

Impact report

Homeless Health Project 2014-2017



May 2017



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Background

People who are homeless are some of the most marginalised people in society. The average life expectancy of someone who sleeps rough in England is only 47¹. Homeless people use eight times more hospital inpatient services than the average population, but are 40 times less likely to be registered with a GP².

The QNI has developed a national network of health professionals and others committed to improving healthcare for people experiencing homelessness, and others at risk of exclusion.

As such, the QNI applied for funding with Monument Trust to equip nurses with the right skills and knowledge to improve care for people experiencing homelessness. The goal was to improve the health of homeless people, and other marginalised groups (such as refugees, Gypsies, Roma and Travellers, and sex workers) at risk of poorer health outcomes.

The QNI aimed to:

- Organise 4 workshops a year around the country for up to 100 delegates on topics such as mental health disorders, homeless families, and substance misuse.
- Create a bespoke *Health Assessment Tool* for nurses and other health care practitioners, to enable better recognition of health problems and linked conditions, through working with the patients concerned.
- Create evidence-based publications to address specific health issues.
- Create 6 newsletters a year to inform nurses about best practice, and provide in-depth knowledge and case studies about particular health issues.
- Influence policy by providing a collective voice of health practitioners through the facilitated network.
- Evaluate the project and report on outcomes and impacts.
- Evaluate project outputs using surveys, evaluation forms, and focus group discussions.
- Report annually to the Monument Trust on the progress and outcomes of the project.

The learning this network has shared through the Queen's Nursing Institute has enabled them to improve their practice and support better nursing care for people who are homeless, with the ultimate aim to improve health outcomes.

Nurses have gathered at QNI's national meetings and events with people with lived experience of homelessness and people working across different professions with a common purpose to offer better healthcare support for the most marginalised. They have contributed to developing unique QNI guidance, reports and learning resources to support better care for people experiencing homelessness, which have been shared nationally.

¹ Thomas B, 2012. *Homelessness Kills: An analysis of the mortality of homeless people in early twenty-first century England – Summary*. [pdf] Available at: <http://www.crisis.org.uk/data/files/publications/Homelessness%20kills%20-%20Executive%20Summary.pdf> > [Accessed: 10 April 2017]

² NHS Healthy London Partnership, 2017. *Health for people who are homeless*



Summary of Impact

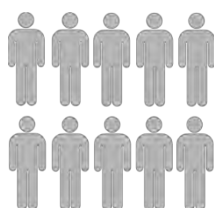
This summary provides an overview of the project's achievements, and the impact this has had on patients who are homeless and the community nurses who care for them.

1540

The QNI increased the size of the national Homeless Health Network of community nurses, other health professionals, students, and people with experience of homelessness by 900 - to over 1500 people. This large network means more people are able to learn about the issues and that the network is better able to influence policies at a national level.

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The QNI organised nine themed learning and networking events about homeless health issues in areas around the country and one national event. Over 70% of people who attended these events said they had changed their practice to improve care for people experiencing homelessness.



The national event was a multiple workshop Homeless and Inclusion Health Conference. This event stimulated valuable discussions and sharing of learning. 85% of people who responded to the feedback survey told the QNI they would take local action as a result.

25%

The QNI worked with homeless health nurses to create specialist guidance about assessing the health of homeless people holistically, taking into account physical and mental health, and housing issues. The resource was downloaded 1084 times, and approximately 25% of network members undertook more health assessments as a result.



The QNI worked with 22 homeless health nurses to create the 90 page 'Transition to Homeless Health Nursing Learning Resource'. This resource intends to help nurses have better knowledge and understanding about homelessness with the aim to improve care quality.

48%

The QNI worked with homeless health nurses to create a specialist 'Health Assessment Guidance and Tool' for health professionals working in homeless services. 48% of nurses reported that they were likely to replace their current assessment with the QNI Tool.



Advisory Group

The QNI established a Homeless Health Advisory Group on, comprising experienced nurses from the sector to support delivery of the project. The role of this group was to advise the national homeless healthcare project, including advice on event content, research topics and focuses, and help to develop an outcomes framework, to test screening tools and to reach new network members. It aimed to bring positive change to the Homeless Health Sector by improving the quality of practice, the education of the workforce and the sustainability of services.

After an application process, the QNI selected members to join the QNI National Homeless Health Advisory Group. The group comprised a range of healthcare professionals covering midwifery, health visiting, public health, nurse education, and end of life care.

