, impaired nutrition and reduced quality of life. They also share key risk factors with other noncommunicable diseases, including tobacco use, alcohol consumption and high sugar intake.² Despite this substantial disease burden, oral health is frequently excluded from, or insufficiently integrated into, national health systems and universal health coverage (UHC) packages. Prevention and treatment services for oral conditions are often not included in publicly financed health benefits, leaving dental care largely outside the core health system. As a result, many countries rely heavily on private, fee-for-service dental care provision³

In Europe, OECD data indicate that dental care relies heavily on private financing, making it one of the health sectors with the highest levels of out-of-pocket expenditure. In 2023, dental services accounted for around 16% of total out-of-pocket health spending, exceeding long-term care for chronic conditions at 13%. This reflects limited public coverage, with less than one third of costs financed through government schemes or compulsory insurance. Consequently, unmet needs for dental care are higher than for general medical care and disproportionately affect lower-income groups, reinforcing socioeconomic inequalities in access.⁴ This financing structure contributes to significant socioeconomic inequalities in oral health outcomes across Europe. Individuals with lower incomes are more likely to experience untreated dental disease and are less likely to access preventive dental services, reflecting broader social determinants of health such as income, education and living conditions.⁵ These inequalities are particularly pronounced among people who experience homelessness, where a higher number of people across Europe have been affected over the past decade by rising housing costs and widening socioeconomic disparities.

BACKGROUND

The scale of homelessness in Europe underscores the urgency of addressing related health inequalities. In 2025, the 10th Overview on Housing Exclusion, published by FEANTSA and the Fondation pour le Logement des Défavorisés, estimated that approximately 1.3 million people in Europe were experiencing homelessness. The estimate includes those sleeping rough, staying in night shelters, or residing in temporary accommodations. Furthermore, a 2023 EU-SILC survey quoted in the Overview, found that 4.9% of Europeans have experienced homelessness at some point in their lives, this highlights that homelessness extends beyond the most visible forms of rough sleeping and affects a much broader population.⁶

People experiencing homelessness face multiple barriers to both prevention and primary and secondary healthcare. These include unstable living conditions, inability to cover healthcare related costs, lack of insurance and documentation or stigmatisation within healthcare settings. Limited access to timely and continuous healthcare among people experiencing homelessness in Europe is associated with delayed diagnosis and treatment, contributing to significantly higher mortality rates and a markedly reduced life expectancy compared with the general population.⁷ Within this context of compounded health disadvantage, poor oral health is also associated with increased risks of systemic conditions such as cardiovascular disease, diabetes and kidney disease, underscoring its broader public health implications.^{8 9} People experiencing homelessness also have a higher burden of chronic diseases, including cardiovascular disease and diabetes, which can be compounded by barriers to prevention, diagnosis and ongoing disease management.¹⁰

Within this context, people experiencing homelessness bear a disproportionate burden of oral disease, including high levels of untreated dental caries, tooth loss, periodontal disease and other oral conditions compared with the general population. As a result, oral health problems among people facing homelessness often remain untreated, leading to pain and reliance on emergency services.¹¹ Given the excessive costs for treatments and the limited public coverage for oral healthcare, it remains difficult for people to gain access when they live in insecure housing or face homelessness.¹² Finally, persistent untreated oral disease may contribute to a cycle of social exclusion by affecting appearance, confidence, communication and employability, thereby creating additional barriers to securing housing and stable employment.¹³

In a 2023 study of 315 people experiencing homelessness in London, 32.1% reported experiencing toothache, 52.4% brushed their teeth less than twice daily, and 80% expressed concern about their dental health. Participants also described numerous barriers to accessing dental care, including financial constraints, stigma, mental health challenges and the instability associated with homelessness.¹⁴ Similarly, a 2024 epidemiological study among 157 homeless adults in Rome found prominent levels of oral disease, with 73.2% affected by gingivitis, 21.6% by periodontitis, and 63.0% exhibiting high DMFT (Decayed, Missing and Filled Teeth) scores. The study also reported substantial levels of tooth loss and poor oral hygiene practices among participants.¹⁵ Together, these findings indicate that people facing homelessness across European cities experience significantly poorer oral health outcomes and face considerable obstacles to obtaining appropriate dental care.

