

Nurses and midwives working in inclusion health

A guide to the sector for students



London Network of Nurses and Midwives



What is inclusion health work and why do we do it?

Inclusion health is healthcare dedicated to under-served communities.

This includes, but is not limited to:

- People experiencing homelessness
- Vulnerable migrants
- Sex workers
- Gypsy, Roma and Traveller communities including boaters

While there are some things which occur across all inclusion health groups more frequently than in the general population, for example traumatic experiences and persistently facing both direct and structural prejudice, each excluded population will have particular support needs, and each individual we work with has their own story.

Nurses and midwives doing specialist work in inclusion health need a broad skillset and knowledge so we can recognise and respond to a wide range of physical and mental health needs. We also often find ourselves engaged in the work of social care, doing things like advocating for housing and supporting people to obtain the benefits they are entitled to. A lot of our work is multidisciplinary, and we often need to help people build their support networks.

We meet neurodivergent people, people with substance misuse support needs and people with complex physical and mental health problems who have had such negative experiences of care in the past that they do not want to access hospitals or surgeries anymore and it is part of our work to build relationships of trust to bridge this gap.

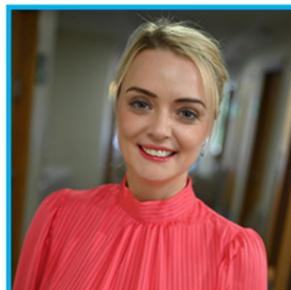
We work in a wide range of settings including in clinics, in hospitals and on the streets.

While our work is complex and at times hard it is also incredibly rewarding and frequently interesting and the passion and dedication of the people we work with is testament to how much some people love this sector.

We hope that hearing about inclusion health careers will inspire you to do inclusion health work, whether that is in a specialist role or, equally importantly, by understanding and responding to the needs of people you meet in your current and future placements and jobs who may not be lucky enough to have the straightforward access to health and social care that most of us enjoy.

Dr Jemell Geraghty

Lecturer in Adult Nursing at Kings College London
Nurse Consultant in Tissue Viability



Tell us a bit about your work in healthcare so far?

I trained as an Adult Nurse and qualified in 2003. I have a clinical background in older adult medicine, vascular and emergency nursing and 15 years experience in tissue viability (wound care). I have worked in both primary and secondary care, with the NHS service lead experience; most recently I led a nurse-led wound clinic for people experiencing homelessness in Camden.

The joy of working in healthcare, particularly inclusion health, is the people you meet along the way. I have always had an interest in assessing and managing wounds in people who may have disengaged from mainstream services or who find it challenging to access. I believe that skin health, wound and vascular care should be accessible to everyone; for inclusion health we need to have a specific focus on skin integrity, lower limb health and reaching out to the most complex wounds with the aim of “treating to heal”.

Why did you pursue a career in inclusion health?

My patients drew me into inclusion health. My first encounter was many years ago when I looked after a young gent who was admitted to the vascular ward with terrible leg ulcers. I have met people who have experienced homelessness from an early stage in my nursing career and I have learnt so much from them.

I really enjoy caring for people from all walks of life and I believe in advocating for those who are vulnerable and marginalised in healthcare and our society. As nurses, we work on the frontline with patients and, therefore, have a privileged position to improve care for people who are experiencing homelessness now and in the future. Together we can change things!

What achievement are you proudest of in your work so far?

Studying for my PhD while working full time. It took many years, blood, sweat and tears (like all good things in life) but it was so worth it.

What experiences or further study were particularly helpful in establishing your career?

The mentality of embracing study into your working life. As a nurse, it is part and parcel of our career to learn, critique and evolve. This way we can continuously question and improve care for our patients. Never stop asking why, never stop challenging and trying to make things better.

What advice would you give to a newly qualified nurse or student thinking about working in inclusion health?

Working in inclusion health is one of the most specialist areas of nursing practice and the most rewarding. The people you work with and care for will inspire you to be the best nurse you can be, to improve care for our patients; ultimately to make it a better society for everyone. Together we can make a difference!

