



Inclusion Health Section INMO Conference

Gender at the Heart of Inclusion Health

Richmond Education and Event Centre Tuesday 21st October 2025.

Conference Schedule

Time	Activity
8.30 – 9.00	Registration, tea and coffee, Poster viewing and Photo Exhibition
9.00 – 9.10	Conference welcome and opening Sarah Jayne Miggin, Inclusion Health Section Chair and INMO President Caroline Gourley
9.10 – 09.50	Keynote 1: Gendering health care in challenging times: politics, social practice and equality Professor Pauline Cullen, Associate Professor of Sociology at Maynooth University.
09.50 - 10.30	Keynote 2: <i>Elizabeth Fry (1780-1845)</i>, <i>The Mandela (2005)</i> and <i>Bangkok Rules (2010)</i>: Gender sensitive and supportive healthcare provision in Irish prisons today Governor Mary Kennedy, Irish Prison Service (IPS), RGN
10.30 – 11.00	Morning Break, Poster Viewing and Photo Exhibition (Steven Doyle, PLHIV Documentary)
11.00 – 11.20	<i>Gender Equal and Neutral Track in Nursing Study (GENTS) Survey:</i> Dr. Angela Flynn & Oisín Brenock
11.20 – 11.40	<i>The ARISE Study – participatory peer research on ethnic minority women’s reproductive health:</i> Dr. Susann Huschke & Tetiana Kinchevskaya
11.40 – 12.00	<i>FGM – A pathway of care for young girls:</i> Aideen Walsh
12.00 – 12.20	<i>Transgender Healthcare 101. A Nursing perspective on medications, surgeries and co-occurring needs:</i> Dr. Sean Kearns
12.20 – 12.40	<i>National Maternity Hospital: the visible and invisible barriers for pregnant women experiencing homelessness:</i> Sinead Stakelum
12.40 – 13.00	<i>Design for Success, ensuring gender equity in trachoma treatment in Southern Ethiopia:</i> Mr Donal Brosnan
13.00-13.45	Lunch, Poster Viewing and Photo Exhibition (Steven Doyle, PLHIV Documentary)



Afternoon Programme

13.45 – 14.45	Parallel Sessions	
	Room A	Room B
13.45 – 14.05	<i>Nursing in Prison: Improving Healthcare outcomes for men in Castlereagh Prison:</i> Aisling Brady & Clare Mahon	<i>Embodied, Emotional, and Cultural: An Interpretative Phenomenological Analysis of risk related to STIs and HIV among Irish Gay Men:</i> David Field
14.05 – 14.25	<i>Women Together - Findings from a focus group with women with HIV who live in direct provision centres in Ireland:</i> Dr. Denise Proudfoot	<i>Nursing Considerations for Caring for Transgender and Gender Diverse Patients:</i> Dr. John Gilmore
14.25 – 14.45	<i>Addressing women's health needs in primary care – A holistic approach within Inclusion health practice at Jane's Place:</i> Dr. Teresa Carey & Saroja Bhandari	<i>"To every man his little cross" – Dementia and isolation among older men:</i> Dr. Briege Casey & Maeve Kelly
14.45 – 15.30	Panel Discussion: Putting Gender at the Heart of Inclusion Health Professor Pauline Cullen, Governor Mary Kennedy, Dr. Sean Kearns, Dr. Susann Huschke, Fergal Fox (HSE Head of Stakeholder Engagement & Communications)	
15.30 – 15.50	Healthcare Workers for Palestine: George Jefferies (INMO Executive Council) and Faress Arafat (RGN MSc Palestinian Nurse)	
	Poster competition winners: Evelyn Egan, Inclusion Health Section Education Officer	
15.50 – 16.00	Conference close: Sarah Jayne Miggin	



Keynote Presentations

Keynote 1: Gendering health care in challenging times: politics, social practice and equality

Pauline Cullen, Professor in Sociology in the Department of Sociology, Maynooth University, National University of Ireland.



Professor Cullen's work examines civil society and feminist analysis of politics and policy including inequalities in representation and care. She is a gender expert for Commission of the European Union, and the European Institute for Gender Equality, the Irish Citizens' Assembly on Gender Equality and a member of the research advisory group of the Electoral Commission of Ireland.