Their expertise was instrumental in shaping many elements of the project, in particular two key resources – the *Health Assessment Tool*, and the *Transition to Homeless Health Nursing Learning Resource*. The QNI would like to thank the group for their time, commitment, expertise, and passion for this work. The group met 9 times during the project and its members were:³

- Tracy Bromley, Specialist Health Visitor Vulnerable Families, Berkshire Health NHSFT
- Jane Carpenter, Macmillan Clinical Nurse Specialist, St Helena Hospice
- Dr Maria Fordham, Senior Lecturer SCPH Nurses, University of Bedfordshire
- Nicola Glassbrook, Senior Public Health Officer, Devon County Council
- Dr Jane Gray OBE QN, Director and Consultant Nurse, Inclusion Healthcare CIC
- Janet Keauffling MBE QN, Nurse - Homeless & Vulnerable Adults, Swansea
- Jane Morton, Community Matron Homeless, Staffordshire & Stoke Partnership Trust
- Louise Stewart-Roberts, NHS Health Visitor, Tanner Children's Centre, Brighton
- Rachel Towell, Senior Midwife - Drug and Alcohol, Newcastle Hospitals NHS Trust
- Tracy Williams QN, Lead Nurse, Nurse Practitioner, Norfolk Community Health

Each Advisory Group meeting was also attended by four QNI representatives:

- Ros Lowe CBE, Chair, QNI Homeless Health Advisory Group & QNI Trustee
- Anne Pearson, Director of Programmes, David Parker-Radford, Homeless Health Project Manager and Lauren Knight/Hanna Mountford, Homeless Health Administrator

“Personally it has given me a greater meaningfulness to my role and a greater knowledge that I have a strong knowledge. It has given me a network of people that I can access for assistance and they can access for information.”

“It has been a privilege to work alongside colleagues from other nursing disciplines with the express aim of improving care nationally. I had seen it as a unique opportunity but do now see this as something I would apply for and do again if the opportunity arose.”

Quotes from Advisory Group members

³ Job titles correct at start of project



Visiting Services

A key part of the project involved undertaking a number of insight visits each year across the country to understand the range of different homeless health specialist services available. This helped the QNI to understand challenges in different areas, and the kind of specialist support needed for the network.

The areas visited had different models of care ranging from outreach vans to specialist GP practices, and housing with care. They focused on different conditions including mental health, oral health, substance misuse, foot care and emergency medicine. During the three-year project, QNI staff visited the following specialist services to gain inform the project:

- Great Chapel Street Medical Centre, Soho, London
- York Street Medical Centre, Leeds
- Inclusion Healthcare CIC, Leicester
- Homeless Health Xchange, Birmingham
- Urban Village Medical Centre, Ancoats, Manchester
- Pathway, University College Hospitals, Euston, London
- Doctors of the World, Bethnal Green, London
- Specialist Health Visiting Team for Homeless, Refugee and Asylum Seeker Families, Leicester
- King's College Hospital Homeless Team, Denmark Hill, London
- Dental Van for the Homeless, Tower Hamlets and Hackney, London
- Central London Community Healthcare - Specialist Podiatry for the Homeless
- Midland Heart Housing Association, Birmingham
- Public Health England Tuberculosis Team, Colindale, London
- Thames Reach Homelessness Support Charity, South London
- Find and Treat TB Screening Van, Bethnal Green, London
- Find and Treat Video Observed Treatment Team, University College Hospital, Euston, London
- The Passage, Victoria, London



Crisis at Christmas Dental Van, London



Hearing Views

The QNI would like to thank the four service user groups that contributed significantly to the project: the National Youth Reference Group facilitated by St Basil's: Groundswell: Pathway's Experts by Experience Group and the Survivors Speak Out Network. These groups have added insight into our learning and helped to link up community nurses and people with recent experience of homelessness.

The National Youth Reference Group, St Basil's

The QNI visited the National Youth Reference Group in Birmingham in January 2015 to speak with a group of young people with experience of homelessness. This evidence helped to shape the kind of guidance and questions that featured in the health assessment tool, and was collated and published as *Young Homeless People on Healthcare*, giving information about what services do well and how health professionals could better meet the needs of young homeless people. Young people who were members of the National Youth Reference Group presented at two QNI Homeless Health events.

Pathway

The Pathway Experts by Experience Group exhibited and presented at our *Nursing for All Conference*. They have been very supportive partners in the development of our work by regularly sharing information via their project manager, Stan Burridge.

Groundswell

The Groundswell Peer Advocates Programme exhibited and presented at our conference and Groundswell peer advocates presented to nurses at one of our events.

Survivors Speak Out

The *Survivors Speak Out* Network is a national network of torture survivors, under the umbrella of the charity Freedom from Torture. They presented to nurses at one of our events.

"I told them I didn't want parents in the session and she agreed, she didn't judge me and wanted the session to work for me. She gave me a list of what do to do to help with the sleep and self-harming. I know that she's not going to tell my parents, I can pour out my heart to her."

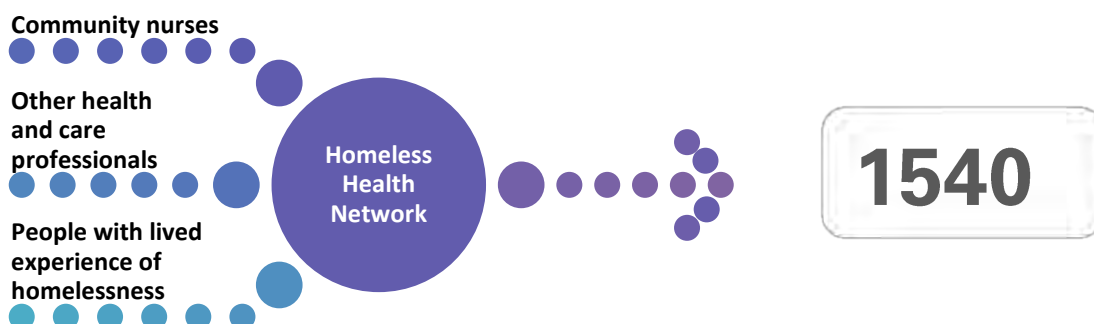
"I remember I had one doctor look at the amounts I had and instantly accuse me of drug dealing, faking illnesses, and flogging Valium on the black market. For someone who suffers anxiety that put me in a worse state than I was in before."