Kendra Schneller

Nurse Practitioner
Health Inclusion Team - Vulnerable Adults and Prevention Services



Tell us a bit about your work in healthcare so far?

I started my training in September 1997 and qualified as a Registered General Nurse in August 2000. I was in one of the first cohorts of the new project 2000 nurses. From there I worked on an A+E receiving ward, which is much like today's AAU or MAU, for 4 years, which I absolutely loved and gave me good grounding post qualification. From there I went into the community. I knew from early on that I wanted to work in the community. I was briefly employed as a trainee practice nurse, when I saw an opportunity to work with people with addictions in a drug advisory service. This is where I first encountered fully, people experiencing homelessness and people with addictions. I have been working in my current role with the Health Inclusion Team for almost 12 years.

Why did you pursue a career in inclusion health?

From my very first encounters with the client group and the disparity in care provision for them, I knew that I wanted to be a strategic part of making that system change. I wanted to ensure that regardless of who you are, everyone should have the same opportunities and be able to access care equitably. I also wanted to raise awareness through training to ensure that service providers understood from the front line the variation in care received and support them to put measures in place to tackle that.

What achievement are you proudest of in your work so far?

With regards to my clients – being able to provide person-centered, equitable and safe care to them. One example would be working in partnership with outreach to provide same day health checks to people who sleep rough. With regards to myself – becoming a Queen's Nurse, Windrush Scholar and now having the confidence to believe that I can make a difference.

What experiences or further study were particularly helpful in establishing your career?

The experiences that were helpful to me, was being able to set up a service from the beginning. I didn't really know how to but I learned quickly and had great support from my team and the charity I was working with. I was also lucky to be able to shadow some other projects in different parts of the country, to share knowledge and innovation. The further study that was helpful was: Advanced clinical assessment, Prescribing, Cervical cytology, STI and contraception, Tissue Viability along with other training such as mental health, including PTSD and dual diagnosis. Also having study days on substance misuse was helpful. I also had in house training on vein searches when you have difficulty obtaining bloods (e.g neck bloods).

What advice would you give to a newly qualified nurse or student thinking about working in inclusion health?

Network, network network. Cliché but a good way to be introduced to those already working in the field. Maybe do some voluntary work with one of the charities, to see the non-nursing side of the field – this will give you a different perspective and will be a good experience. Shadow nurses and other colleagues already working in inclusion health. Reflect on your experiences. Keep in touch with organisations such as the LNNM, QNI, Pathway and many others for all the latest updates and opportunities. Look out for opportunities of webinars, conferences, Q+A's where you will gain more information. Add it in to your CPD.

Fenella Jolly

Clinical Nurse Manager, Three Boroughs Health Inclusion Team
Vulnerable Adults & Prevention Services.



Tell us a bit about your work in healthcare so far?

I started my nursing career as a health care assistant in a special needs hospital – I knew I wanted to train as an adult nurse and at the beginning of my training I planned to do midwifery but I fainted twice in my maternity placement and thought better of it. I loved working on Medical wards, the variety of conditions and challenges appealed to me. I specialised in coronary care shortly after qualifying but didn't like the approach of coronary care units and I preferred to work in acute medicine. When Medical admissions Units were established I was naturally drawn to work in this environment – it was busy and hugely varied. Anyone that wasn't orthopaedic or surgical would come to us. It was a fast pace and exciting. From there I moved to London and took a post managing the stroke unit at Kings. I was tasked with bringing the acute and the rehab service to together to one site, I didn't enjoy this post so once I had achieved the establishing of the single unit I looked at alternatives to working in a hospital. I found an advert for a community BBV nurse and I was fortunate to be appointed. My learning curve was very steep – I was suddenly working with a marginalised client group and it steered my career into inclusion health.

Why did you pursue a career in inclusion health?