Keynote Presentation 2: Elizabeth Fry (1780-1845), The Mandela (2005) and Bangkok Rules (2010): Gender sensitive and supportive healthcare provision in Irish prisons today

Governor Mary Kennedy, Irish Prison Service (IPS), RGN



Mary Kennedy is an Irish Prison Service (IPS) Governor, currently assigned to Cloverhill Prison. She graduated as a Registered General Nurse from St Vincent's Hospital, Elm Park, Dublin -with first class honours in 1990. She qualified with a Higher Diploma in Healthcare from the RCSI; a Post Graduate Diploma in Clinical Risk Management & Quality from UCD and a Diploma in Law from the Law Society of Ireland with an award for constitutional law presented by the then President of the High Court of



Ireland, the Hon Mr Justice Peter Kelly. More recently she obtained a Health and Safety certification from UCD and an advanced Diploma in Employment Law from the Honourable Society of the Kings Inns.

Mary joined the Irish Prison Service in 1999 as one of its first Nurse Officers and became a Chief Nurse Officer in 2008. She was appointed as an Assistant Governor in 2018 to Cloverhill, followed by appointments to Mountjoy Male Prison and Mountjoy Female Prison- where she managed portfolios of healthcare; security; health and safety; rehabilitative prisoner initiatives; risk and compliance; and human resource management.

Mary has a special interest in healthcare and humanity for marginalised communities. She recently presented at the International Prisons and Corrections Association's (ICPA) conference in Bangkok concerning the European Minimum standards of care (*The Bangkok Rules*) rules for female prisoners. She also featured on last year's TV series '*Women Locked up in Dochas*' which gave a human insight into the care for women in an Irish setting. Mary also has an interest in current Medical and Legal matters and is the Immediate Past-President of the Medico-Legal Society of Ireland, having previously served as its Honorary Secretary from 2018-2023 and the President from 2023-2025.

Mary is currently assigned as the Operational Governor of Cloverhill remand prison for male adults. She has responsibility and oversight of ensuring the safe and smooth running of the prison which has a high turnover of prisoners and staff in her care. She is also pursuing '*leading with awareness*' studies.



Book of abstracts – (Morning programme)

Session 1. 11.00 - 13.00

11.00 -11.20: Gender Equal and Neutral Track in Nursing Study (GENTS) Survey

Dr Angela Flynn, Lecturer, School of Nursing and Midwifery, University College Cork.
Oisín Brenock, South Infirmary Victoria University Hospital, Cork.

Aims of research/practice development initiative

Through a cross-sectional survey of 135 respondents, this study examined the factors which influenced career choices of men who chose nursing and choices of young men in second level education, yet to make their choice.

Despite efforts to diversify the nursing workforce, in most countries the profession remains significantly female. Many studies have examined the underrepresentation of men in nursing and have reported on efforts to encourage more men.

Methods

Recruitment was via social media and e-mails to students, graduates, colleagues, and professional nursing and academic networks. Online surveys comprising Likert scale and open-ended questions were completed. Quantitative data were analysed using descriptive statistics. Qualitative data were used to support and add depth to the quantitative findings.

Results/findings

Our findings show that factors such as gender-based stereotypes and portrayal of nursing in media, are the least influencing factors that impacted on men choosing a career in nursing. The two most influential factors were found to be contact with nurses and experience with health care related activities (e.g., volunteering/first aid).

Implications for Inclusion health practice

A gender-balanced healthcare workforce ensures more inclusive care by bringing diverse perspectives that better address the needs of all patients. It is widely accepted that with a better gender balance, nursing would be better understood, would provide more holistic care, and may achieve greater professional acknowledgement and higher levels of remuneration.

To address the imbalance, it is worthwhile uncovering the factors which influence the career decisions of young men as regards a nursing career.

These findings illustrate the influential role that all nurses have in encouraging men into a career in nursing. The findings also have implications for the allocation of resources towards more balanced recruitment and career information systems.

About the Presenters

Dr Angela Flynn is a lecturer in the School of Nursing and Midwifery, UCC. She is the founder of the College of Medicine and Health's Inclusion Health Research Group. She has a long interest in issues of



health inequities and inclusion health. She led a national public consultation commissioned by the Department of Health which will inform an Inclusion Health Framework.

Oisín Brenock is a graduate of UCC's School of Nursing and Midwifery with a BSc in General Nursing. He is currently a staff nurse in the South Infirmary Victoria University Hospital in Cork. He was a recipient of the UCC School of Nursing's Summer Undergraduate Research Experience (SURE) Awards which supported him in undertaking this research under the supervision of Dr Flynn.

