

Inclusion Health Education Mapping and Review: Full Report

Background

Inclusion Health Groups (IHGs) largely include overlapping populations experiencing homelessness, prison, people who sell sex and people with substance use disorders. More widely, IHGs include migrants, Gypsies and Travellers, and Roma.

In recent years, the UK has seen rapid increases in poverty, homelessness, high imprisonment rates and drug-related deaths. This is on a background of sustained year on year cuts in local authority and public services supporting these groups. Standardised mortality rates (SMRs) across IHGs are ten times that of the general population with the most common causes of death from preventable and treatable conditions.

Due to barriers in accessing scheduled care and support services, use of primary and preventative care by IHGs is low, while emergency healthcare use is high, and increasing. Such care focusses on the presenting problem but often fails to address broader health and social care needs resulting in missed opportunities to prevent poor health outcomes and financial cost to the NHS and public services. In combination with the acute and longer-term socio-economic impacts of COVID-19, and the disproportionate impact of the disease on BAME and vulnerable groups, the need for “deep end” (poverty and inclusion health) education is acutely visible.

Staff and experts by experience (EbE) involved in engagement work, recognised that the care of IHGs requires collaborative working and integration of care to address the range of needs experienced by these groups. This is more commonly known as interprofessional practice (IPP) (Oandasan et al, 2006).

IPP is a complex process that is not always easy to achieve (Zwarenstein and Reeves 2006). To deliver successful interprofessional practice for IHGs, health and care professionals must also train in interprofessional practice groups. Interprofessional education (IPE) is used to enable a range of staff to learn from and about each other to promote collaborative practice and improve quality of care. It occurs when two or more professions learn about, from and with each other to improve collaboration and the quality of care (CAIPE, 2002). It has the potential to positively change healthcare cultures by influencing practitioners’ interactions (WHO, 2010; Reeves et al, 2013). IPE is generally supported by professional healthcare bodies (CHMS, 2003; GMC, 2015; NMC, 2018; HCPC, 2015) and highly rated by students (Lie et al, 2013; Hammick et al, 2007).

IPE remains a priority for Health Education England and current NIHR funded research is determining the evidence for its use in postgraduate/registration staff. In the meantime, existing educational resources in the field have been mapped, and are worthy of further exploration, quality assessment and dissemination to relevant groups.

What is the problem being addressed?

(Engagement work was funded by the NIHR Research Development Service, Engagement, and Involvement Fund)

Patients highlighted concerns about:

- Incomplete and inconsistent assessments
- Little signposting to services such as housing, lack of planned follow up
- Negative attitudes and stigma

Staff highlighted concerns about:

- Lack of training and resources
- Difficulties managing challenging behaviour and addictions
- Feeling frustrated and ill equipped to offer a thorough assessment and helpful interventions
- Difficulties engaging patients and understanding their behaviour
- The psychological challenges of occupational trauma
- Problems of stigma and discrimination from some staff

Review of existing evidence

Policies

Under the Homelessness Reduction Act (HRA), a wide range of public services including Emergency Departments and acute NHS services have a statutory duty to refer anyone who is homeless or threatened with homelessness to local authorities. The Rough Sleepers Strategy, Drug Strategy and Health and Justice Commissioning Intentions recognise health needs of IHGs and set out steps to improve care pathways. This proposal will contribute to more effective implementation of these policies. It is underpinned by the Faculty for Homeless and Inclusion Health standards and wider NHS aims to reduce health inequalities.

Research

Evidence shows that attitudes and behaviour towards IHGs can vary, but where education has been delivered, it improves knowledge, skills, behaviour, and attitudes towards IHGs particularly those with substance use disorder. Education has also been effective in reducing stigma and increasing screening and brief interventions in those with addictions problems. The emotional impact and challenge of managing overlapping needs in IHGs is recognised in literature, which highlights the lack of formal teaching or research into whether education can improve the ability of staff to meet these complex needs.

Other evidence suggests that healthcare settings could offer greater interventions for substance use disorders, more support to navigate systems and services, referrals to community services such as mental health, and take steps to identify exclusion and address needs such housing and benefits.

Early findings from an evidence synthesis in IPE in Inclusion Health, for health and care staff, identified the use of IPE in the care of people experiencing mental illness, homelessness, dual diagnosis, personality disorder and cultural competence in the care of migrants. Theoretical papers suggest a combination of IPE and profession specific training is necessary to deliver the breadth of knowledge, skills, attitudes, and behaviours.