I have always enjoyed working with the patients that were more disadvantaged or complex. I have an interest in and compassion for marginalised cohorts. Health Inclusion has evolved probably at the same pace as my work within the speciality. I started as a Blood Borne Virus screening nurse and worked closely with my colleagues in homeless and refugee health. Our teams were amalgamated about 7 years ago into one team and we looked for an appropriate name, we decided on Health Inclusion Team (HIT) so I feel we were one of the first to 'coin the phrase'. I ended up managing the team more because of circumstance than ambition. But it has been the most fulfilling of roles. I have learnt so much in relation to the unmet needs of marginalised cohorts, the inequalities of health provision, how to develop a service and much more.

What achievement are you proudest of in your work so far?

I think the achievements are across the team and the thing I am most proud of is how the team is able to respond and adapt to the needs of the cohorts we serve. For example as a team we have identified the needs of vulnerable women and have improved the service we can offer by participating in training so that we have nurses who can offer cervical cytology and LARC contraception. This means that women who have been lost to main stream services can be seen and quickly offered lifesaving screening and more options regarding sexual health and contraception, giving them more choices. We have developed a model of approach to engage and offer healthcare to street homeless clients that works in collaboration with the street population teams, ensuring that our most chaotic and vulnerable rough sleepers have their healthcare needs met. Our asylum services have developed their protocols to ensure that there is a tailored approach that reflects an understanding of the cohort and prioritises our screening to safety net for the most high risk illnesses / conditions. Considering the last 12 months I am proud of how the team has dealt with and responded to the pandemic. The team has been tireless and demonstrated such unending resilience, they have not stopped and have met every challenge with patience and professionalism.

What experiences or further study were particularly helpful in establishing your career?

My hospital experience on medical wards was a great foundation to transition to working in the community. I had a broad knowledge and my advanced training in coronary care gave me confidence and tools to understand the aetiology of health conditions. I completed an Advanced Assessment course at level 7, which is one of our core modules we support team members to complete. Training and experience help build your confidence and abilities to work autonomously, enabling me to make competent and safe clinical decisions. My work with the BBV team gave me the opportunity to attend courses on hepatitis viruses, liver health and function, addiction and drug/alcohol use. Working with marginalised and vulnerable groups means you are sometimes the one person they may engage with so it's important to make that contact count. Having the right skills means you can offer a holistic set of interventions.

What advice would you give to a newly qualified nurse or student thinking about working in inclusion health?

Shadowing an inclusion/homeless/refugee team gives you a true experience of what the work entails and I would always try and facilitate anyone that would like to come and visit our team. Look at the core skills that the nurses need/have and try and build on those. Understand who the cohort are, understand what their needs are and common challenges. As a student try and get an opportunity to have a placement with a community team, working in the community is very different to a hospital. Overall try and read around and understand what health inequalities mean, how they impact on marginalised groups and how these inequalities can be addressed.



Sam Dorney-Smith

Nurse Project Lead for the Queen's Nursing Institute Homeless Health Programme, Outreach Nurse for Doctors of the World Secretary of the LNNM



Tell us a bit about your work in healthcare so far?

I am an Adult Registered Nurse (qualified 1996), Specialist Practitioner (Practice Nursing, qualified 2003), and Nurse Prescriber (qualified 2005). I also have various additional qualifications e.g. Postgrad Diploma in Research Methods, a Diploma in Tropical Nursing, and a Minor Injuries Practitioner course. I started my career in General Medicine and A&E, but have been working with people experiencing homelessness and other inclusion health groups since 2004. I previously managed the Health Inclusion Team (a nurse outreach team working in hostels and day centres in Lambeth, Southwark and Lewisham), and more recently set up the 'Pathway' inpatient services for homeless people in GSTT, Kings and SLaM.

Why did you pursue a career in inclusion health?

I always wanted to 'save the world'. However, after working with aboriginal communities in Australia, and then later in Nepal I think I realised that you can't 'save' communities without really understanding them, and a first step to that is actually speaking the language and really being able to truly identify with them – which is hard if you are essentially a visiting foreign aid worker. When I returned from Nepal I saw a rough sleeper sitting on the street in West London and thought – this is where I can be useful. I rang up a homeless health team, and then actively worked towards getting a job with them. With the value of hindsight I can also say it's an area of healthcare in which you can be really autonomous, very creative, and you are never bored. You also meet fabulous people.