11.20-11.40: The ARISE Study – Participatory Peer Research on Ethnic Minority Women's Reproductive Health

Dr. Susann Huschke & Tetiana Kinchevskaya, Participatory Health Research Unit, School of Medicine, University of Limerick

Aims of research/practice development initiative

The aim of this research project is to identify levers and barriers that influence decision-making, consent and autonomy in migrant and ethnic minority women's experiences of reproductive healthcare. The project is funded via the Women's Health Action Fund (Department of Health).

Methods

In this presentation, we focus on the research methodology and the process of doing research differently. Listening to ethnic minority women who are often marginalised and silenced constitutes the core of this project. The project adopts a participatory methodology, involving 6 peer researchers from refugee, migrant and ethnic minority communities in all stages of the research process. Peer researchers are paid collaborators who have relevant personal and/or professional experience relating to ethnic minority women's reproductive health. For communities with a main language other than English, the peer researchers are bilingual. The peer researchers will conduct focus group discussions with ethnic minority women.

Results/findings

We argue that the peer research model holds the potential to increase the validity of the findings and can lead to the development of more effective, nuanced interventions for change. Furthermore, we discuss how this research methodology challenges unequal power dynamics in knowledge production, leading to transformative effects on everyone involved by nurturing critical consciousness and building research capacity.

Implications for Inclusion health practice

By including members of the communities, we are engaging collaboratively in every aspect of the research process through formal, paid roles within the University; we are transforming knowledge production. This has two important implications for Inclusion Health practice: first, the knowledge we co-create can bring the depth and nuance needed to inform changes in healthcare practice. Second, by doing research in this way, we are co-developing new ways of practising inclusion throughout the research process and the insights we gain from that can inform practices of inclusion in other areas, such as knowledge implementation and healthcare practice.



About the Presenters

Dr Susann Huschke is a medical anthropologist who researches the interconnected fields of health, gender and migration. Her current research focuses on autonomy in reproductive health, including pregnancy and birth. Past research projects included an ethnographic study on undocumented migrants' access to healthcare in Berlin, Germany; a government funded study on the Northern Irish sex industry; and a participatory arts-based project on the health and well-being of sex workers in Soweto, South Africa. Susann's theoretical approach draws on feminist and postcolonial scholarship, with a particular interest in the concepts of consent, choice, and agency. Susann is a part-time academic and also works as a birth doula.

Tetiana Kinchevskaya is a medical interpreter working in an HSE clinic for Ukrainian refugees, and a research assistant/peer researcher in this participatory health study on ethnic minority women's reproductive health.

11.40-12.00: FGM – A pathway of care for young girls

Aideen Walsh, RGN, RCN, RNP, RANP, FFMRCIS, SANE-P RANP/ADON Laurels Clinic, CHI at Tallaght

Aims of research/practice development initiative

FGM services are available for women aged 16 years of age and older in Ireland. No specific services are available for girls under 16 years. In Laurels Clinic, we are working to develop a culturally appropriate pathway of care for young girls where there is a concern or disclosure of FGM. We are working with colleagues in AkiDwa, Tusla and An Garda Síochána to develop a supportive service, ensuring that all aspects of the impact of FGM are addressed in a culturally sensitive, supportive and legally sound approach. In Laurels Clinic specifically, staff are developing skills in triaging referrals, identifying specific needs of the child and family, managing interagency referrals and data sharing, planning the appointment with the child & family, specific examination skills and report writing priorities for various purposes.

Methods

I have carried out a desk-top review of services nationally and internationally. I have liaised with colleagues both in CHI and other agencies to include their expertise in care planning.

Results/findings

I found that there is robust guidance for care of women 16 years and older. However, there is an absence in service provision for under 16-year-old girls. FGM is classified as physical abuse in Children First 2017 guidance, this challenges the understanding of the impact of FGM on young girls' lives, and limits access to specific services.

Implications for Inclusion health practice

FGM is an aspect of Inclusion Health practice for many females. The lack of availability of specific services to refer girls less than 16 years of age for culturally sensitive follow-up care, is a challenge for Inclusion health practice.



About the Presenter

I co-ordinate the paediatric forensic medical service for child sexual abuse in Children's Health Ireland. We provide a holistic service for children and young people where there is a concern or disclosure of child sexual abuse for the Leinster region. I am a RGN (Mater University Hospital), RCN and Paediatric Emergency Nursing (CHI at Crumlin), CNS in Sexual Assault Forensic Examination (SATU, Rotunda) and ADON/RANP in Laurels Clinic. I am accredited as Sexual Assault Nurse Examiner – Paediatrics with International Association of Forensic Nursing. I am a FFMRC SI and have commenced a Professional Doctorate in Nursing in September 2025.