"It's scary to sit in a room with a big professional who probably hasn't experienced homelessness. He was really caring. It's the person not the patient."

Extracts from *Young Homeless People on Healthcare*



Growing the Network



The QNI's Homeless Health Network has increased from 693 people in April 2014 to 1540 people at end of March 2017. In 2016, there were 8620 visits to the QNI's Homeless Health web pages, averaging 166 every week.

Promoting the work

To promote the use of guidance, attendance at events, and dissemination of reports, the project team wrote articles for healthcare journals.

- *Oral health for homeless people*, British Dental Journal, Sep 2014
- *Community nursing at the forefront of improving healthcare for people who are homeless*, Journal of Community Nursing, Oct 2014
- *Podiatrist Knowledge needed to develop new resource*, Podiatry Review, Jan 2015
- *Identifying standards to ensure seamless discharge to primary care for homeless people*, Apr 2015, Primary Health Care
- *Community nurses in the UK say improvement needed to hospital discharge for the homeless*, European Network of Homeless Health Workers, Aug 2015
- *The oral health of people experiencing homelessness*, Community Practitioner, Sep 2015
- *Healthcare and nursing of refugees and asylum seekers*, Independent Nurse, Oct 2015
- *Assessing the health of homeless people*, Nursing Times, Jan 2016
- *The right to care*, Journal of Family Healthcare, March 2016
- *Learning for practice nurses about healthcare for the homeless*, Practice Nursing, Apr 2016
- *Opinion article – epilepsy care*, Nursing Times, Aug 2016
- World Homeless Day, QNI Blog, October 2016
- *Improving care and poor health in the homeless community*, Nursing in Practice, Oct 2016
- Tuberculosis and homelessness blog for Public Health England Chief Nurse Viv Bennett, Nov 2016
- *Living in poverty and homelessness is a warning sign for poor health*, Blog for National Voices, Jan 2017
- *Reducing the impact of epilepsy and homelessness*, Primary Health Care, Jan 2017

Impact Report: Homeless Health Project 2014-2017



The awareness and reach of homeless health materials to health professionals nationally has increased. This has been supported by the following QNI presentations:

- Public Health England outcomes for single homeless event (2014)
- Homelessness and Resilience conference - Lemos & Crane (2014)
- Housing 2015 – Chartered Institute of Housing conference (2015)
- London HEAR (Human Rights and Equality) Network conference (2015)
- QNI annual conference (2015)
- Journal of Family Healthcare conference (2016 x 2)
- Faculty for Homeless and Inclusion Health conference (session Chair), (2016)
- Journal of Health Visiting study day (2017)
- NHS England OHUC Programme (2017)
- University of Kingston & St Georges Nursing Department Lecture (2017)

The Project Manager also hosted a homeless health themed Tweet chat for a Twitter General Practice Nursing community 'WeGPNs'. The project team was asked to contribute additional insight and evidence to external health programme and research boards at a regional and national level.

- Board – Healthy London Partnership - *London Homeless Health Programme*
- Study Steering Group – King's College London - National Institute for Health Research - *Effectiveness and Cost-effectiveness of 'Usual Care' versus 'Specialist Integrated Care': A Comparative Study of Hospital Discharge Arrangements for Homeless People in England*
- Study Steering Group – King's College London - National Institute for Health Research - *Delivering effective primary care to homeless people*
- Roundtable - Public Health England - *Homeless Health*
- Working Group - Lemos & Crane - *Exploitation and forced labour of homeless and vulnerable people in the UK*
- Scoping Workshops – Public Health England – *Homeless Single Adults Outcomes*
- Scoping Workshops – NHS England – *End of Life Care and Homelessness*
- Workshop – DCLG/Cabinet Office – *Homelessness Prevention*
- Roundtable – Home Office - *New Psychoactive Substance Use and Homelessness*

As a result of these contributions, the QNI has helped to bring the voice of frontline community nurses to national groups and campaigns on homelessness, and to make a health a key consideration within policies. As an example, the QNI were the only health-focused organisation on the Lemos&Crane working group on forced labour, and could articulate the value of community nursing to homeless healthcare directly at the Home Office roundtable.

The Health Assessment tool and Hospital Discharge report were influential within a literature review conducted by the project research team in King's College London's national research project on hospital discharge for the homeless. Public Health England invited the QNI to help to develop a chapter on homelessness for the *All Our Health* guide for health professionals, which reached thousands of healthcare professionals across England.