What achievements are you proudest of in your work so far?

I'm proud that I have maintained my passion and energy, and still care about and am proud of what I do. I have had many journal articles published, and am leaving a lasting legacy. I recently came runner up in the British Journal of Nursing 'Nurse of the Year' category – I was pretty chuffed by that! I was very pleased to have been able to contribute from day one on the ground to the Covid 19 response, and also to helping people across the UK respond effectively in their areas – in many ways I felt my whole career led up to that point. Setting up many of the Pathway teams, and then watching them flourish and go on to support many vulnerable people is also a great feeling. And helping to keep the LNNM going!

What experiences or further study were particularly helpful in establishing your career?

General medicine and A&E experience and a Diploma in Tropical Nursing. Being a Specialist Practitioner, and Nurse Prescriber are very helpful. Having good IT skills, and the ability to communicate and present to a wider audience is really important. If you get the chance to present or speak in front of groups grab the opportunities! Being seconded to the Department of Health was helpful, because it made me understand how Government works (or doesn't work!) And being involved in clinical networking in order to understand what good looks like, and obtain mutual support has been great.

What advice would you give to a newly qualified nurse or student thinking about working in inclusion health?

Primary care is about being a jack of all trades, so take every opportunity you can to diversify and gain knowledge and skills. Make contact with a local team, and build a relationship. Go out and shadow. Volunteer at a day centre, food bank or similar. Create a 'link nurse' role for yourself. Join networks. Find your tribe and get involved. Get on twitter and follow people working in inclusion health.

Chris Torry

Network Development Manager at the London Network of Nurses and Midwives Homelessness Group



Tell us a bit about your work in healthcare so far?

I qualified as an Adult Nurse in 2014, after working as a healthcare assistant and in a GP surgery. I've worked as a nurse on a trauma ward, as a community nurse and as a charge nurse in a substance misuse service. I'm currently doing a few things. My main work is with the London Network of Nurses and Midwives Homelessness Group, working to support other nurses through events, publications, guidance and some policy work. I am an assessor for the Personalised Care Institute at the Royal College of GPs where I check training materials for suitability for accreditation and I also do some bits and pieces of contract work including training.

Why did you pursue a career in inclusion health?

Working in hospitals and the community in South London were my first experiences of working with excluded populations. I grew up in London and being able to support people in the communities I knew was important to me, and community work allowed me to build relationships with patients and get to know their circumstances. I took the job at a substance misuse service because it sounded interesting and my experiences there, working to support people with substance misuse needs, were amazing. I met lots of really interesting people and it felt like I could make a big difference to peoples lives. I loved how varied the work was.

What achievement are you proudest of in your work so far?

Probably leading the physical health pathway at the substance misuse service I worked at. We helped people to engage with their physical health where they may not have been doing so at other services, and also did a lot of work around respiratory disease in substance misuse with both clients and staff, which I think helped to shift the culture around smoking there overall. We helped people take control of their own health in new ways, which felt really meaningful.

What experiences or further study were particularly helpful in establishing your career?

In my last role I was very lucky to have a manager who supported my ongoing education very actively, and doing a physical assessment of the adult module reignited my love of learning. I had done an MSc while working as a nurse full time but found it difficult and stressful, prompting a long break from studying. By the time I picked up studying again I had got much better at pacing myself, and doing something I could apply immediately in practice was really satisfying and interesting. I've since done a PgCert in clinical education which has opened up new ways of supporting colleagues and led to some interesting work in inclusion health.

What advice would you give to a newly qualified nurse or student thinking about working in inclusion health?

Get some experience shadowing or volunteering. There are lots of amazing inclusion health services with staff who love to teach others about their work. Reach out. This will put you in a good position when specialist roles do come up, and help you to understand if it's work you actually want to do.

Inclusion health needs are everywhere, so think about how you could better support marginalised communities in your current role. Find other people who are also interested in the work, and talk to them and make plans. And you could do worse than getting involved with the LNNM!

Sandra Oritsesan

Specialist Health Visitor, Refugee and Asylum seekers
Health Inclusion team



Tell us a bit about your work in healthcare so far?