This policy brief aims to draw attention to the challenges faced in accessing oral healthcare by people experiencing homelessness and their implications for health equity, and other related consequences such as social isolation which may eventually have an impact on their chances of exiting homelessness. In order to support more inclusive and responsive policy approaches, we analyse existing gaps in access to health systems and EU level policies and initiatives and propose a set of recommendations.

WHY IT MATTERS

The importance of oral health among people experiencing homelessness extends beyond the prevention and treatment of disease. Oral health can influence an individual's dignity, social interactions, opportunities for employment, and overall health and wellbeing. This section will explore the broader consequences of poor oral health, focusing on its impact on social perception and dignity, employability and economic participation, and wider health outcomes.

A) Dignity and Social Perception

Oral health is closely linked to dignity, identity and social perception, and has profound implications for confidence and self-esteem in general. For people experiencing homelessness, having a poor oral health can mean deepened isolation and stigmatisation. Qualitative studies and survey evidence indicate that visible dental issues often lead to embarrassment and heightened self-consciousness about appearance. Poor oral health can lead to withdrawal from social interactions, reduced confidence in seeking employment and reluctance to engage with services. Stigma and embarrassment associated with dental appearance negatively affect self-esteem, social participation and care-seeking behaviours.¹⁶



After working with a guy for about one year... I knew a client for one year and I took him for many appointments and after he got his false teeth fitted, I saw him smile for the first time and I realized that I have never ever seen him smile... So, I can't imagine what he was going through...

"Oral health of people experiencing homelessness in London: a mixed methods study," BMC Public Health 23 (2023)

Restoring functional and aesthetically healthy teeth can help individuals feel more accepted in society and reduce experiences of stigma. Qualitative research in European homelessness settings in London,¹⁷ Stockholm¹⁸ and Copenhagen¹⁹ have emphasised that improvements in oral health can transform self-perception, enhance psychosocial, functional, and physical well-being and support greater social integration and participation in everyday life.

B) Employability and Economic Consequences

Oral health also has important implications for economic participation and pathways out of homelessness. In European labour markets, recruitment processes often involve informal assessments of appearance, and evidence indicates that visible dental conditions can negatively influence perceptions of employability, competence and suitability for work.²⁰ Untreated oral disease may therefore function as a structural barrier to employment, limiting opportunities even where individuals meet job requirements. More broadly, oral health-related stigma linked to appearance can reinforce social judgement and exclusion, further constraining participation in economic life.²¹



Notably, 19.5% of patients reported finding employment or improved work opportunities following rehabilitation, suggesting that dental restoration may contribute to social reintegration by reducing barriers to employment.

R. Lione et al., "Oral Health Epidemiological Investigation in an Urban Homeless Population." Dentistry Journal 22, no. 10 (2024).

I think it was definitely getting the dentistry done that kind of made me want to go and apply for jobs, because then I would apply for a job and if you've got dodgy teeth and you think about the interview -that's all you think about, before you've even filled out the application form. You just think about the employers and you know ... you are supposed to walk in and smile... they must think I am a psycho. So I seriously think when I got my teeth done it helped my self-esteem and whatnot. Not that it's up to great shakes now, but it's alright, it's getting there.

Focus Group Participant - Groundswell, Healthy Mouths: A Peer-Led Health Audit on the Oral Health of People Experiencing Homelessness (London: Groundswell, 2017).

For people experiencing homelessness, these effects are compounded by the interaction between oral health needs and systemic barriers such as unstable housing, fragmented access to care and administrative obstacles. Untreated oral conditions can disrupt job search processes and limit continuity in employment due to unmet treatment needs. As a result, oral health can act as a practical barrier to labour market entry and retention. In turn, this has an impact on people's financial power, and it slows down transitions out of homelessness.