Learning Events



Members of the National Youth Reference Group and Kevin Jaffray of the peer-led group Futuremoves discuss ways to improve homeless healthcare at the 2016 QNI Nursing for All conference

The QNI organised a range of key learning and networking events for the sector. The QNI structured events to bring delegates important topics and themed information in relation to homeless and inclusion health.

The structure for each event included a key national speaker (from NHS England, Public Health England or Public Health Wales), a key academic or researcher in the field, nurses and other health professionals presenting their case studies of innovative practice, and people with lived experience of being homeless or a refugee talking about their experience.

This range of perspectives on the theme made for a rounded day of learning and provided the delegates with opportunities to develop new ideas, meet new people, and take their learning into practice.

The QNI evaluated every event by asking delegates their views on a feedback survey. In response, we improved small things after every event. An example of these improvements includes introducing a 'pre-event' survey of delegates giving them more opportunity to influence the discussions and content of the learning day. A yearly sector survey helped to identify the learning needs of the network and we used the results of this to identify relevant topics and themes for each event.

In 2016, in response to network feedback, the QNI organised a large-scale homeless health conference, rather than three separate smaller workshops, in order to bring together a wider group of practitioners from the sector. The conference featured seven workshops on the day, which enabled us to cover a very wide range of topic areas, something that would not have been so easily achieved on a smaller learning day. The response to this event was very positive.

“Many thanks for organising such a great study day I thoroughly enjoyed it and learnt such a lot.”

“I absolutely loved the day ...I had a WONDERFUL day and couldn't rate it more highly.”

Quotes from delegates at the QNI Nursing for All Conference



Calendar of learning events

The learning events were as follows:

Year	Event	Programme topics	Location
2014	Dual Diagnosis	Mental health and substance use including use of novel psychoactive substances	Inclusion Healthcare, Leicester
2015	Self-care and homelessness	Oral health, foot health	Greater Manchester Centre for Voluntary Organisations, Manchester
2015	Equalities in our health	LGBT health, Learning disabilities, FGM, Gypsy/Traveller health	Armada House, Bristol
2015	Long term conditions	Cancer, Diabetes, Epilepsy, Chronic Obstructive Pulmonary Disease, and other respiratory conditions	St Martin in the Fields, London
2015	Nursing Communicable disease	TB, HIV, Hepatitis C, prison health	Portland House, Cardiff
2016	Mental Health	Mental health and rough sleeping, dual diagnosis, mental health of homeless babies	Deafblind UK Conference Centre, Peterborough
2016	Refugee and Asylum Seeker Health	Refugee healthcare, healthcare in immigration detention	Rose Bowl, Well met Conference Centre, Leeds
2016	Nursing for all: Homeless and inclusion Health National Conference and Learning Day *	End of life care and homelessness, refugee health, sex worker health, gypsy and traveller health, novel psychoactive substances, young people in gangs, prison healthcare, social inequalities in health	Royal College of General Practitioners, London
2016	Substance misuse and homelessness	Alcohol, drug use and pregnancy, novel psychoactive substances	Bluecoat Arts Centre, Liverpool
2017	Healthcare for homeless families	Integrated care, safeguarding, health visiting, pregnancy and homelessness, asylum seeking or refugee women, domestic violence	etc. Venues, Birmingham

* The national conference included 22 speakers, 7 workshop sessions, 10 poster presentations, 13 exhibitors, and 128 delegates.

94% of delegates said these learning events had increased their confidence and given them new links to peers and ideas with 73% saying the events had inspired them to make changes to the way they work, to improve their practice.

“The conference was amazing...It was a fab conference - well done to you and your team!”

Quote from delegate at the QNI Nursing for All Conference



Guides and Resources

The QNI worked collaboratively with Homeless Health Nurses to produce a range of guides and resources.

<i>Assessing the Health of People who are Homeless: Guidance with Health Assessment Tool</i>
<i>Transition to Homeless Health Nursing Learning Resource (to be published by end of April 2017)</i>
<i>Epilepsy and Homelessness</i>
<i>The foot health of people experiencing homelessness</i>
<i>Oral Health and Homelessness: Guidance for Community Nurses</i>
<i>What Nurses say about hospital discharge for people who are homeless</i>
<i>Young Homeless People on Healthcare</i>
<i>All Our Health – Homelessness Section (with Public Health England)</i>
<i>The Impact of Homelessness on Babies (by NSPCC exclusively for the QNI HH Network)</i>

These documents continue to be widely disseminated at nursing conferences and made available online. The *Homeless Health Assessment tool* was viewed 2178 times and downloaded 1084 times. In a small cohort evaluation of 26 users, 84% said the tool had been very or partly useful to their practice, 57% agreed it was a resource that was needed and 48% said they were likely to replace their current assessment with the QNI Tool.

“I like that the areas covered are unique to homeless people and that there wasn’t anything else before. It is a very high standard.”

“It has influenced the way I approach my work and developed my ability to look at strategic planning as well as frontline care delivery...I use the resources and health assessment during teaching also with great benefit to the students.”

“I was recently asked by the police to set up a health centre for victims of modern slavery. I used this form. I have also advised other CCGs to do the same.”