I joined the NHS as a student in 1994 and qualified in 1997, worked with Guy's and St Thomas briefly and proceeded for further Education into the 18 months BSC Midwifery. I qualified in 1999 and worked as a Labour ward Midwife at St Mary's Hospital in Paddington. Whilst working as a Part-time Midwife I got another Part-time job with Lewisham Hospital to work as a Health Visitor Support Nurse, and then went to further study as a Health Visitor. I qualified in 2002 and worked in Lewisham as a SureStart Health Visitor and later as a Liaison Health Visitor for about 10 years. I joined the Health Inclusion Team as a Specialist Health Visitor in 2012 as Agency Staff and got a substantive post from 2015 to date.

Why did you pursue a career in inclusion health?

I have always had the passion and zeal to work with marginalised, vulnerable groups in the society. I value the ability to provide high quality primary healthcare to clients, who have difficulty in accessing primary care services and to provide onward timely managed referrals to other services as appropriate. I value the ability to challenge healthcare inequalities and promote health inclusion of marginalised groups by empowering individuals and reporting services gaps. It is important to me to provide health promotion in child protection, FGM, Public Health, housing, benefits and social care. And offering support to clients who have suffered domestic violence and abuse.

What achievement are you proudest of in your work so far?

Making a little difference and seeing a little smile at the end of a days work on the faces of our client group is always a highlight for me. There are very many traumatic stories of client journeys to the UK, and whilst on the asylum process. Sometimes, visiting a Client in the Mother and baby Mental Health Unit as a familiar face that they know and seeing the happiness in their faces on seeing that you have come to visit them is priceless for me. Also attending case conferences as an advocate.

As a team, pushing through every barrier to access health for our client group is always a highlight.

What experiences or further study were particularly helpful in establishing your career?

Attending updates, mandatory trainings, articles on refugee health. Attending Network updates. Attending Multi-agency MDT meetings. Working collaboratively with other services, writing reports and care plans.

In my role I work closely with the generic health visitors to ensure our client group are up to date and taking advantage of Health Visiting services.

What advice would you give to a newly qualified nurse or student thinking about working in inclusion health?

Take up any opportunity to work within Inclusion Health. Be ready for very dynamic and constant changes in your ways and style of working as no two days are the same in Inclusion Health. It's always Holistic work in partnership with client, clinical and non clinical. For example sometimes you might need to escort clients to appointments, or be sorting out clothes or items that can make life more bearable for them.

Eibhlín Collins

Clinical Nurse Specialist in Social Inclusion/Homeless Liaison,
Mercy University Hospital Cork



Tell us a bit about your work in healthcare so far?

Having qualified as an RGN in Ireland, I spent a few years backpacking in less accessible places such as Papua New Guinea, Xinjiang Province, Pakistan and Iran, and dipped into nursing and other work – ITU in Germany, café work in New York. I didn't realise at the time, but my travels and the people I met along the way were likely an influence and inspiration towards working in Infectious Diseases which led me to Inclusion Health. I ended up in London where my work and interest in Infectious Diseases began. I worked in this specialty at UCLH before completing the Postgraduate Diploma in Tropical Nursing. Following that, I spent a year as HIV Programme Manager with an NGO in Angola. I returned to my post at UCLH and later took the post of HIV Clinic Sister at the Caldecot Centre at KCH. During this time I completed an honours degree in CBT before taking a post as CNS at a primary care clinic in Camden for people affected by homelessness and addiction where I won a Health Services Journal EU Staff award. I returned to Ireland in 2017, first to an OPAT CNS post before acquiring my current post as CNS in Social Inclusion/Homeless Liaison. I am currently coming to the end of an MSc in Advanced Nursing Practice in my area.

Why did you pursue a career in inclusion health?

I have always been interested in people and their stories, especially those of people who have come through challenging times. I choose to recognise people's resilience where others might see chaos. I was brought up to be willing to stand up for others and to speak up when something is right or wrong and I think that this, as well as witnessing the kindness of others towards people lesser off has also influenced me. Working in the Infectious Diseases ward at UCLH, I had colleagues who were both interesting and interested in the field and the patients we met were often marginalised in society or in healthcare.

