

Supplementary File 3. Suggested ways to improve service delivery and access for ASRs

Suggested way to improve service delivery and accessibility	Verbatim examples
Relational	
Develop meaningful relationships between patients and the dental team	<p><i>“...the relationship between the clinician, the health professional and the client or the patient. Get that right. Everything else follows... the warmth of a person, their ability to connect very quickly. Those sorts of skills, what people call soft skills but actually that matter the most ”</i> (participant 1)</p> <p><i>“Important that the dental team has a welcoming and friendly approach, it should be non-judgemental, empathetic and patient...”</i> (participant 7)</p> <p><i>“They need to be nice people, to be kind, to be thoughtful, to be good communicators, this is aside from their professional skills do you know what I mean? It’s that kind of compassion and empathy, and they need to be able to listen really well. They need to be responsive. The personal qualities are equally as important as the professional capability”</i> (participant 4)</p>
Ensure patients are greeted by the dentist/friendly member of staff	<p><i>“I’ve seen great success when perhaps a dentist has come out in the waiting room and greeted a young person and taken them in. You know, that makes a big difference rather than just being called in”</i> (participant 5)</p> <p><i>“There’s some really human touches that we can think about for this provision... really simple things like the idea of a greeter, somebody who greets people when they arrive... that building up the trust, the understanding of the system and of people and their communities”</i> (participant 4)</p> <p><i>“When they come to clinic, it’s about making their experience as seamless and as pain free, I don’t mean physically pain free but as pain free as possible, so potentially not keeping someone sat in the waiting room too long, having someone greet them”</i> (participant 1)</p> <p><i>“The first thing for me is the welcome, does he [dentist] welcome me in a friendly way? That for me always reduces the stress of the visit”</i> (participant 6)</p>
Person-centred care	

<p>Adopt a person centred approach to care delivery and service design</p>	<p><i>"I think it's really important to treat them as individuals.... sometimes when they arrive they'll give us one name and then we'll discover that they like to be known by another name or they've got a family name that the family use and they'd rather have that So, I think it's – those sound simple things but just checking what they want to be called is good... there's a lot here about choice. About actually saying, 'what suits this person and what do they really want?"</i> (participant 5)</p> <p><i>"At the end of the day it's not about me, it's about the patient. As long as I can communicate with the patient. We've got the facility. We've got the equipment. We've got the material. We've got the time. Everything is achievable... I feel like the biggest word is patients"</i> (participant 2)</p>
<p>Ensure cultural sensitivity</p>	<p><i>"eye contact is interesting because I have some Muslim boys who don't like eye contact and they don't like shaking hand and we obviously acknowledge that and I'll usually greet them by name"</i> (participant 5)</p>
<p>Record gender preference for treatment</p>	<p><i>"So there's a couple of things. And again, you know, whether we necessarily agree with it or not. The cultural side of things and this is this is me not ever being told this, but my assumption is in some cases, for example, a man, a male patient may not want to be treated by a woman clinician. So that would be that's right or wrong is one thing. But if we just literally physically looking at treatment, then it might be that in some case. And likewise, a woman may not want to be treated by a man and may only want to be treated by a female clinician. So I think we need to, you would need to accommodate for both. And if people express a preference, then I think we have to kind of respectfully try and think about that"</i> (participant 1)</p>
<p>Provide a familiarisation video with patients and key workers</p>	<p><i>"The only other thing I was thinking about accessibility and this goes for not only for the asylum seeker refugee pathway, but we've been thinking about children with additional needs or adults with additional needs, people who are fearful of going to the dentist generally and is there any opportunity to have some form of familiarization video, two or three minutes, where, for example, if we were thinking of say [name], where the actual clinician is filmed outside the building and then says 'hello, this is this is who I am. Walks you through the reception. This is the waiting area. We will take you upstairs. This is the way you're gonna be going into. This is a dental nurse'. You know, literally two or three minutes that could be on the Web site so everybody can access it? But also, if we've got link key workers in particular organizations, we can say 'sit alongside your client and show them this video. That's actually your dentist that you're going to see or that's what they'll look like...' if we can do that, which I don't think would be too difficult... We could utilise that for any number of pathways that we use. It doesn't have to be specifically around asylum seekers and refugees. And we could use that just for fearful patients generally. So you know new students that, new students lots of opportunities, but I think that anything that can break down the barriers that people put up. 'I'm scared. I don't know where it is or what it looks like, then I'm not going.' It might help"</i> (participant 1)</p> <p><i>"Our facility for example. If you have a leaflet and it shows the facility, the waiting area. You know. It just gives them a little bit of assurance, I think. So, anything like that at all which would help"</i> (participant 11)</p>