Purpose

The purpose of this project is to support HEE London (and HEE nationally) in developing generalist (interprofessional) educational content. This review will help HEE and a wide range of

health and care staff quickly identify and access relevant, high quality training in inclusion health. It will also identify gaps and key training that is not easily accessible, whether due to subscription or a paywall, so HEE, other public bodies and the inclusion health sector, can work with education providers to facilitate access.

By specifically considering Inclusion Health, HEE are able to support access to high quality education covering healthcare for marginalised, vulnerable and socially excluded groups. We were all aware of the growing number of educational resources available, particularly online, yet there has never been a comprehensive appraisal of the quality and utility of Inclusion Health education. The challenge of accessing education spread across multiple sources is common, but is also particularly prevalent in the field of Inclusion Health, which is a new and emerging speciality

This project also provides an opportunity to address a broader challenge in health and care education - How do we to rapidly appraise the quality, relevance, and utility of existing educational content?

As part of this project, we agreed to:

- Update and complete a pre-existing mapping exercise on existing education in homeless and inclusion health. The map had been partially written so the work included:
 - Agreeing and completing quality and content review criteria
 - Updating the existing map with new content
 - Removing decommissioned content from the map
 - Identifying potentially out of date content that was still available/active
 - Reviewing the quality of content wherever possible (content that was behind a paywall greater than £50 was out of scope).
 - Identify gaps for professional groups, and options (person or organisation) on who could develop this education
- Use a stakeholder review group to agree the key educational resources and promotion
- Enable HEE to use the map to support foundation and other training programmes to embed some key training for all trainees/staff.

The Inclusion Health education map

The inclusion health education map is available The inclusion health education map is available from the [related documents section on the HEE website's mental health resources page](#).

Research questions, aim and objectives

Research questions:

- What existing educational interventions exist in the field of inclusion health for a range of health and care staff and students?
- What is the quality of this education and who is it suitable for?
- What are the gaps and what are the options to fill them?
- What key educational interventions should different health and care groups complete?
- How can we appraise the quality of available (frequently online) education and training materials?

Aim:

The aim of this project is to compile an inclusion health educational resource map by exploring the quality, relevance, and utility of existing educational offering in inclusion health for different health and care staff, as well as identifying any gaps or barriers to access.

Objectives:

- To draw together an interprofessional review team
- To develop a method of rapid appraisal for a range of educational material
- To complete an interprofessional appraisal of inclusion health education a quality and content assessment and identify gaps
- To make recommendations on key education/training for different groups of health and care staff based on stage of career/experience stage

Method

Thanks to funding obtained from HEE London we constructed a quality and utility review of Inclusion Health education and identified key educational materials for 3 different groups. We also identified gaps in the existing provision and barriers to access such as registration, single access paywalls and subscriptions.

We retained a proportion of the budget to pay for access to courses costing less than £50.

We recruited 3 reviewers and the co-leads Dr. Zana Khan and Samantha Dorney-Smith, also acted as specialist Inclusion Health reviewers. The reviewers and leads are:

1. Dr. Zana Khan (GP in homeless and inclusion health and NIHR Fellow) – project co-lead, mapping and review work and writing the body of the short and long-form reports.
2. Sam Dorney-Smith (Inclusion Health Specialist Nurse, QNI Homeless Health Lead, Pathway Healthcare for Homeless, Nurse Lead) – project co-lead, mapping and review, compiling the map and recommendations.
3. Christopher Torry (nurse and project co-ordinator for the London Network of Nurses and Midwives) – review and mapping, and contributing to recommendations
4. Clemency Booth – (GP ST3 in Brighton with an interest in inclusion health and working with the Pathway Team in Brighton) – review and mapping, and contributing to recommendations
5. Miranda Crawford – (Hospital FY2 in Newcastle) – review and mapping, and contributing to recommendations

A scoping review of literature did not yield any validated methods of appraising online or other health education for staff and there weren't any papers exploring the appraisal of health education for staff more broadly. Taking account of this, we developed a method of quality appraisal of education against 7 criteria points (Box 1). The reviewers identified topics of interest, but at least 2 reviewers reviewed all the material, and the homeless health training was reviewed by all 5 reviewers (Box 2). The map highlights modules scoring over 4 and grouped modules for different professional groups.