What achievement are you proudest of in your work so far?

Remaining curious and interested. Maintaining an ability to appreciate the journey patients have been on and to learn from them as well as to remain available until any point in which they are able to step forward to accept help.

What experiences or further study were particularly helpful in establishing your career?

Certainly to move about and gain different experiences, not necessarily in nursing. Working or travelling abroad broadens the mind and being in places where you don't speak the language and have to be out of your comfort zone helps to learn to read people and to recognise and respond to your intuition. The DTN at LSHTM is a really fantastic course. I would do it again in a heartbeat! It is focussed on preparation for work abroad but is very applicable anywhere. My training in CBT has been invaluable personally and changed how I nurse. It helps me to create healthier and more therapeutic alliances with patients. The LEO (leadership) course I did many years ago was valuable, as was the Teaching in the Clinical Setting course. The Women's Health course I completed at Middlesex Uni was excellent – it was required training for smear test competency but was very broad and very informative on all aspects of women's health.

What advice would you give to a newly qualified nurse or student thinking about working in inclusion health?

It is an enormously enriching area to work in. Be willing to advocate for patients. Marginalised people often experience prejudice in healthcare environments. Being willing to not be drawn into 'group think' and to not just hold but to express your own opinions will make a difference, sometimes lifesaving. Seek out interesting workshops, courses, conferences.

Jane Cook

Chair of the LNNM, Homelessness Advisor at the Ministry of Housing, Communities and Local Government.



Tell us a bit about your work in healthcare so far?

I qualified as a Registered General Nurse in December 1980 having thoroughly enjoying my nurse training. The hospitals I trained in were in the east end of London and we saw a lot of deprivation. There was a real sense of community within the health workforce which I really loved. There were also great examples of nursing leadership. We also had a lot of fun. Mildmay provided a service for workers working for charities from across the globe so we got to hear of health work being delivered from around the world which was inspirational. After a placement in A&E I decided that was where I wanted to work. It was there that I first started providing health care for people experiencing homelessness. The hospital where I worked closed and I started working as a nurse in a hostel in Westminster. I then moved to a team of nurses who were providing health care in hostels in south London. This was the start of the Health Inclusion Team. I am now in my 36th year of working in inclusion health.

Why did you pursue a career in inclusion health?

Working in inclusion health meant that I could use all my clinical skills and knowledge. It also meant that I could continue to work within the principles of social justice and human rights that I had grown up with as my parents worked for a charity, in both public health and education, in Zambia, Africa and India. I had grown up seeing the stigma people with leprosy experienced but how specific interventions could bring about change.

What achievement are you proudest of in your work so far?

There are many aspects of my career that I am proud of, but I would consider the setting up of the Homeless Health programme with the Queens Nursing Institute as my proudest achievement. My colleague, Dr Jane Gray, and myself had been providing support for front line nurses for several years but we realised that there was a need to establish a network which was properly funded and staffed. We approached the Queens Nursing Institute and the network has been operating for 13 years achieving far more than we could have imagined. I continue to dream and see further international connections and opportunities. I am planning to write a book at some point.

What experiences or further study were particularly helpful in establishing your career?

The experiences that were particularly helpful were partnership working and to be able to visit other initiatives and learning from them. Working and networking with colleagues, especially nursing colleagues, who were like minded and delivering similar work supported me in my work and in developing a range of interventions. Many of the partnerships that I have been a part of have been with colleagues from the voluntary sector and we were able to develop some innovative projects that often met needs that could not be funded through statutory funding but made such a difference in the lives of many individuals and families. I did courses that were helpful to me on developing my knowledge, skills and expertise in public health, mental health and innovation, inter-professional health care and leadership. All were pertinent to the skills and knowledge that I identified that I needed when reviewing my work and career plan through supervision, mentoring and reflection.

What advice would you give to a newly qualified nurse or student thinking about working in inclusion health?