Time	
Take time	<i>"Things that come to mind quite quickly are allowing time for young people, especially if English is their second or third language, and perhaps allowing time for them to get used to the environment and surroundings... taking time to focus on the child, on the young person as an individual"</i> (participant 5)
Awareness and financial assistance	
Provide bus route information and where possible free transport access	<i>"Give a map route for buses in the area and give it to them so like, 'if you lie in this area, this is the bus for you to bring you to us', I don't know what the bus fare is nowadays and whether the bus fares or passes can be provided for them? Or if we can give maps, this is where we are, this is where you are, if you walk to us, it'll take about 45 minutes or so. Things like that, just making us more accessible and easier to reach so they don't have to rely on someone else. That will be better. They are in charge in to come to us and reach us, not waiting for someone to drop them or someone to pick them up"</i> (participant 2)
Appointments	
Simplify the referral and appointment process	<i>"I'm not expert but I would say the process needs to be simple, simple and straightforward"</i> (participant 1)
Provide flexibility including timing of appointments	<p><i>"One of the key things is flexibility. So, having the flexible service is really important that can adapt to the needs of the individuals. (participant 7)</i></p> <p><i>"Your service is flexible so that it accommodates people, you know your phone calls don't have to be made at eight o'clock in the morning. Your appointments aren't all between eight and nine. You kind of expand your provision in that way. I think the only way you do that is by that shared conversation, really"</i> (participant 4)</p> <p><i>"Time is also really important because very few of them are really good at getting up in the morning if they need an emergency appointment for anything! And phone, sometimes people say 'please phone in between eight and nine and we'll give you an appointment.' And of course that doesn't work for them. And quite a number of ours they're very keen to learn English, it's lovely, so they do sign in to school or college or City College or an English speaking course. So, if they are doing that, say they are in that until four o'clock, they'd want a later in the day appointment really for the dentist. So, that's the other thing I've come across and I will sometimes see young people early evening myself. Because they're back from college and they're quite happy to meet with me at half past five or something like that. So, I think there's something about the flexibility as well"</i> (participant 5)</p>
Shorten the time between follow up appointments	<i>"I think a service that offers appointments in a short period of time so what I mean by that is there's the shortest time possible between the first appointment and subsequent appointments to complete a course of treatment. I think we found with other vulnerable groups that can be very successful and it stops people</i>