12.00-12.20: Transgender Healthcare 101. A Nursing perspective on medications, surgeries and co-occurring needs

Dr. Seán Kearns (UCD & HSE), ANP & Assistant Professor

Aims of research/practice development initiative

This presentation aims to provide an accessible overview of transgender healthcare from a nursing perspective, situating gender at the heart of inclusion health. Drawing on clinical practice in endocrinology and patient education, this session will share foundational knowledge to augment practitioners' understanding of transgender and gender diverse (TGD) healthcare. The speaker will provide an overview of the following topics:

- Hormone therapies and monitoring
- Surgical interventions and patient considerations
- Common presentations and co-existing health needs
- Nursing's role in inclusive, person-centred care
- Audience Q&A

Methods

Insights are drawn from my work as an Advanced Nurse Practitioner in gender healthcare and from my doctoral research in transgender health. These perspectives combine clinical experience, published research, client-focused initiatives, case studies, and project work, offering a practice- and evidence-informed understanding of the field.

Results/findings

There are many effective medical interventions to support individuals experiencing gender incongruence. This presentation will outline the known physical changes associated with hormone therapy, the medications commonly prescribed, and their potential side effects. Surgical pathways available to patients in Ireland will also be briefly discussed. In addition, attention will be given to co-occurring needs frequently seen across mental health, neurodiversity, and social health domains. Overall, this talk is designed to provide a concise "101" overview of transgender healthcare and to spark questions and dialogue with the audience.

Implications for Inclusion health practice

Improving knowledge of medical and surgical interventions, as well as the co-occurring health and social needs of transgender people, is central to advancing inclusion health. By equipping practitioners with a foundational understanding of transgender healthcare, services can become more responsive, reduce barriers to access, and address health inequities. This quick "101" overview aims to foster



awareness and confidence among clinicians, creating opportunities for more inclusive, person-centred practice and conversations across healthcare settings.

About the Presenter

Dr. Seán Kearns is an Assistant Professor at the UCD School of Nursing, Midwifery & Health Systems and an Advanced Nurse Practitioner at the National Gender Service, Ireland. He specialises in transgender healthcare, with expertise in endocrinology and patient education. Sean has published extensively in the field and leads several national initiatives to improve gender-affirming care, including co-designing patient information resources and surgical education pathways. His clinical and academic work is underpinned by a commitment to inclusion health, evidence-based practice, and co-production with service users.

12.20-12.40: National Maternity Hospital: the visible and invisible barriers for pregnant women experiencing homelessness

Sinéad Stakelum, Senior Medical Social Worker, Inclusion Health, National Maternity Hospital

Aims of research/practice development initiative

To explore the visible and invisible barriers for pregnant homeless women accessing antenatal care and support, and the particular impact of homelessness on postnatal support for women.

Methods

Review and learning from four years of Inclusion Health service provision and statistics.

Results/findings

Pregnant women who are homeless face significant barriers to accessing antenatal care- primarily childcare, travel, and inflexibility from accommodation and health providers. Lack of a Homeless Hospital Discharge Policy for heavily pregnant women and families has a significant impact on the ability to plan and support women in the postnatal period. Being homeless has a negative effect in the post-natal period, lack of access to visitors, supports, nutrition, cramped living conditions all contribute to a challenging postnatal environment.

Implications for Inclusion health practice

Inclusion Health support in a maternity setting can offer practical and emotional supports to women but is limited by the significant structural issues and lack of appropriate accommodation. Advocacy, integrated support and escalation of concerns is an essential part of this role.

About the Presenter

Sinéad Stakelum, Senior Medical Social Worker in Inclusion Health, National Maternity Hospital. has worked in NMH since 2015, and in 2021 became the first Inclusion Health Social Worker employed in maternity services in Ireland. Sinéad has a background in working in addiction and homeless services and is particularly interested in removing barriers to accessing antenatal care for marginalised women.



12.40-13.00: Design for Success: Ensuring Gender Equity in Trachoma Treatment in Southern Ethiopia.