Each reviewer then gave an overall score for each educational intervention out of 5

Box 1

7 Criteria Scoring System for Appraising Education for Health and Care Staff

1. Is there a credible author?
2. Is it still relevant?
3. Time to complete specified (time allocated)
4. How is it accessed?
 - a. Free without affiliation
 - b. Free with affiliation
 - c. Paywall/subscription/membership
5. Is it user friendly?
6. Are the key learning points evident?
7. Who is it suitable for?
 - a. General audience (undergrad/post grad/interprofessional)?
 - b. Specialist Inclusion Health?

Each reviewer then gives an overall score out of 5 (1 being the lowest and 5 being the highest) based on:

1. If they would do the training
2. If their colleagues would/should do the training
3. One sentence to explain why they gave that score.

Documentary and non-formal CPD review

It is worth noting that the group agreed to review relevant non-formal CPD including guidelines and other documentary content from reputable sources, where CPD wasn't available. It was felt that this content is useful learning in the field and that it can be quickly and cost effectively be turned into CPD by the addition of a test of learning and certificate.

Word of caution

While every effort has been made to include as much of the available free and low-cost learning in the field and taking the broadest definition of Inclusion Health, this work is thorough, but not exhaustive. The project had limited funding and timescales on delivery. It is hoped that once published, the host site will review and maintain the map so it is current and continues to be relevant and useful into the long term.

Reviewer overall scoring

Box 2

Rating score	Descriptor for rating
5	Excellent, core content, well delivered, thorough presentation, recommended for all
4 – 5	Good content, relevant messages delivered in a user-friendly way, well worth doing
3 – 4	Useful content, with some relevance, likely to be worth doing, but may not be ideally delivered
2 – 3	Some relevant content, may be worth taking, but only in specific circumstances
0 – 2	Poor, not suitable for inclusion health CPD context

Key modules / content for all professional groups

We agreed on 3 professional groups and summarised key learning for each of these.

- Senior Clinicians including - Specialist GP or Doctor/ Advanced Nurse Practitioner / Senior Allied Professional
- Allied health professionals including those moving into inclusion health or seeing a high proportion of inclusion health patients, general primary care/community staff or those working in areas with high levels of poverty or deprivation.
- Newly qualified Doctor or Nurse / Allied professional / other front-line worker - non-specialist who need an overview of the key issues and interventions

The review group also decided to separately specify any essential training that exists in these areas:

- Gypsy, Roma and Travellers
- Migrant health
- Sex workers
- Prison health

A full list of all the modules and content reviewed can be found in the Appendix, but the modules and content felt to be most relevant to the 3 professional groups and specialist areas are presented below.

Top 20 for clinicians

1. Fairhealth – Tackling Health Inequalities in Primary Care (free)
2. Fairhealth – Community is the best medicine (free)
3. Aneemo - Rough Sleeper Mental Health Awareness (free, for those that are not mental health professionals)
4. E Learning for Healthcare - Suicide prevention (free)
5. Fairhealth – Adverse Childhood Experiences (free)
6. RCGP learning – Alcohol Management in Primary Care (Part 1) (£30 or £25 each if taken with 7.)
7. RCGP learning - Drugs: Management of Drug Misuse (Part 1) (£30 or £25 each if taken with 6.)
8. Novel Psychoactive Treatment UK Network – Novel Psychoactive Drugs – 7 modules (free)
9. RCGP learning - Hepatitis B and C (free)
10. RCGP learning – Tuberculosis in primary care (free)
11. BMA Refugee and Asylum Seeker Health Resource (free)
12. Migrant Health website (free)
13. Aneemo - Working with Women with Complex Needs (£35)
14. Homeless Link - Autism and homelessness toolkit (free)
15. National Homelessness Advice Service - Understanding Homelessness Vulnerability (free)
16. National Homelessness Advice Service - Introduction to Housing Eligibility for Housing Assistance (free)
17. Fairhealth – Survive and Thrive at the Deep End (free)
18. Groundswell – Room to Breathe (free)
19. Queen's Nursing Institute - Food, nutrition and homelessness (free)
20. Queen's Nursing Institute - Oral health and Homelessness (free)