Addressing oral health in this context is therefore relevant not only for health outcomes but also for improving access to employment and supporting sustainable reintegration pathways.²²

C) Health Consequences

Poor oral health among people experiencing homelessness is associated with a range of acute and chronic health consequences, extending beyond the oral cavity. Untreated dental conditions such as caries and periodontal disease can lead to pain, abscesses and local infections, which may progress to more serious systemic complications if left untreated. Oral infections can act as a source of inflammation and bacterial spread, particularly in the absence of timely care.^{23 24}

There is also compelling evidence of a bidirectional relationship between oral health and chronic diseases. Oral diseases share common risk factors with major noncommunicable diseases, including cardiovascular disease, diabetes and respiratory conditions, while chronic oral infections contribute to systemic inflammation associated with these conditions. Emerging evidence further links poor oral health to the progression of conditions such as kidney disease and metabolic disorders, reinforcing the need for integrated care approaches.²⁵

Among people experiencing homelessness, these risks are amplified by coexisting vulnerabilities, particularly when high rates of substance use are recorded. Tobacco, alcohol and unregulated drug use are sometimes used as coping mechanisms by people experiencing homelessness and are recognised contributors to periodontal disease, tooth loss and oral cancers.²⁶ Substance use can also lead to dry mouth, poor oral hygiene and dietary patterns high in sugar, accelerating the development of dental caries and oral infections. Consequently, individuals with substance dependence frequently experience more severe and untreated oral disease, reflecting both biological vulnerability and reduced access to care.²⁷



We have a lot of our clients who are on methadone....in those 3 or 4 years their teeth have rotted because of the amount of sugar in methadone

Huda Yusuf, Ali Golkari, and Sarah Kaddour, "Oral health of people experiencing homelessness in London: a mixed methods study," *BMC Public Health* (2023)

Oral health is also intricately linked to maternal and pregnancy outcomes, with periodontal disease recognised as a potential risk factor for adverse birth outcomes. Evidence shows that pregnant women with untreated periodontal disease may have a higher risk of complications such as preterm birth, low birth weight and pre-eclampsia, mediated through systemic inflammation and bacterial pathways.²⁸ These risks are particularly relevant for women experiencing homelessness, who often face barriers to both prenatal and dental care, increasing the likelihood of untreated oral conditions during pregnancy. Limited access to preventive services, combined with broader social and health vulnerabilities, may therefore exacerbate existing maternal health inequalities. Addressing oral health as part of integrated maternal care is essential to improving both maternal and infant health outcomes in vulnerable populations.²⁹



50% of the studies showed an association between periodontal disease and preterm birth, and 50% had an association with low birth weight.

Andrea Butera, Carolina Maiorani, Annalaura Morandini, et al., "Periodontitis in Pregnant Women: A Possible Link to Adverse Pregnancy Outcomes," *Healthcare* 11, no. 10 (2023)

In this context, oral health should be understood as an integral component of overall health and well-being. Addressing oral health needs among people experiencing homelessness is therefore essential not only to prevent infections and manage pain, but also to reduce the burden of chronic disease, improve maternal and child health, and improve broader health outcomes. Eventually, a good oral health can make the difference between inclusion and exclusion from society and access to pathways to exit homelessness.

STRUCTURAL GAPS IN EUROPE

The persistent burden of oral disease among people experiencing homelessness reflects not only unmet clinical need but also systemic shortcomings in how services and policies are designed and delivered. Across Europe, gaps in healthcare access, fragmented approaches to homelessness and limited policy attention to oral health continue to contribute to inequalities in oral health outcomes. This section explores these structural challenges within healthcare systems, Housing First and the broader European policy landscape.