Mr Donal Brosnahan MB, DCH, FRCOPhth. ORBIS Ireland. Royal Victoria Eye and Ear Hospital

Aims of research/practice development initiative

Trachoma is a major public health problem in Ethiopia; the most severely affected country globally, with a high burden of the disease and its blinding complications. The infection is caused by bacteria and spreads through poor hygiene, water access, and person-to-person contact, disproportionately affecting women and children. Women, as primary caregivers, are at highest risk and often pass the infection to their children, creating a cycle of infection and impacting family livelihoods. ORBIS Ireland has undertaken a comprehensive eye care project across 26 districts in Southern Ethiopia. Our goal is to eliminate blinding trachoma in the region which has a population of 3.6 million people.

Methods

ORBIS Ireland has implemented the (WHO) SAFE strategy (Surgery, Antibiotics, Facial cleanliness and Environmental improvement). Treatment also includes surgeries for advanced cases like trichiasis, mass drug administration and community-driven hygiene and sanitation improvements. Program design must ensure that those most in need of treatment, i.e. women, receive equitable and effective care management. This can only be ensured by collecting and using disaggregated treatment data during the course of the interventions.

Results/findings

I will present the program outcomes to demonstrate the benefit of program design and collection of disaggregated data in ensuring that those in most need, in this case women, receive appropriate treatment.

Implications for Inclusion health practice

Informed, equitable program design and implementation ensures that the goals of any intervention are based on need rather than any other criteria

About the Presenter

I am an ophthalmic surgeon working at the Royal Victoria Eye and Ear Hospital and Crumlin Children's Hospital. I am a board member of ORBIS Ireland and chair the program subcommittee. I have been a volunteer with ORBIS International for 18 years, providing hands-on surgical training in Ethiopia, India and Vietnam and working to achieve equitable care provision for marginalised and impoverished communities globally.



Conference Exhibition

People Living with HIV Documentary and Photographic Exhibition Poster Presentation 8

Steven Doyle RGN Documentary Photographer

The People Living with HIV (PLHIV) documentary is a self-funded, ongoing photographic and narrative project launched in 2019. Its aims were to explore and document the lived experiences of people living with HIV, with particular focus on how gender shapes stigma, disclosure, mental health, and access to healthcare. The project uses photography and storytelling as educational tools that humanise HIV, challenge misconceptions, and foster empathy among healthcare professionals, students, and the wider public. It also promotes awareness of U=U (Undetectable = Untransmittable) and empowers PLHIV to safely share their stories, amplifying voices often marginalised in healthcare and society.

The project employed portraiture and semi-structured interviews with participants in Ireland and internationally. It was participatory, allowing individuals to guide how their narratives are shared. Core themes explored included gender, stigma, disclosure, resilience, and the integration of the U=U public health message.

Analysis revealed that gender significantly shapes HIV experiences. Women often described challenges around disclosure in family and maternal contexts, men highlighted stigma in workplace and social settings, and non-binary participants reported additional barriers related to identity and healthcare access. Across all groups, stigma was identified as more challenging than medical management. Photography and storytelling proved effective in humanising HIV, countering stereotypes, and fostering empathy.

The PLHIV Documentary demonstrates that lived experience can serve as both an educational and advocacy tool. It encourages healthcare professionals to recognise gendered dimensions of stigma and adopt more inclusive, compassionate care. The project underscores the importance of integrating lived narratives into training and policy, promoting U=U awareness, and understanding how gender intersects with HIV to influence health outcomes. By bridging clinical evidence and human experience, it provides a model for how arts-based methods can enrich inclusion health practice.

Steven Doyle is a Registered General Nurse with over a decade of experience in Inclusion Health, working with marginalised communities across Ireland. In 2019, he created the self-funded PLHIV Documentary, a long-term photographic and narrative project documenting the lived experiences of people living with HIV. Combining clinical insight with visual storytelling, Steven aims to challenge stigma, amplify lived experience, and promote gender-informed, inclusive healthcare. He has delivered educational workshops and presentations for healthcare professionals and students, using the documentary to bridge clinical evidence with human experience, and to promote awareness of U=U (Undetectable = Untransmittable).



Afternoon Programme - Concurrent Sessions 13.45 - 14.45

Room A

13.45-14.05: Nursing in Prison Improving Healthcare outcomes for men in Castlerea Prison

Aisling Brady & Clare Mahon, Irish Prison Service

Aims of research/practice development initiative

Castlerea Prison is a male medium security prison with approx. 430 remand and sentenced prisoners.

While working as Prison Nurses we identified that the men in our care are often from marginalised groups and are susceptible to significant health inequalities. Prisoners are a particularly vulnerable population who often face complex medical, social and psychological problems. We realised that we have the opportunity to provide quality healthcare to this often-overlooked population that they may not be able to access in the community due to a number of barriers, both social and personal.