Feedback from nurses on their use of the Tool



Homeless Health News

For this project, the QNI created a new publication particularly focused upon homeless healthcare.

It is an e-newsletter of approximately 12 pages published online every 2-3 months. The publication is unique and we are unaware of any other national publication with this focus aimed at healthcare workers.

Homeless Health News has featured articles by people who are homeless, experienced homeless health nurses, individuals from the Department of Health, health conditions profiles, research articles, and news from other organisations working in the sector.

“I just wanted to say thank you and well done on an excellent issue – even more so than usual: absolutely packed with useful updates and information, but the highlight was the anonymous reflective practice article on ‘John’ – brilliantly written, inspiring, and thought-provoking.”

Roger Nuttall, Nurse Co-ordinator Hastings Homeless Service

“I really enjoyed the latest issue of Homeless Health News, I find all the issues thought-provoking, and there is always something new to learn. Well done to all concerned in producing these newsletters.”

Lorraine Joomun, Professional Head for Primary Care/Public Health Nursing, Cardiff University



A man experiencing homelessness with an outreach nurse



Evaluating Impact

Over 3 years QNI has undertaken surveys of the network and 17 insight visits to establish evidence about challenges in the sector, opportunities, learning needs and impact.

The QNI asked the Homeless Health Network members, whether they were offering more or less regular services to people who are homeless than they were in the year before. The areas we covered included different areas of health screening, testing, advice, and promotion. It showed that despite other challenges and falling budgets, network members had (on average) increased the quantity and range of care offered to homeless patients, and that the QNI had helped to support this improvement.

Fig 1 - Proportion of Homeless Health Network members showing difference in their activity between 2015 and 2016

(Survey from 2016 - Based on survey of 165 members)

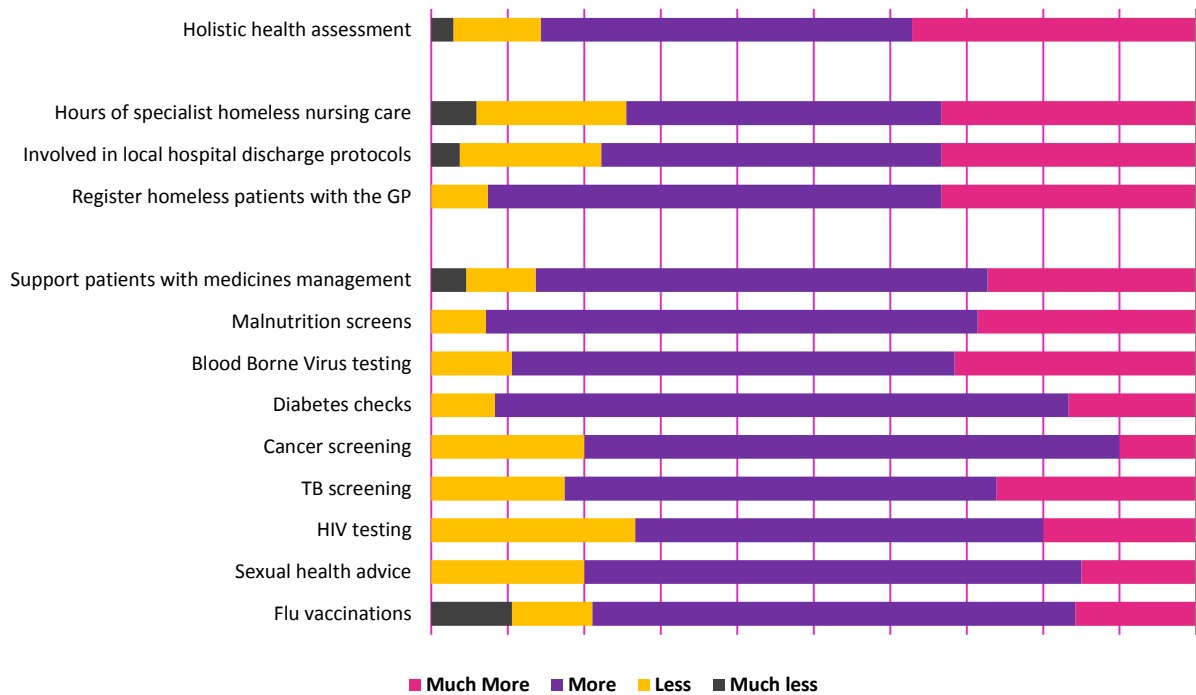




Fig 2a - Proportion of Homeless Health network members showing the difference in their activity between 2014 and 2015

(Survey from 2015. Based on service of 269 members)