A) Health System Gaps

People experiencing homelessness in Europe face pronounced structural barriers to oral health care. Dental services are often excluded from universal health coverage or only partially subsidised, making out-of-pocket costs prohibitive for individuals with unstable or no income.^{30 31} Access is further constrained by administrative requirements, including insurance, identification and appointment systems, which are difficult to navigate for people without stable housing.³²

Fragmentation between dental, primary care and social services, combined with limited outreach or mobile services, means that many homeless individuals cannot access preventive or routine care.³³ These structural gaps contribute to delayed treatment, worsening oral disease and increased reliance on

emergency services, underscoring the need for integrated, low threshold, and equity focused oral health provision for people experiencing homelessness.

B) Housing First Programmes Gaps

Despite the growing adoption of Housing First approaches across Europe, oral health remains largely absent from their design and implementation.³⁴ These programmes prioritise rapid access to housing alongside support for mental health, substance use, and social reintegration, with health interventions typically focused on urgent or high visibility needs rather than preventive or routine dental care. As a result, oral health is rarely embedded within multidisciplinary support pathways, leaving significant unmet needs among people transitioning out of homelessness.³⁵

This omission has important implications. As individuals transition into more stable housing, unresolved oral health conditions may persist, affecting overall health and complicating recovery trajectories.

The lack of systematic oral health screening, referral pathways, or dedicated service provision within Housing First programmes reflects a broader policy blind spot, where oral health is not fully integrated into holistic approaches to homelessness.^{36 37}

Strengthening the inclusion of oral health within these models, for example through routine assessment, targeted outreach, or embedded dental services, could help ensure that gains in housing stability are matched by improvements in health and well-being.³⁸

C) EU-Level Gaps

At the EU level, oral health remains largely absent from strategies on social inclusion and health. While the European Pillar of Social Rights (Principle 16)³⁹ guarantees access to healthcare for all, oral health is rarely explicitly incorporated into social inclusion or health policies, leaving dental care outside mainstream EU frameworks that aim to support vulnerable populations and strengthen their access to health care and prevention. Several EU policy initiatives illustrate this broader gap.

For instance, Europe's Beating Cancer Plan places strong emphasis on prevention, early detection, diagnosis and treatment across the cancer pathway.⁴⁰ However, oral health and the role of dental professionals are not systematically integrated into its prevention framework, despite the relevance of oral cancer and the role dental professionals can play in early detection. The Platform for Better Oral Health in Europe has called for oral health promotion and prevention to be incorporated into the implementation of the Cancer Plan and for the wider healthcare workforce, including dental professionals, to contribute to improving access to oral health and cancer services.⁴¹ This represents a missed

opportunity to use existing EU cancer prevention frameworks to strengthen oral health promotion and early detection among socially vulnerable populations.

Similarly, the European Care Strategy aims to ensure accessible, affordable and high-quality care services across the EU and provides a framework for improving access to care and reducing social inequalities.⁴² However, oral health and dental care are not explicitly addressed within the strategy. Although the strategy primarily concerns childcare and long-term care, its emphasis on accessible, affordable and person-centred services demonstrates the potential for more integrated approaches to health, including oral healthcare, within care and support settings.⁴³ For people experiencing homelessness who may have complex health and social care needs, the absence of oral health from such integrated approaches represents another policy gap.

The EU Anti-Poverty Strategy, adopted in May 2026,⁴⁴ provides a particularly relevant framework given its explicit focus on poverty, social exclusion and homelessness. The strategy identifies access to essential services and healthcare as important components of reducing poverty and social exclusion.

Its accompanying principles call for healthcare services to be accessible to vulnerable groups, for preventive healthcare and health promotion to reach marginalised populations, and for measures to reduce out-of-pocket healthcare costs for low-income households.

The strategy also recognises homelessness as a major EU level concern and accompanies its antipoverty framework with a proposal addressing housing exclusion. However, oral health and access to dental care are not explicitly identified within these measures. The omission of dental care leaves an important gap in efforts to improve health and social inclusion among people experiencing homelessness and those living in or at risk of poverty.