Top 10 for allied professionals

1. Aneemo - Rough Sleeper Mental Health Awareness (free)
2. E Learning for Healthcare - Suicide prevention (free)
3. Fairhealth – Adverse Childhood Experiences (free)
4. Aneemo - Working with Women with Complex Needs (£36)
5. E Learning for Health - Alcohol and tobacco brief interventions (free)
6. Homeless Link - Autism and homelessness toolkit (free)
7. Migrant Health website (free)
8. Friends, Families and Travellers – Online Cultural Awareness Training (£35)
9. National Homelessness Advice Service - Understanding Homelessness Vulnerability (free)
10. National Homelessness Advice Service - Introduction to Housing Eligibility for Housing Assistance (free)

Top 10 for other front-line workers (in health support roles)

1. Aneemo - Rough Sleeper Mental Health Awareness (free)
2. E Learning for Healthcare - Suicide prevention (free)
3. Fairhealth – Adverse Childhood Experiences (free)
4. Aneemo - Working with Women with Complex Needs (£36)
5. Marie Curie et al – Homeless Palliative Care Toolkit (free)
6. Homeless Link - Autism and homelessness toolkit (free)
7. Migrant Health website (free)
8. Friends, Families and Travellers – Online Cultural Awareness Training (£35)

9. National Homelessness Advice Service - Understanding Homelessness Vulnerability (free)
10. National Homelessness Advice Service - Introduction to Housing Eligibility for Housing Assistance

Gypsy, Roma and Travellers

1. Friends, Families and Travellers – Online Cultural Awareness Training (£36)
2. Friends, Families and Travellers Newsletter - <https://www.gypsy-traveller.org/>
3. Fairhealth – Adverse Childhood Experiences (free)

Migrant health

1. BMA Refugee and Asylum Seeker Health Resource (free)
2. Gov.UK Migrant health guide: detailed information (free)
3. Migrant Health website (free)
4. Virtual College – FGM (free)
5. Virtual College – Awareness of Forced Marriage (free)
6. Doctors of the World – Safe Surgeries (free)
7. Patients not Passports (free)
8. WHO - Migration and health: Enhancing Intercultural Competence and Diversity Sensitivity (free)

Sex workers

1. Aneemo - Working with Women with Complex Needs (£35)
2. Fairhealth – Adverse Childhood Experiences (free)
3. Fairhealth – Women’s Health
4. Aneemo – Trauma Informed Approaches (£35)
5. E Learning for Healthcare – Sexual Health and Reproductive Health
6. RCGP learning - Drugs: Management of Drug Misuse (Part 1) (£30)

Prison health

1. Russell Webster Newsletter - <https://www.russellwebster.com/>
2. Aneemo – Trauma Informed Approaches (£35)
3. Novel Psychoactive Treatment UK Network – Novel Psychoactive Drugs – 7 modules (free)
4. RCGP learning - Drugs: Management of Drug Misuse (Part 1) (£30)
5. E Learning for Healthcare – Supporting adults with LD at risk of behaviours that challenge (free)
6. E Learning for Healthcare - Mental health awareness for emergency medicine (free)
7. E Learning for Healthcare - Suicide prevention (free)
8. Aneemo - Working with Women with Complex Needs (£35)

Recommendations

As a result of undertaking this exercise the review group was able to make some recommendations on improving existing content, and gaps that might be filled. These recommendations are presented below.

Leadership

- The Open University courses were the only free Leadership courses available. They are presented as a set and would be worth doing together for someone with no other leadership training. However, the OU courses don't cover key inclusion health scenarios.
- The Service User feedback training module provided by the Open University as part of its leadership offer is potentially particularly useful. Such a module could be brief, stand-alone, core content. However, this module is not practically focused, and does not discuss strategies and tools for accessing inclusion health groups. A specialist module on obtaining service user feedback from marginalised groups would be very useful.
- Leadership in inclusion health requires expert knowledge and skills in a variety of areas, and the review group felt that although there was some relevant content in this area spread across a wide variety of modules. Therefore, there is possibly a place to develop a **specialist inclusion health leadership course** that might be expected to cover e.g.
 - Cultural competence
 - Assessing health care access needs in underserved groups – effective needs assessment
 - Facilitating access to healthcare for all underserved groups at a strategic level
 - Choosing suitable meaningful outcome measures that help to achieve better outcomes
 - Obtaining service user feedback from underserved groups
 - Ensuring safe service delivery – monitoring deaths, self-discharges, and promoting reporting of incidents. Ensuring effective safeguarding, mental capacity and Care Act assessment processes within services.
 - Management of frequent attendance
 - Making Every Contact Count
 - Prioritising from a public health perspective
 - Working effectively across health, housing, social care, and the voluntary sector from a provider and commissioning perspective e.g. solving information sharing challenges, and managing differing agendas
 - Understanding and negotiating 'cost saving' as a target
 - Effective business planning in an inclusion health context

