London Network of Nurses and Midwives Homelessness Group

Needs Assessment and CPD Survey - 2018

Introduction

A survey of the need for the LNNM network and associated CPD needs was undertaken during the year 2018. The survey was live from mid February to mid November – 10 months. 60 responses were obtained.

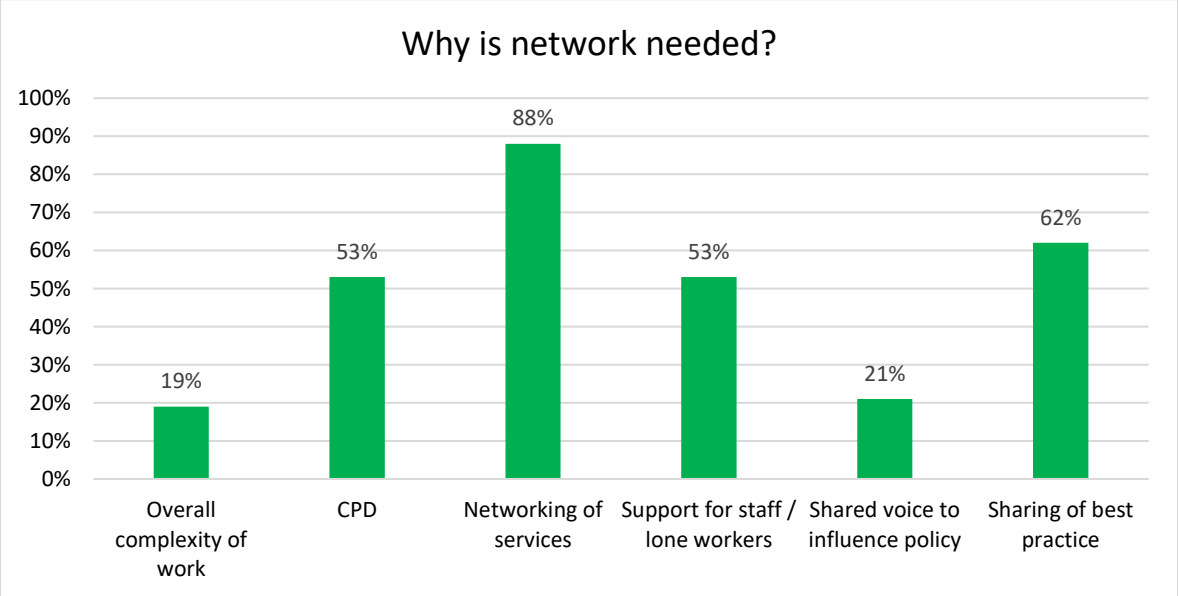
Respondent demographics are provided at the end.

What do people want / need from the network?

Is the LNNM network needed, and if so why?

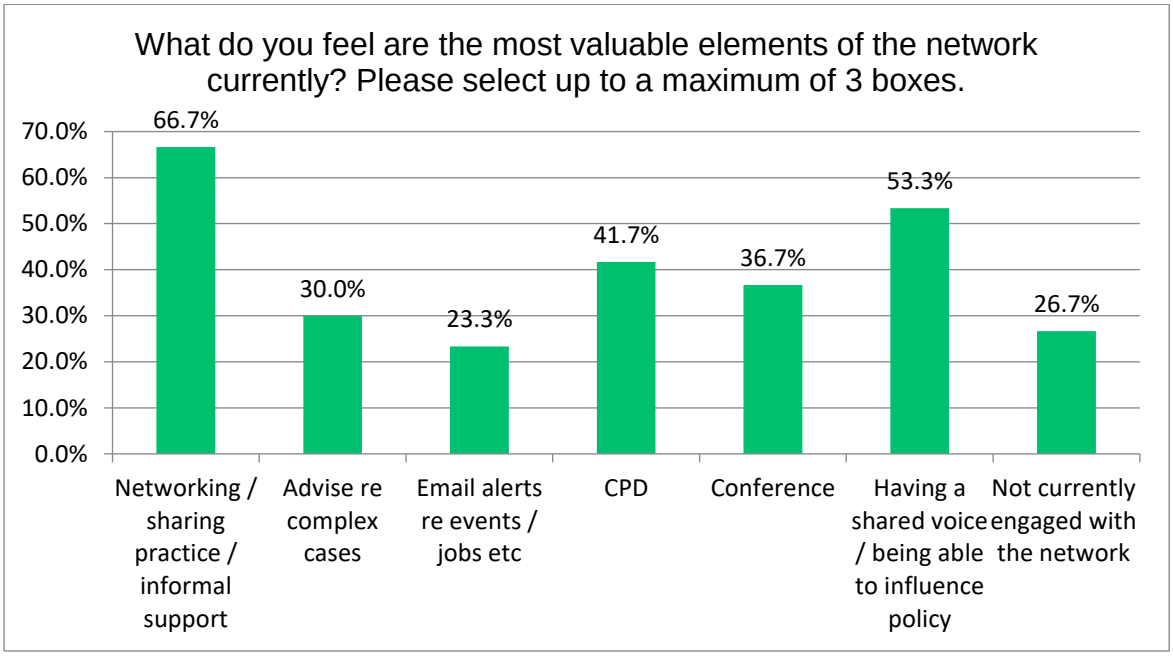
58 (96.6%) out of 60 respondents said they thought the network was needed.