One relevant EU-funded initiative is the PRUDENT (Prioritization, Incentives and Resource Use for Sustainable Dentistry) project, a Horizon Europe programme running from 2023 to 2027. PRUDENT aims to improve the sustainability and equity of oral healthcare systems across Europe by developing harmonised oral health indicators, assessing financing models and identifying strategies to improve access to essential dental care. The project seeks to reduce oral health inequalities and support more effective allocation of resources across EU Member States.⁴⁵ However, PRUDENT does not focus on people experiencing homelessness or other severely socially excluded groups. Its emphasis is on system-level reforms and financing mechanisms rather than the specific access barriers faced by homeless populations.

The European Child Guarantee is also relevant to the relationship between oral health and homelessness, as it explicitly recognises access to healthcare, including dental care, as an essential service for children at risk of poverty or social exclusion. By requiring Member States to ensure free and effective access to healthcare for children in need, the initiative acknowledges the importance of addressing health inequalities among particularly vulnerable groups. This is especially pertinent to children experiencing homelessness, who may face multiple barriers to accessing preventive and restorative dental care because of poverty, unstable living conditions, and limited access to healthcare services.

However, while the European Child Guarantee provides an important policy framework for improving access to oral healthcare among vulnerable children, its focus on children means that it does not address the broader population experiencing homelessness.

Consequently, although the initiative demonstrates that oral health can be incorporated into EU policies addressing social exclusion, a comparable and explicit focus on oral health among homeless adults remains largely absent from the relevant EU policy framework.

POLICY RECOMMENDATIONS

As a result of oral health not being specifically addressed among any of the relevant initiatives mentioned above which target public health, respectively poverty and housing exclusion, key gaps remain in EU policy regarding targeted interventions in connection to oral health and homelessness. Addressing these gaps requires a more integrated approach that recognises oral health as an essential component of overall health and social well-being. For people experiencing homelessness, barriers to accessing dental care are often compounded by poverty, unstable housing, and limited access to other health services. Consequently, future EU policies and initiatives should explicitly incorporate oral health within broader strategies addressing homelessness, poverty, and health inequalities, while promoting accessible, preventive, and affordable dental care for people experiencing homelessness. FEANTSA puts forward a set of recommendations to contribute to addressing existing gaps in access to oral health care for people facing homelessness:

Short term

- Expand and invest in mobile dental clinics and outreach services targeted at people experiencing homelessness to facilitate access to dental services, in collaboration with homelessness shelters and street outreach programmes.

Medium term

- Incorporate oral health into EU and national homelessness strategies, including mandatory training for healthcare and social workers on oral health needs in homeless populations.
- Integrate oral health into existing EU social inclusion, anti-poverty, care and homelessness frameworks.
- Ensure the implementation of the European Child Guarantee provision regarding free healthcare, including preventive healthcare and dental care and work towards expanding the model to vulnerable adults.
- Make dental access measurable in EU monitoring of poverty and homelessness by including indicators on unmet dental care needs, affordability and access to preventive and treatment services in relevant EU and national monitoring frameworks.

Long term

- Move toward full inclusion of dental care within universal health coverage across EU Member States, ensuring free or low-cost access for people experiencing homelessness as part of integrated social protection systems.

CONCLUSION

Oral health is an essential but often overlooked component of health, dignity and social inclusion for people experiencing homelessness in Europe. Despite significant oral health needs and persistent barriers to dental care, oral health remains largely disconnected from EU policies addressing homelessness, poverty and social inclusion. Existing EU initiatives provide important entry points but rarely translate into concrete measures to ensure access to dental care for people experiencing homelessness. The EU and Member States should therefore explicitly integrate oral health into homelessness, anti-poverty and social inclusion policies, while investing in accessible, affordable and preventive dental services for people experiencing homelessness. Treating oral health as an integral part of healthcare is essential to reducing health inequalities, preventing avoidable suffering and ensuring that the right to health extends to those experiencing the most severe forms of social exclusion. Furthermore, improving oral health can bring positive impact on peoples' social inclusion and increase employment chances, which will contribute towards improved pathways to exit homelessness.

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