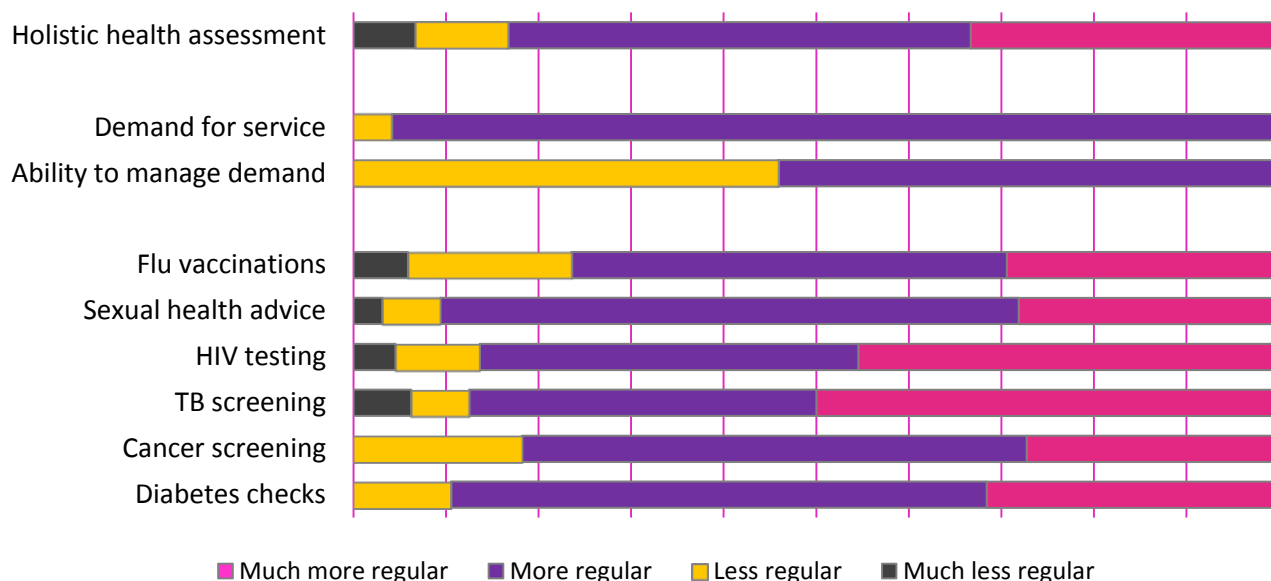
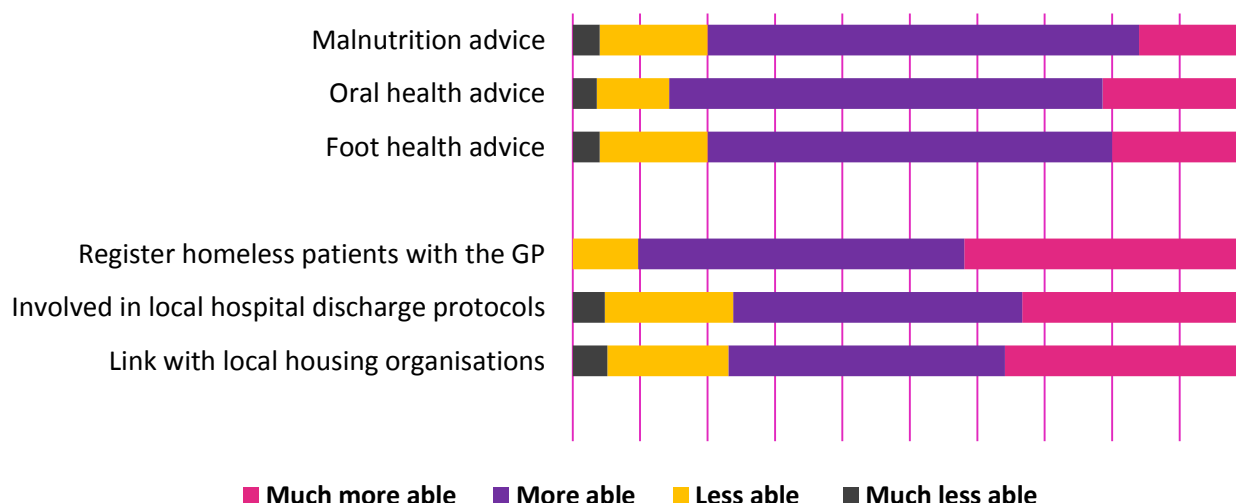


Fig 2b - Proportion of Homeless Health Network members showing the difference in their abilities to offer homeless healthcare services between 2014 and 2015

(Survey from 2015. Based on service of 269 members)



Key points

- More nurses reported increasing their level of holistic health assessments than decreasing them in the two years between 2014 and autumn 2016. This can partly be explained by an increase in demand, and partly by improved efficiency, which has been supported by the QNI's *Health Assessment Tool*.
- A far higher proportion of nurses felt better able to register homeless patients with a GP, a very positive development and the first step towards receiving primary and community care.
- More nurses felt better equipped to give oral and foot health advice, and there was more evidence of proactive screenings, particularly for communicable diseases such as tuberculosis (TB), human immunodeficiency virus (HIV) and Hepatitis C.

"I believe that end of life and palliative care has improved for the homeless community, the successful conference, and other work suggests to me that there is a far greater awareness now and that can only push into improving practice. As a professional I feel that the opportunity has given me a unique chance to develop professional networks and skills that I would not otherwise have done, and to meet colleagues from across the UK that I would not otherwise have had contact with."