There is some cross over between this suggested content and the UCL Homeless and Inclusion Health Masters module, however the suggested content above, would be much more focused on tackling inequalities. Such a course could be targeted at any Band 7 or other senior clinical staff and above dealing with inclusion health groups either as their core patient group, or as part of their patients' group. Such a course could also be targeted at Primary Care Network Inclusion Health leads.

Homeless Health / Inclusion Health introduction

- The E Learning for Healthcare modules were felt to be good attempt at creating some brief introductory core content. However, they are not user friendly, and some content that the group might have expected to see included had been missed. There was also a lot of content on client engagement in the Duty to Refer module, that might have sat better in the Homelessness All our Health module. Nevertheless, the Duty to Refer

module is the only content that specifically tackles this topic. The group felt that these modules would ideally be revised, but then relaunched.

- The HEE Fairhealth content was felt to be good, well laid out, and thoughtful, easy to access and a good introduction to inclusion health. It was felt that the modules can be widely recommended. However, some tweaks to the courses would help them to be even better e.g.
 - It would be good to see some video content in Health Inequalities in Primary Care, but Pathway / Faculty for Homeless and Inclusion Health could help with this
 - It would be useful to build on the GP registration content in Tackling Health Inequalities in Primary Care, and also to include to content on service user feedback in inclusion health groups.
 - Community is the best medicine – this title could be changed to something like 'Place based responses to health inequity, community assets and social prescribing'. This module would also benefit from additional content on GP registration barriers and interventions around this.
 - The Fairhealth content would benefit from key point / revision questions or reflection exercises to be added at the end. They could also be adapted to be less specifically primary care focused.
 - Addition questions or a single test covering all their modules would help ensure that people completing the learning have learnt the key points.
- The Pathway / Faculty content is old, but some of the lectures profiled are still good as they are delivered by the absolute experts in the field. This form of CPD delivery was generally thought to be a good concept, and indeed the content could be updated to include content from recent conferences, and more reflection content. It was also felt that the Pathway / Faculty content could also be linked to Fairhealth modules as additional content.
- The Open University Homelessness and Need course might be useful to a student or newly qualified clinician or person with no experience as context. It does give quite an engaging and accurate description of the type of homelessness services available. 'Homelessness and Need' is a good concept though. The group felt that perhaps the Open University could be approached to update this content and think about how it could be extended / developed to help somebody understand both need and the concept of needs assessment in this area.
- The Healthy London Partnership downloadable homeless health resource pack was felt to an excellent idea, that could be useful to a variety of users in a variety of settings. The idea of having a desktop, searchable resource with all key information is very useful. However, the resource itself is little out of date, and misses some key content, but would be useful if updated.
- The Pathway / Faculty Masters Module is very useful, but obviously not accessible to everyone due to the time commitment, and cost.
- The Aneemo Rough Sleeper Mental Health Awareness free training is excellent, and can and should be recommended to all. This module sets a bar in that it is very clinically useful, as well as presenting all the relevant evidence base behind the practice. This is currently free sponsored by the Mayor of London's Rough Sleeping Innovation Fund, and should remain free if at all possible. In fact, all the Aneemo modules reviewed by the

group were felt to be very high quality, and by far the best in terms of the knowledge review process, and assessment, so were therefore felt to be well worth the £35 charge. Some content on Aneemo is not available elsewhere.

- The Pathway at al guidance on Mental Health Service Interventions for Rough Sleepers is also a useful tool, and could be usefully be recommended as an adjunct to the Aneemo module.
- It would be useful to have a module and/or modules focused on working with people experiencing homelessness in hospital. The Duty to Refer module is relevant, but only one of the possible interventions to consider with inclusion health groups in hospital.
- With the exception of the Aneemo modules, and the Pathway guidance there is not very much content that focuses specifically on clinical challenges, and how to overcome these.