	<i>drifting off or having to wait a very long time for a second appointment which can often lead to people forgetting about it or deprioritising it" (participant 7)</i>
Allow additional people to attend/make the appointment	<i>"But it's also accepting another person in making that appointment. So, one of the things that we do sometimes with doctors is we get a support worker – or one of the nurses – to actually contact the surgery and explain what's needed" (participant 5)</i>
Provide a drop in service	<i>"Because of the uncertainty of their situation, their asylum cases are the most important thing, so if they have an appointment and their solicitor calls them or Home Office calls them to do something, they would go for that and simply drop the dental appointment. For this reason, I would suggest a drop-in service. For example, we know that the clinic will accept or will see people on Monday's, Wednesday's and Friday's without appointments for example.... It's easier to have a drop-in service rather than an appointment system with asylum seekers and refugees, not because they don't respect that, but its their lives, their priorities" (participant 8)</i>
Outreach and community engagement activities	
Go to where people already visit/feel comfortable	<i>"I think in some ways it's much better when it's [delivering oral health messages/education] done where the person is, so as opposed to expecting people to come to us, because, again, when you're looking at funds, access to funds which they don't have, they don't have any spare money to come to an education facility or to come to the uni you know, it's a challenge... so go into a mother and baby group where they feel comfortable, very different to going into a place where someone is in a uniform... we need to go to them" (participant 1)</i>
Engage with outreach activities (particularly helpful if supported by people of a similar age and cultural background to the target audience)	<i>"The sessions that we had a few years ago were quite successful because the students brought some good quality materials and gave it away to these people and showed them how to brush their teeth. Everybody brushed their teeth everyday but who's doing it correctly? Who's doing it in a way that cleans their mouth really well? So, especially for smokers... in the feedback, some of them mentioned that they didn't know this is the right way to brush their teeth and some of them mentioned that they didn't know that sugar could make or could cause these kind of damages. Also, the smokers or those who use chewing tobacco and stuff like that, also said they didn't know that all this damage could happen to them because of what they do. So, I believe workshops is a crucial part in developing or helping these people to improve their oral health... I think students will be the best people to deliver that. Firstly because they are about the same age for most of the asylum seekers or refugees. Young people as well. And I've noticed the international students are from different cultures, different backgrounds. So, that also make them a bit closer to their hearts. Furthermore, also from experience, the nurses or the – the – the – the – the tutors who help in – in these workshops were like quite knowledgeable and quite friendly. Which made it like really easy to – to – to absorb the information and people were comfortable with them. So, young people</i>

	<p><i>with good communication skills. Good culture knowledge as well. Would be the right people to deliver these workshops” (participant 8)</i></p> <p><i>“I think student outreach work can be really important, or outreach work by local health promotion teams... Some way of again funding and structuring outreach activities, health promotion initiatives would be really beneficial” (participant 7)</i></p>
Provide oral health packs/kits in recognition of affordability challenges	<p><i>“Offer some basic kits like a toothbrush, a toothpaste and little poster with ‘this is how many times you brush a day, for two minutes. Spit don’t rinse’ Little tiny things to say what are the health snacks and what are not” (participant 2)</i></p> <p><i>“If we had them [oral health kits] here [local organisation supporting ASRs] we could hand out a pack where we had instructions about ‘how do you clean your teeth?’” (participant 12)</i></p> <p><i>“It might be really useful with this cohort of young people because obviously young ones tend to have a health visitor and they give out toothbrushes and toothpaste and things like that but for our group of young people who are 16 or 17, especially those who are in more independent living, I think it would be really, really useful because it might not be something that they would automatically think of getting” (participant 5)</i></p>
Engage with the community to understand local expectations and desires	<p><i>“We need to talk to them number one. We need to have that collaborative approach to understanding people’s expectations, and that’s not about somebody telling you their expectations and then you doing what they say, but its about developing a shared model and a shared understanding of how that will operate” (participant 4)</i></p> <p><i>“I think we could be working with asylum seekers to develop something that fits their needs as opposed to us trying to develop it on our own and hope that it fits. So I think that collaborations, its an opportunity to think how this can be collaborated on in a much more realistic and honest way” (participant 3)</i></p>
Train the trainer	<p><i>“It was identified at the time with this particular group that they wanted the students to deliver training to the staff so that they could reach a wider group of people rather than just targeting it at a number of people that come on the day.... they recognized that actually it would be much better to train the staff and then those staff can go out and talk to everybody they talk to, weave in oral health through all of it” (participant 1)</i></p>
Recruitment	
Recruit dentists from a variety of backgrounds	<p><i>“That’s the other thing, could you recruit numerous dentists of all different ethnic groups?” (participant 5)</i></p>