Jane Carpenter, Macmillan Clinical Outreach Nurse Specialist, St Helena Hospice





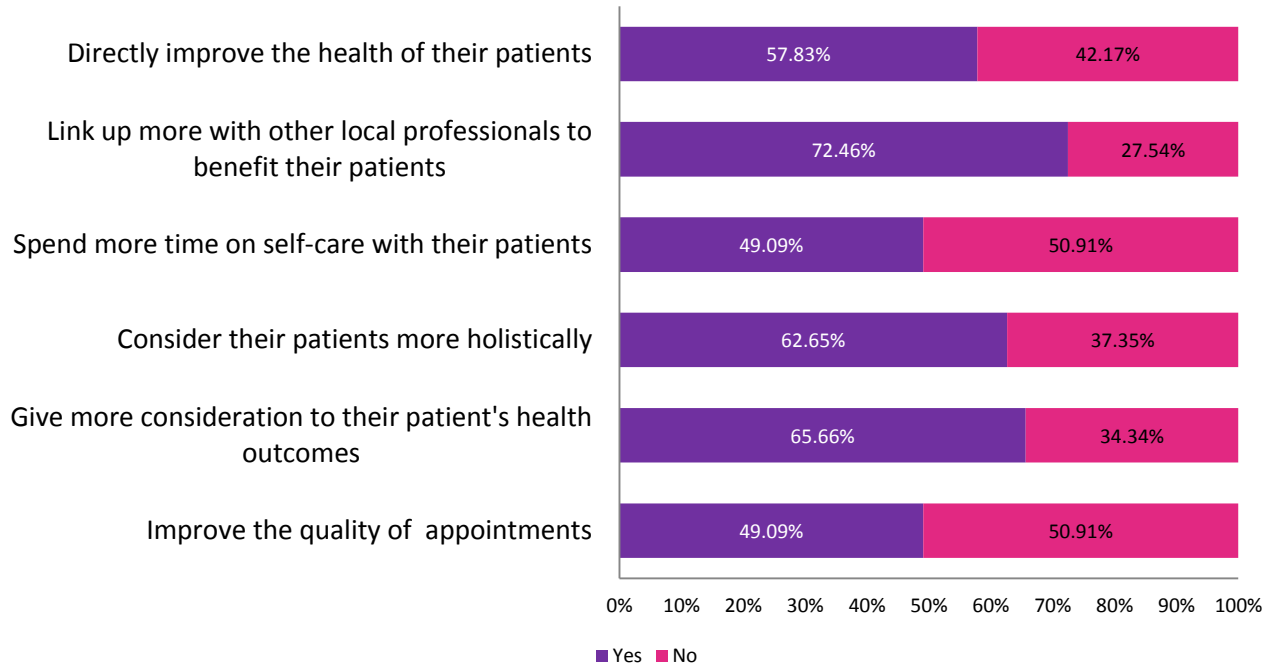
Fig 3: Impact on Health Practice

Issue	Scale of issue	Aim	Project activity	Impact
Dental health	QNI Network members estimate 50% of their patients are living with oral health problems. According to a Homeless Link audit(2015): 37% were experiencing dental health/tooth problems	10% improvement to dental health and better prevention of oral cancer	Produced Oral Health and Homelessness Guidance and patient information (approved by the British Dental Association). Held a study presentation on oral health and homelessness at the QNI Self Care & Homelessness Learning Event, which was shared online.	More members of the network feel they can give better quality oral health advice. 20% are now better able to give good oral health advice.
Foot health	QNI Network members estimate 34% of their patients are living with foot problems. According to a Homeless Link audit (2015): 43% of people sleeping rough have foot problems	10% reduction in conditions related to poor foot care	Produced Foot Care and Homelessness Guidance. Featured foot health articles in Homeless Health News. Held a study presentation on foot health and homelessness at the QNI Self Care & Homelessness Learning Event, which was shared online.	More members of the network feel they can give better foot health advice. 15% are now better able to give good oral health advice.
Cancer	QNI Network members estimate 14% of their patients are living with Cancer.	10% increase in cancer screening (cervical, breast, bowel)	Held a study presentation on cancer in the QNI Beyond Crisis: Homelessness and Long Term Conditions learning event. Linked the network to cancer charities and resources through QNI website and Homeless Health News.	More members of the network screen more regularly for cancer. 6-7% increase in screening each year (2015 and 2016)
Influenza (Flu)	28% of homeless people had received flu vaccination in the last 6 months. (source Homeless Link)	20% increase in flu vaccination uptake	Collected and shared links to key flu e-learning documents. Shared examples of vaccinating the homeless population. Advisory Group problem-solved challenges of delivering vaccinations for homeless people.	More members of the network offer more flu vaccinations. 9-11% increase in vaccinations in each year (2015 and 2016)
Sexually transmitted infections	QNI Network members estimate 14% of their patients are living with HIV.	10% reduction in sexually transmitted infections	Collected and shared links to key documents. Shared examples of best practice. Held a study presentation on HIV at the Communicable Diseases and Homelessness Learning Event, which was shared online.	Members of the network give more sexual health advice. 12-26% increase in sexual health advice each year 7-16% increase in HIV testing each year
Diabetes, hypertension and nutrition	QNI Network members estimate 24% of their patients are living with diabetes.	No measure	Collected and shared links to key documents. Shared examples of best practice. Held a study presentation on Long Term Conditions and Homelessness including diabetes. Included malnutrition information and nutrition and homelessness projects in Homeless Health News.	Members of the network support long term conditions more effectively 12% report better able to check for malnutrition (2016) 10% report more diabetes checks (2016)