Cultural Competence

- The E Learning for Healthcare module is user friendly and a good introduction to concept of culture. However, knowledge of cultural norms and how to work within these is core to inclusion health, and this training does not cover these topics.
- The Friends, Families and Travellers course is a particularly good introduction to work with Gypsy, Roma, Traveller communities, but would ideally be free.
- The E Learning for Healthcare content on Veterans is good, but goes into a lot of content on this one particular group.
- It would be good to have specific content includes considerations and tips for working and developing services for all marginalised groups e.g., Gypsy, Roma, Traveller, Boater communities, sex workers, prisoners, migrant communities, deprived communities, various genders, and sexualities etc, that might also include reference to specific festivals, nutritional needs etc.

Mental health

- The brief of this work was to look at free to access or cheap modules, that did not require paid or professional membership. As such there are relevant courses on the Royal College of Psychiatrists site that were not reviewed, but that would be relevant.
- Whilst there is a reasonable amount of content on trauma informed care and ACEs (both paid and free), there is little on the identification and treatment of specific mental health conditions in a homelessness context. e.g., we know schizophrenia is much more likely to present with negative symptoms, and it would be good to have content on this.
- KUF training would be relevant to professionals in this area, and it would be useful to know if similar content could be provided free. <http://personalitydisorder.org.uk/kuf-awareness-level-training/>

Mental capacity and safeguarding

- The Voices of Stoke toolkit is very useful in that it has been developed in response to a specific need in homelessness and has been written by experts in the field.
- There is potentially a place for a safeguarding course, which covers mental capacity / DOLS etc which specifically focuses on some of the unique presentations in homelessness – e.g., non-compliance with assessments, severe addiction, dual diagnosis, hoarding, negative symptoms of schizophrenia. The LGA / ADASS Adult Safeguarding and Homelessness together with the Pathway at al guidance on Mental Health Service Interventions for Rough Sleepers plus the Voices of Stoke toolkit could perhaps be pulled together to achieve this.
- Training on frailty and brain injury would be helpful more broadly, including assessing the impact of substance use, chronic disease and mental illness when assessing capacity and cognition.
- The report [Safeguarding, homelessness and rough sleeping: An analysis of Safeguarding Adults Reviews](#) could also be used to construct some on-line learning

Addictions

- There are some useful courses provided by RCGP and E Learning for Healthcare, and specialist content available on novel psychoactive drugs and gambling. There is no content that specifically focuses on the homelessness context
- The one formal course focused on dual diagnosis was felt to be inadequate, however the idea of having a cheap online course on dual diagnosis was felt to be useful, and the content in the QNI Dual Diagnosis resource was felt to be a good starting point.

Public Health

- There are several useful courses in the area of public health from RCGP and E Learning for Healthcare that meet various needs.
- It would be useful to have an inclusion health focused ‘Making Every Contact Count.’ Although this is the core of what inclusion health professionals do, prioritising public health interventions, and choosing which interventions to prioritise can be a challenge in a tri-morbidity context.

Migrant health

- The best available content here is available through the BMA guidance and Government website. Possibly this could be combined to create an e learning module alongside the Virtual College modules, or perhaps could all be hosted in the same place as a collection of learning

Women's health

- The Aneemo module Working with Women with Complex Needs was felt to be very useful and well worth the £35. It is the only module that focuses very specifically on how to work with sex workers.
- Virtual college modules on FGM and Forced Marriage are important and informative- perhaps would benefit from a little more focus on engaging with communities who make these choices for their family members. If any work is being done in this area rather than simply criminalising the behaviour or demonising those involved as feels like this would perhaps be more effective for prevention.

End of Life Care

- Good quality content is already available in the Palliative Care Toolkit produced by Marie Curie et al. However, the user experience could be improved, and perhaps the module could be updated at the same time

Neurodiversity and disability

- No content was found on hidden disabilities
- Autism and ADHD are rapidly becoming core clinical areas in inclusion health, as is brain injury. Borderline learning disabilities are also common. There is some content available, but it is of variable quality. It would be useful to have a clinically focused e-learning module looking at the assessment of cognition, neurodiversity, brain injury and mental illness that is linked to mental capacity and safeguarding content.

Healthcare access and NHS Charging

- There is quite a lot of useful, good quality content in this area, but it would be useful if it was all signposted from the same point, and would perhaps benefit from being collated.

Housing Rights

- The National Homelessness Advisory Service (HDAS_ provides good quality free CPD on housing rights and should be the default option for anyone needing this type of training.