Be curious and do not be afraid to enquire and ask questions. Visit other projects, go on placements and ask to shadow other nurses. Don't be afraid to connect with other people in the field of inclusion health. Have good supervision and mentorship. Get feedback that is constructive and helps you to develop your skills and knowledge. Talk to other like-minded nurses who can encourage and inspire you. Build in time for reflection. Celebrate what you do and what you achieve. Be part of a team and network. Build in to your CPD that you can attend events that will develop your skills, knowledge and expertise and that you can visit other projects to learn more. Have fun – nurses working in inclusion health love to celebrate and so be part of those celebrations.



Clare Livingstone

South East Regional Officer & Professional Policy Advisor
Royal College of Midwives



Tell us a bit about your work in healthcare so far?

I qualified as a Midwife in 2004, after switching careers from working in a communications role for a trade union. Practising as a midwife, I became most interested in making a difference to women at risk of exclusion and joined a specialist team that cares for women with severe and multiple disadvantage. At this time, I was also serving as a Labour Councillor at the London Borough of Greenwich. I regularly came across families in insecure accommodation, at risk of homelessness or in unsuitable poor quality housing. I now lead on public health at the Royal College of Midwives.

Why did you pursue a career in inclusion health?

There is a very clear link between social determinants and health outcomes. As midwives, we have a unique window of opportunity, not only to influence and improve women's health, but often the wider family too.

What achievement are you proudest of in your work so far?

While at the Royal College of Midwives, I have been involved in producing resources to support midwives caring for homeless women and those experiencing severe and multiple disadvantage. These have been well received by members and have raised awareness. However, my proudest moments have always been when making a difference to someone on a personal level – whether that involved a re-housing issue, or supporting a mother with her mental health; these are really what count as my achievements.

What experiences or further study were particularly helpful in establishing your career?

For me, the opportunity to engage and learn from lots of people from very diverse backgrounds has helped increase my understanding and develop some vital skills. Reaching out and getting involved in your local community is a good way to find out what interests you, while making a valuable contribution.

What advice would you give to a newly qualified nurse or student thinking about working in inclusion health?

I would really encourage you to give it a try – there are so many different and varied career pathways. Tackling health inequalities is a priority and you really can make a difference!

Staying up to date with policy and practice, and keeping in touch with the community

The inclusion health community, despite many inclusion health roles being lone working roles or based in small teams, is generally very friendly and supportive.

There are lots of opportunities for learning and peer support, which is very important to remaining confident and effective in a specialist role.

Below are the details of some of the organisations who regularly put on events or produce publications to support inclusion health professionals and the patients that they work with.

[The London Network of Nurses and Midwives Homelessness Group](#)

“The LNNM works to support professionals working in inclusion health, to promote best practice and to develop inclusion health as a distinct, recognised speciality. We hold a bi monthly network meeting where we catch up and discuss current issues in inclusion health provision. We also run regular events and a yearly conference and publish documents and guidance.”

[Queen's Nursing Institute Homeless Health Programme](#)

“The Homeless and Inclusion Health Programme is a national network to improve the health of marginalised groups, particularly people experiencing homelessness, Gypsy, Roma and Traveller communities, vulnerable migrants and sex workers.”

[Pathway](#)

“Pathway has helped 11 hospitals in England to create teams who take care of over 3500 homeless patients every year. Pathway also carries out research and provides training through the Faculty for Homeless and Inclusion Health, a network of more than 1700 people who are passionate about healthcare for excluded groups. People who have been homeless are included in every area of our work.”

[Frontline Network](#)

“We're the Frontline Network. We support workers from the public, statutory and voluntary sectors working on the frontline with those experiencing homelessness. It's not about us. It's about you. We work with your ideas and expertise, finding ways to help you and your work. As part of that, we offer funding, community and resources.”

Specialist resources

[Fairhealth](#)

Fairhealth is a charity which hosts a range of free elearning modules with a focus on inclusion health

[Transition to homeless health nursing](#)

This guidance from the QNI gives advice and guidance on transitioning into homeless health nursing

[Get started in inclusion health and homeless nursing](#)

This guidance from the QNI gives advice about choosing and developing a career in inclusion health