Fig 4 Impact of the QNI

Being involved with the QNI Network has helped the Homeless Health network to:



“The QNI has given me so much both professionally and personally and it is a great loss to me for this to end. I would be delighted to be involved in projects in the future with the QNI as I see them as a great resource for nurses.”

“Let me take this opportunity to thank you and your staff for everything you do! In this field you don’t receive many thanks but let me assure you that there are many people out there like myself that really appreciate everything that you do.”

“I have enjoyed being part of a proactive team who have sought to address the needs of homeless people and nurses and others who care for them, by providing written resources, training, opportunities to network, and a shared understanding of the complex needs of our patients.”

Quotes from nurses from the Homeless Health Network

Fig 5 Impact and reach of project's activities

Objective	Specifics	Aim	Project activity	Impact
Grow the Homeless Health Network to 2500 members	The QNI wanted to increase the size of the Homeless Health Network	2500 internal target	Journal articles, presentations, press releases, events. Reached key new audiences	Increased network from 693 people in April 2014 to 1540 in March 2017. Increase of 921 members.
Organise learning events	Organise 4 learning events each year around the country up to 100 people.	12	Throughout the project held events in all regions of the country (Leicester, Manchester, Bristol, London, Cardiff, Peterborough, Leeds, Liverpool and Birmingham) on a wide range of themes and topics and including people with lived experience of homelessness. Decided to focus on delivery of a major conference with 7 breakout workshops, in place of having as many separate workshops.	10 events organised reaching 601 delegates. 94% increased their confidence 98% improved knowledge 81% expected patients' health to improve 73% made changes to improve practice
Create Health Assessment Resource	Create a specialist health assessment tool that health professionals can use to assess the health of people who are homeless	1	Health Assessment Tool was tested and created by the Homeless Health Advisory Group working with QNI. It featured a template patient letter, guidance, assessment template that included NHS read codes, and template care plan.	1084 downloads The Homeless Health Assessment tool has been viewed 2178 times and downloaded 1084 times.
Create evidence-based publications	Create evidence-based publications in the field of homeless healthcare	6	Health Assessment Tool, Transition to Homeless Health Nursing (by March17), Epilepsy and Homelessness, Hospital Discharge and Homelessness Report, National Summary of Findings Report, Foot health and homelessness, Oral Health and Homelessness, Young Homeless People on Healthcare, All Our Health – Homelessness Section (with PHE), The Impact of Homelessness on Babies (by NSPCC for the network)	10 created
Create Newsletters	Create bi-monthly newsletters	18	Created a new publication – Homeless Health News to give more focus to the work of the sector	15 created
Influence policy	To influence policy by providing a collective voice for health professionals in a facilitated network	No measure	National inclusion boards, research groups, journals or groups who have contacted QNI for specialist knowledge on this topic, including arm's length bodies of the Department of Health.	13 in 2017
Evaluate project outcomes and impacts	Write yearly reports	3	Yearly reports and final impact report written	3 written



Summary

This project was able to demonstrate the ongoing need for inclusion health education for health professionals and add to the necessary provision of relevant guides, resources, and learning events in this area. The project was also able to demonstrate sustainability by attracting funding from Oak Foundation and the QNI to develop a programme of support and innovation funding for nurses working in homeless healthcare.

While demand for the network news and events was high, and is growing, the project has learnt that hosting free learning events attracts limited numbers due to the difficulties staff experience in being released from their work to attend external events. Without losing a valuable face-to-face resource, it will look into sharing and collaborating more online, in line with the needs of busy healthcare professionals.

Homeless health is a multi-disciplinary field, involving health, housing, social care and voluntary sector professionals, and requires multi-disciplinary solutions to education. There is high value to the continued involvement of people with lived experience as trainers /presenters at these events, to help develop person-centred care. There is also value in developing a community of practice approach and local networks of excellence focused on inclusion health.

The Advisory Group was influential to the development of this project in contributing important evidence, reviewing work and helping to identify local trends.

The QNI was also able to demonstrate that because of the activities of the project team, there was a positive impact on patient care, and that community nurses and other health professionals valued the opportunities provided.



(Back row L-R – Jane Carpenter, Nicola Glassbrook, Tracy Williams, Rachel Towell, Jane Morton, Louise Stewart-Roberts, Janet Keauffling, Maria Fordham; Front row L-R – Jane Gray, Ros Lowe, David Parker-Radford)

The QNI developed and exercise a policy voice through its reports and collaborate with partners at a national level. This has helped establish the QNI as a respected and valued organisation for information around homeless health, particularly among national bodies such as NHS England and Public Health England.

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