Free text comments that supported this question were grouped by theme. Interestingly in terms of the reasons why the network is needed, networking of services and sharing of best practice came above the need for CPD and support. This might suggest that the network meetings need to give more time for existing services to profile what they currently do.



What are the most valuable elements of the network?

For this question respondents were given a drop-down list of responses. The question obtained a similar picture to the above responses, in that networking and sharing came higher as a priority than CPD. However, in this question 'Having a shared voice' came much higher up (respondents had clearly not thought about this as much as a reason why the network might be needed.



Do you feel included in the network?

46 (76.7%) out of 60 respondents said they felt included in the network.

Free text comments associated with this question were:

- 'LNNM has always been very supportive and welcoming to me. I've got loads out of being involved.'
- 'I find the enthusiasm of the network welcoming and motivating!'
- 'It is organised well and I get regular updates'
- 'I attended my first LNNM meeting last week and was made to feel very welcome and included.'
- 'Good communication re: events and conferences relevant to nurses outside London who work in inner city areas with the homeless'
- 'I feel included as the emails and social media keep me informed between meetings.'
- 'I have been encouraged to attend, I have attended the conferences. I am not a nurse or midwife, and there is no network for mental health in London (something that could be rectified maybe in the future) - I think there is a new GP network that has just begun. I think a network voice also allows for more traction in the political

advocacy for this patient group - and that is a crucial component for the LNNM Network to take forward.'

However:

- 8 people specifically mentioned never being able to attend meetings due to work commitments.
- One person mentioned emails not being answered, and hopefully this will have been during a period in 2017 when our email account was not monitored for several months.
- One person noted wanting to see meeting minutes – the network used to do this, and load them to the website, and this can be re-initiated.
- Another person wanted to see meeting agendas in advance. The network generally does do this, but a lot of the agenda of meetings has been focused on CPD in the last year, so it may be that some more open meetings are needed.

How are you most likely to find out about LNNM activities

88.3% said via email, 40% via word of mouth, 28.3% via the website, 11.7% via twitter, and 3.3% via Facebook - which is what the network Board expected.

However, it was important to note that two people said respectively via Faculty and QNI emails indicating that (understandably), people don't always understand the split between the organisations.

How can we improve communication with members?

Many people described themselves to be completely happy with current communication methods.

However free text suggestions regarding how communication might be improved were grouped:

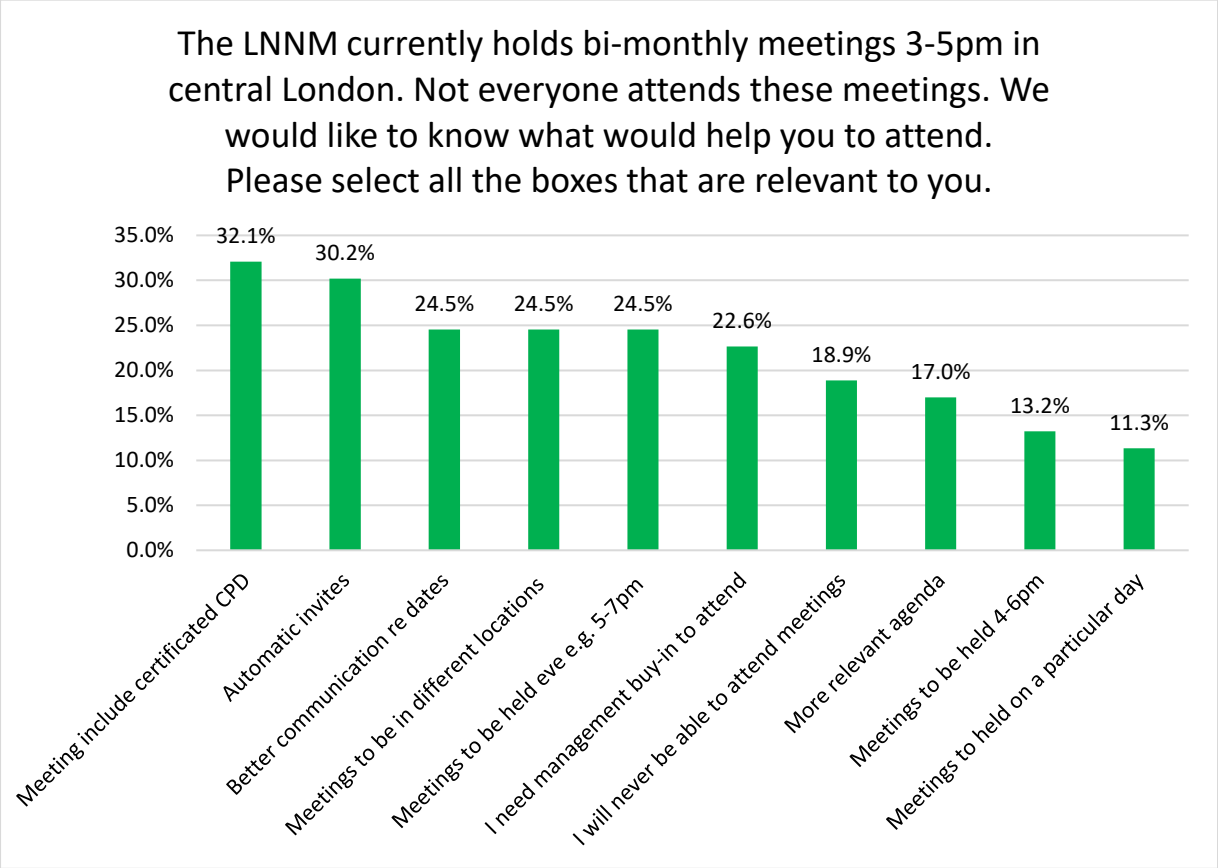
- More emails – 6
- More tweets – 4
- Better Facebook page - 1
- Use of RCM / RCN / Faculty / QNI / LHHP etc to publicise events – 3
- Newsletter – 2
- Set dates further in advance with regular reminders – 1
- Send out minutes after meetings – 2

What activities do you attend?

Interestingly only 26 (43.3%) of respondents had attended a bi-monthly meeting. 75% had attended the annual conference. Not being able to attend meetings was a common response.

What would help you to attend meetings?

For this question respondents were given a drop-down list of responses, as well as being able to free text responses.



The network already includes certificated CPD

However, sending automatic invites can be looked into. It would also be possible to try to rotating locations, although this has been tried before with relatively limited success (a different group of people attends, but often less people than before). Evening meetings (5-7pm) could be trialled.

5 people suggested skype, or conference calling options. This could also be trialled.

With regard to management buy-in, this needs targeted engagement with service managers which could take place if the network had more resource.

How can meetings be improved?

Many people were happy with meetings, and indeed felt they had improved on previously where a couple of people mentioned feeling somewhat excluded.

- 'I think they are much better recently. Really well chaired, great agenda and CPD.'
- 'The meetings are much improved.'

Some suggestions for the future were:

- 'perhaps to have different themes for meetings?'
- 'an issue for discussion at every meeting
- 'Need to ensure chair encourages all to participate and any new attendees are able to fully describe their service / provide contact details'
- 'More carefully managed time in the meetings'
- 'The ability to call in'

How to improve on the conference?

The network also has feedback forms from the conference.