Frequent Attenders

- The management of frequent attenders is a key topic in inclusion health, and there could be an argument for extending the E Learning for Healthcare module to consider the management of frequent attenders

Self – Care

- Two useful e learning on self-care are available and would be useful to promote.

Physical health / chronic disease management

- There is no e learning in this area, but there are a number of useful up-to-date resources. It would be helpful if these were all accessible from the same place. However, some areas which might benefit from specialist resources e.g., diabetes, have no content available.
- There could be a place for a course on the management of chronic disease in people experiencing homelessness focusing on barriers to concordance, and tools / tips to overcoming this.

Dental

- There is no e learning in this area, but there are a number of useful up-to-date resources. Again, it would be helpful if these were all accessible from the same place.

Advocacy

- There was no content found on clinical advocacy specifically, although the Patients not Passports module touches on this.

Other considerations:

Certification and assessment for learning completed

Certification varies considerably between CPD and includes:

- No assessment and no certificate
- Provision of a certificate with no assessment
- Assessment and certificate

Existing assessments of learning were also variable. Assessments or knowledge checks may have a useful role in CPD to ensure that someone has understood the key learning points and completed the learning activity.

The review group felt that modules and other content that were reviewed and scored well, could be made more robust by the addition of an assessment or more robust assessment and certificate. It was noted that certificates may require log in which can reduce accessibility.

In general, the review group were against offering a test separate to the learning that the user can complete without reviewing the learning activity, but we acknowledge that this may be the simplest way to add a test/knowledge review component. This would also address the issue of open access to learning content. It was felt modules could also be improved by requiring candidates to review course content before taking the test.

Lack of content in tackling inequalities / action driven content

The review team recognised that most of the Inclusion Health learning focuses on the problem rather than on specific skills or action-oriented content. Where actions were suggested, the review team felt they were basic, and did not adequately help staff address issues such as trauma informed communication or approaches to engagement of specific groups. We have specified in our recommendations how this could be incorporated into leadership content.

Strategic considerations

Some key strategic insights that came out of this work were:

- This report and map should be reviewed before HEE develop and new content
- The right people should be involved in the development of future content to enable a) the gaps to be filled, and b) content to be more clinically focused
- It would be especially useful to consider whether it is possible, quicker, or more cost effective to enhance existing content before developing new content (see recommendations above)
- We would recommend researching and exploring educational theory and practice (particularly for online learning), and the appraisal criteria in Box 1 before developing new learning.

High level recommendations

- The review group agreed that free or low-cost content should be the focus of any development UNLESS you could create a comprehensive catch all course online. This was due to considerations around marginalised posts, pilot projects, staff often being in rotation, salaried or locum, and people simply not being able to afford to invest.
- The Fairhealth website or similar could be used as a focus for all the relevant training resources to be aggregated and/or signposted from. This could be promoted as a single point of access for all professions. A summary could then be provided on the e-learning for healthcare platform. The review group all felt that few people have an understanding of all the existing content that is available, or where to find it.
- HEE, Fairhealth, Pathway / the Faculty of Homeless and Inclusion Health, the Queen's Nursing Institute Homeless Health Programme, Groundswell and others could partner together to achieve this goal, supported by HEE / NHS England.
- The addition of a knowledge check and certificates to documents (e.g. the Fairhealth modules and QNI clinical guidelines) could be a quick and cost-effective way to make them check knowledge. However, with all certificates, accessibility of certificates, and the barriers generated by log ins need to be minimised. It would be useful to explore if a test and certificate can be completed without log in or in separate module to ensure that the learning remains free to access.
- Some specific areas might benefit from new **e-learning content**:
 - Inclusion health leadership
 - Cultural competence for inclusion health
 - Safeguarding in a homelessness context
 - Neurodiversity, brain injury and cognition capacity in a homelessness context
 - Frailty in excluded groups
 - Migrant health

- Chronic disease management and concordance
- Brief training for hospital staff
- Prison health
- Cancer care in inclusion health groups

Key suggested immediate specific actions

- Fairhealth to be central host which brings everything together with a summary held on e-learning for healthcare. Other sites can hold relevant content e.g., Medical Royal Colleges.
- Short webinar/module to be produced summarising the key CPD content recommended within inclusion health, and signposting to what is available now and further resources
- ElfH to update their existing Inclusion Health content, and edit into a more user friendly and usable format
- Modules and other content that scored well (e.g., Fairhealth modules and QNI clinical guidelines), to be made more robust by the addition of an assessment and certificate
- Healthy London Partnership to update their downloadable content
- Homeless safeguarding course to be commissioned
- Homeless leadership course to be commissioned and bringing together including the topics listed above
- More brief clinical resources and action-oriented courses focused on how clinicians can tackle health inequalities to be commissioned
- Widespread promotion communicating free/cheap training and CPD on healthcare for vulnerable and marginalised groups.