In general, it was obvious that the conference is appreciated, in particular, the low cost- 'Keep prices low, it means we can attend'

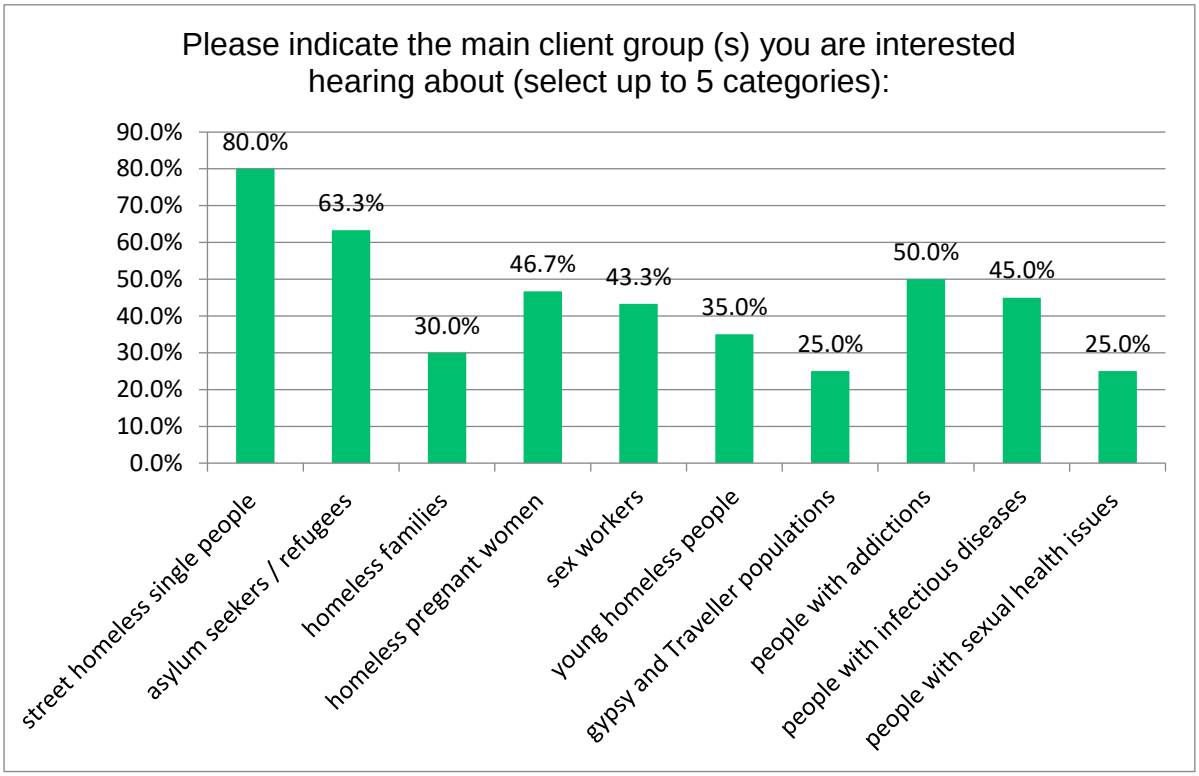
Some suggestions for the future were:

- 'A conference organiser is needed'
- 'It would be good to have the ability to access the workshops we are not able to attend. Via a link on the website to watch afterwards.'
- 'Keep the content relevant to nursing/ midwifery, keep including clinical topics - not only policy influencing type content.'
- 'It would be good to have promotion in the media and coverage of the event.'

Content of Continuing Professional Development

What are your areas of interest?

The areas of interest that people were interested in hearing about broadly followed the client groups that they worked with



Do you have a specialist qualification?

43 (71.6%) of respondents felt they didn't have a specialist qualification. Those that did answer yes to this generally provided a list of relevant short courses e.g. advanced clinical assessment, nurse prescribing, sexual health and addictions courses. 3 Health Visitors cited their health visitor training. One person mentioned a public health qualification, another an MSc in health promotion.

Free text responses to this question included:

- 'May have to create something!'
- 'Could the LNNM identify a number of Core competencies and then deliver CPD against these.'
- 'More content about the psychological, social, and clinical care of homeless people. I often feel helpless'
- 'We need structured CPD activities related to inclusion health nursing'
- 'Access to funding to do masters modules would help'

2 people suggested that the LNNM could provide online CPD.

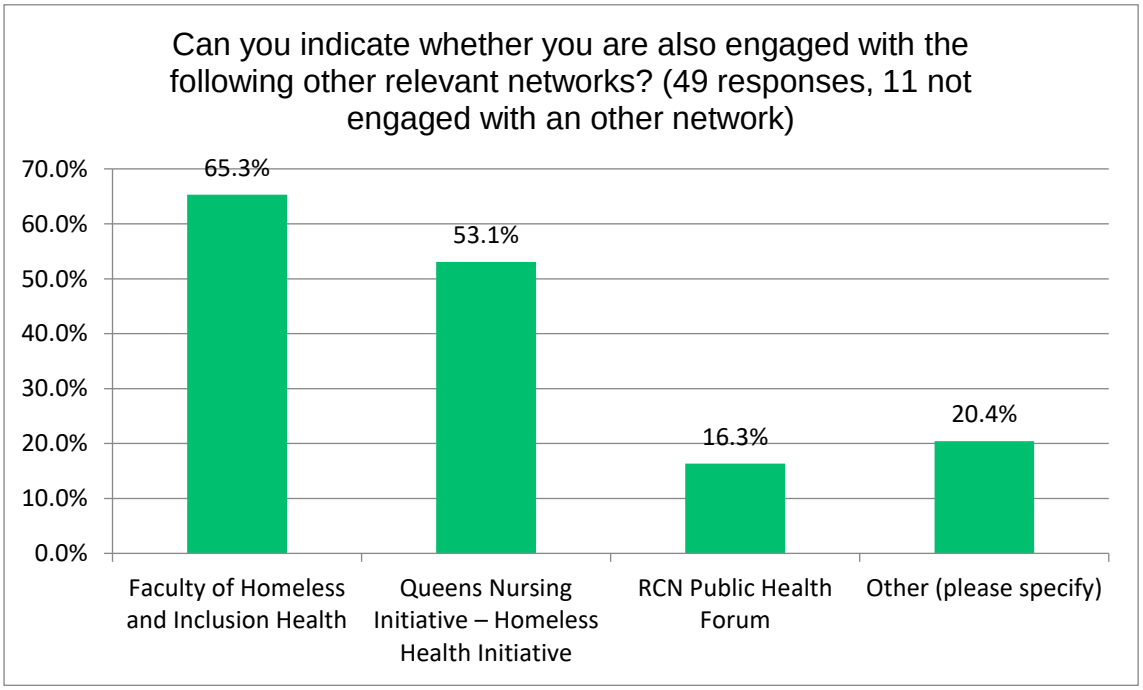
29 people gave free text responses related to needed content with 17 (58.6%) wanting condition specific related training in an inclusion health context (e.g. around mental health, addictions, infectious diseases, chronic disease, wound management etc). 5 (17.2%) wanted support around commissioning / business cases / influencing policy. 5 (17.2%) cited a need for immigration related content (the emphasis seemed to be on the legal status of patients in terms of residence and access to care and services). 4 (13.8%) cited a need for research and audit training skills. 2 (6.8%) wanted input around advanced assessment skills, and a further 2 (6.8%) advice on complex case management.

Engagement with other networks

Can you indicate whether you are engaged in any other networks?

This question revealed (understandably) considerable dual engagement with the Faculty of Homeless and Inclusion Health and the Queen's Nursing Initiative, although this is obviously not true for everyone 11 respondents were not engaged in any other network).

This does indicate that some joint strategy would be sensible.



Other networks cited included a variety of professional networks.

Other suggestions for network development

- Look at the services map that was started at a previous conference, make use of it, and keep updated
- More content / debate on pan London issues / consultations
- Link in with Faculty / QNI / other forums to as hard to attend all, can meetings be coordinated / merged in some way
- Create a 'checklist' of essential and desirable training for people working in the field
- Shadowing opportunities
- Mentoring
- More support and guidance regarding no recourse to public funds
- Focus on homeless families

Do you have any key concerns currently that the LNNM should be working on?

30 people responded to this question.

20 (67.7%) described concerns related to service closures. This is a lot of people, and suggests more documentation and monitoring of this issue might be required.