The authors would like to thank HEE London and Professor Vivienne Curtis, for their generous funding and support to complete this work. We would also like to thank Pathway charity for their support in facilitating the work.

Relevant Clinical Networks to support CPD

- Faculty of Homeless and Inclusion Health
<https://www.pathway.org.uk/faculty/>
- Queen's Nursing Institute Homeless Health Programme
<https://www.qni.org.uk/nursing-in-the-community/homeless-health-programme/>
- London Network of Nurses and Midwives Homelessness Group
<https://homeleshealthnetwork.net/>
- Frontline Network
<https://www.frontlinenetwork.org.uk/>
- Asylum Support Advice Network
<https://www.asaproject.org/about/asylum-support-advice-network>
- Friends, Families and Travellers Newsletter
<https://www.gypsy-traveller.org/>
- Russell Webster – Criminal Justice Newsletter
<https://www.russellwebster.com/>

Useful Websites to support CPD

<https://www.qni.org.uk/nursing-in-the-community/homeless-health-programme/>

The Queen's Nursing Institute has multiple training resources available via its Homeless Health Programme page some of which are profiled in this document.

<https://homeleshealthnetwork.net/>

The London Network of Nurses and Midwives have various resources hosted on its website, including past presentations to the network

<https://groundswell.org.uk/publications/>

Groundswell produces multiple learning tools looking at health issues from a client perspective which can be found in its publications section, including some that have been profiled in this document.

<https://cpag.org.uk/trainingevents/about-cpag-training-courses>

Low-cost training in benefits and welfare rights. Really helpful website, covering both facts on child poverty, and rights/areas in helping overcome it, alongside advice.

https://england.shelter.org.uk/professional_resources/shelter_training/training_for_groups

Shelter training, can be delivered on-line to small groups on housing rights, benefits and welfare rights. Provide lots of different sessions, tailored to the group's needs. Sessions include introductory teaching on homelessness and the welfare system, as well as more in-depth areas

for those with high contact. They also have a session on motivational interview skills, which was an area recognised to have little eLearning on it.

<https://www.homeless.org.uk/events/onlinetraining>

Rolling programme of on-line training webinars with focus on homelessness – some focused-on health. May be free if you become a Homeless Link member. Currently offering 11 online seminar sessions. All are taking place in real time, so could be difficult to access, but all free! Sessions covering lots of different content, some in particular seem especially useful for keyworkers- for example there's one in January on building resilience, but also some on supporting people into education and employment. Some clinical topics available including autism, safeguarding etc.

<https://www.aneemo.com/courses>

Low-cost training with a particular focus on homelessness and psychological trauma. Aneemo are offering a good array of courses on-line, that could be a useful addition to some of the eLearning - such as working with women experiencing complex needs, positive behavioural support: managing behaviours that challenge, and boundaries and disclosure.

<https://www.annafreud.org/training/>

Low-cost training on mentalisation and other therapeutic approaches to psychological trauma. Offer very specific, longer courses in mental health. Also cover motivational interviewing, but not much eLearning in that area. As courses are specific, there are different ones that would be useful to different areas of inclusion health. For example, some of their training is on self-harm, and other is for those who work with children who have undergone trauma.

<https://www.nrpfnetwork.org.uk/training>

Low-cost costs on the law in respect to working with NRPF. Offers a few courses covering elements of 'no recourse to public funds'. Not covered adequately in training of medical professionals, and very necessary knowledge. Also advice line.

<https://www.womensaid.org.uk/what-we-do/training/cpd-courses/>

Low-cost courses on issues such as domestic abuse, coercive control, and living without immigration status in the UK. Some particularly useful courses in inclusion health- such as supporting refugee and asylum seekers who have experienced sexual violence, FGM, domestic violence and immigration status, and honour-based violence.

<https://www.smmgp-fdap.org.uk/free-resources>

One webinar that would be particularly useful for pharmacists to use- setting up services for those reliant on prescription and over the counter medications. I can imagine it would also be useful for GPs to be aware of.