7 people (23%) described issues over access to health care. 5 (17%) people described concerns re migrant health charging. Other concerns included welfare reform, info sharing with the Home Office, and continuing problems with hospital discharge.

2 people cited professional recognition as something that the LNNM should be working on.

Summary and Key Messages

The LNNM network

- People think the network is needed
- Many people have difficulty attending the bi-monthly meetings
- Support to attend meetings might be improved via automatic meeting invites, engaging with service managers, scheduling in advance, and possibly scheduling meetings later in the day
- Skype of sessions should be considered
- More communication would be valued – via email, twitter, posting minutes of the meetings, and possibly a newsletter
- LNNM events should if possible be publicised via other providers and vice versa (like Faculty / QNI / RCN etc)
- There is cross-over in provision and the Faculty / QNI and LNNM could potentially get together to develop a joint strategy

Content of meetings / conference

- People value the networking and sharing best practice element of the network - time needs to be found to support this, as well as providing CPD - people need to be given more time to share what they currently do.
- Clinical content related to managing patients is valued
- Meetings could be themed more around clinical issues, allowing time for discussion as well as CPD
- Pan London issues also need to be given more time for discussion at meetings
- The conference is well evaluated, and felt to me much needed

CPD

- Few people think they have a specialist qualification
- Development of specialist content would be appreciated – people would like there to be a relevant course or learning pathway
- The LNNM is seen as a potential provider
- Members particularly focus on the need for specialist clinical content (i.e. content related to the management of physical health, mental health and addictions in a homelessness context)
- Online content is welcomed

Concerns from members

- Service closures are a key concern - and this needs further examination. It should perhaps be a focus of a future meeting, but also an ongoing consultation.
- Other concerns are access to health care, migrant health charging, welfare reform, info sharing with the Home Office and hospital discharge.

Respondent demographics

43 (71.6%) out of 60 respondents were existing LNNM members.

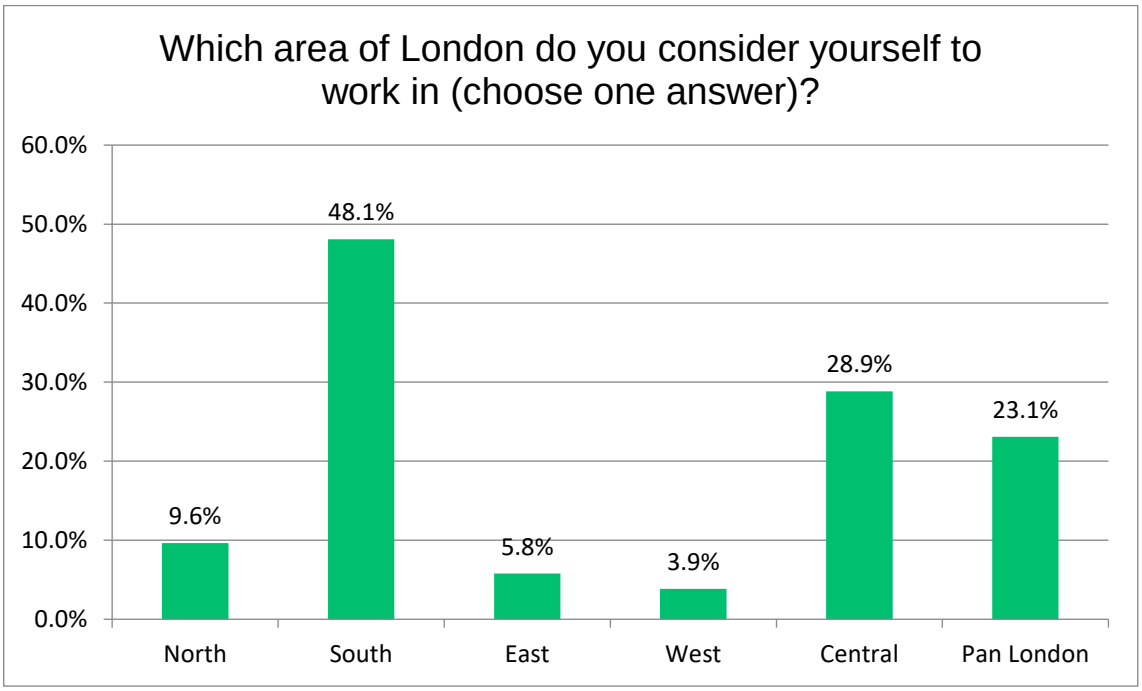
44 (73.3%) out of 60 respondents were nurses (35), midwives (4), or health visitors (5). A further 8 (13.3%) were Drs or Dentists (5) or allied health professionals (3). 2 (3.3%) were student health practitioners. The remaining 6 (10%) were allied workers (a researcher, a support worker, and 4 voluntary sector service managers).

Job titles suggested mainly senior and/or specialist roles.

45 (75%) out of 60 respondents worked for the NHS.

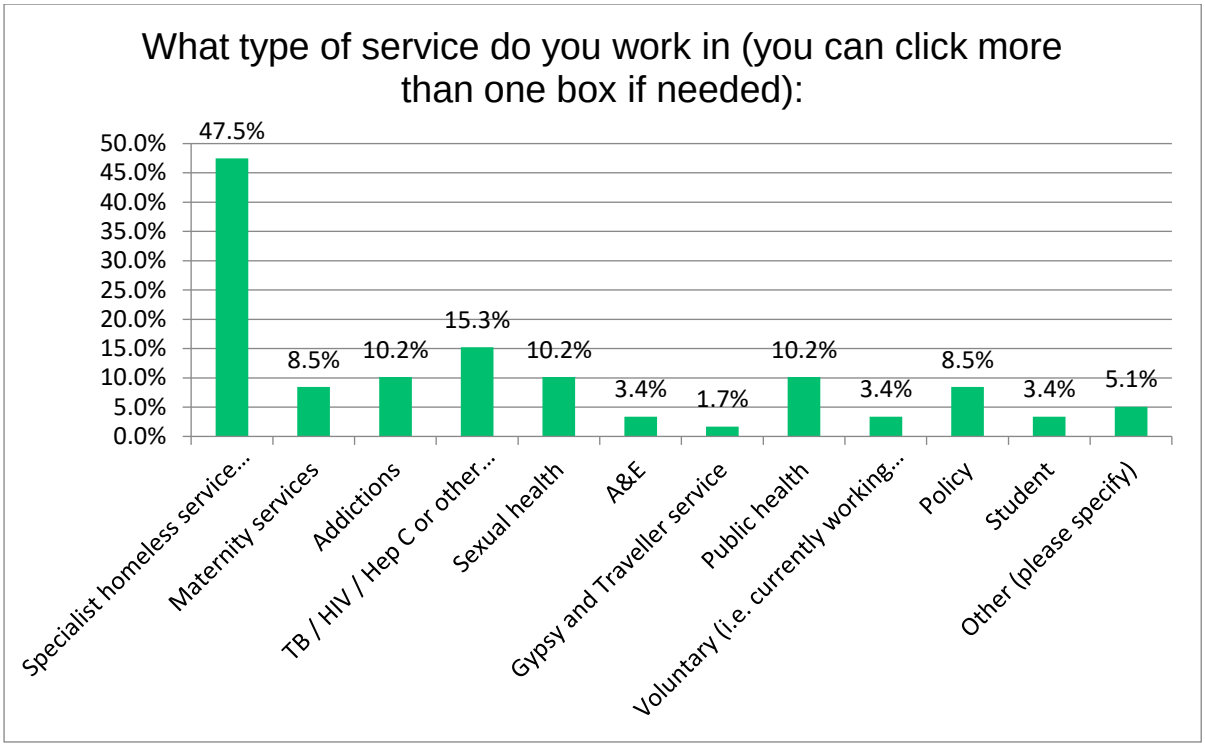
43 (71.6%) described their role as clinical or having a clinical element.

52 (86%) worked in London. More respondents came from South and Central London, than North, East and West (see below). This does reflect the current distribution of specialist services.



Those from outside London came from Southampton (2), Oxford (1), Wiltshire (1), Dorset (1), Watford (1), Birmingham (1), and 'outer London (1), suggesting the network reaches out to practitioners in the south on England as well as London.

Respondents came from a variety of different special interest areas.



And worked with people experiencing homelessness from a variety of differing backgrounds, although it was interesting to note that whilst 71.2% worked with rough sleepers, for example only 23.7% with homeless families, and 18.6% with young people.