Our presentation will outline the programmes and initiatives implemented by the prison nursing team to improve the provision of treatment of a wide number of issues such as substance use disorders, communicable and noncommunicable diseases, chronic illness conditions and mental health concerns. It will discuss how prison nurses use the opportunity of the period of incarceration to encourage recuperation for our patients, facilitating reengagement with services that many of the men have disengaged from in the community due to chaotic or transient lifestyles. We will show examples of this - providing dressing clinics with input from local tissue viability services and initiating and completing Hepatitis C treatment for a number of our patients, greatly improving long term health outcomes.

Our presentation will outline how we identify and refer patients to specialist services such as psychology and addiction counselling and how we prioritise health promotion by providing overdose prevention training to prisoners. We will outline a programme we provide in conjunction with the Red Cross educating prisoners about a wide range of health-related issues including physical and mental health conditions and sexual health. We hope our presentation will give attendees a greater understanding of the wide range of services and support we offer the men in custody in Castlerea Prison.

Methods

Onward referral to specialist services. Health promotion initiatives. Primary health care provision.

Results/findings

Improved health outcomes for the male prisoners in our care.

Implications for Inclusion health practice

We deliver healthcare and health promotion to a vulnerable and marginalised cohort, who otherwise may be susceptible to health inequalities.

About the Presenters

Aisling Brady: A psychiatric nurse, working in the prison service for 3 years. Has previously worked in acute adult mental health, community mental health, old age psychiatry, geriatric nursing and



sheltered housing. Diploma in Addictions, Masters in Advanced Leadership in Nursing and trained in Dialectal Behaviour Therapy.

Clare Mahon: General Nurse. Working in the Prison Service for 4 years. Previously Clinical Nurse Specialist in Sexual Assault Treatment Units - Galway and Mullingar. Lead Forensic Nurse Examiner in Surrey Sexual Assault Referral Centre, UK. Post Graduate Diploma Forensic Medicine (UCD). Higher Diploma Sexual Assault Forensic Examination (RCSI), Registered Nurse Prescriber, Diploma Criminology and Forensic Psychology.

14.05-14.25: Women Together: Findings from a focus group with women with HIV who live in direct provision centres in Ireland.

Dr Denise Proudfoot, School of Nursing, Psychotherapy and Community Health, DCU

Aims of research/practice development initiative

Little is known about the experiences of women with HIV who live in direct provision in Ireland and the impact of this prolonged process has on their health and wellbeing considering that they may encounter multiple and intersecting social disadvantages. A mixed method study was conducted to establish if the challenges and barriers faced by WLH who are living in direct provision centres affects their HIV care outcomes. The research team comprised of medical and nursing staff from two HIV treatment centres, a peer researcher and a nursing qualitative researcher. This study underscores the women's experiences and considers how having HIV affects many aspects of their lives.

Methods

This study was a collaborative endeavour between clinical and academic staff from the Mater and St James's Hospitals, Dublin as these women represent the largest group of female patients in both services. Ethical approval was sought and secured before data collection began. This study had 56 participants who were recruited from the two HIV care centres in Dublin.

- In phase 1, a survey was conducted to assess demographic factors, compliance and social support; quality of life was assessed using the WHOQOL-HIV BREF questionnaire. Their medical records were also reviewed to assess HIV related care outcomes including viral blips, viral resistance and clinic non-attendance.
- Phase 2 focused on the semi-structured interviews and focus group sessions with the women assessed qualitative aims. 14 women participated in one-to-one interviews and 5 women attended the focus group. Thematic analysis was conducted on the interview and group transcripts. This presentation will discuss the qualitative data collected as part of the focus group.

Results/findings

The main themes from the focus group included how of living in direct provision added to the stress of being HIV positive. Social isolation was common and this was attributed to their HIV status. During the focus group a key finding emerged that the women had few opportunities to meet and share the experience of being HIV positive with peers. All expressed interest in having this opportunity as a protective factor for coping with the dual challenges of HIV and being a direct provision resident.

Implications for Inclusion health practice

This study provides insight into the HIV experience of women living the Irish direct provision system and highlights how women navigate an unfamiliar health system while awaiting an outcome of their



asylum application. The findings potentially inform care services about the uniqueness of these women's experiences and that there could be scope for the development of peer initiatives as a support option.

Dr Denise Proudfoot is an Assistant Professor in the School of Nursing and Human Sciences, DCU. She lectures in a variety of areas including mental health nursing, sexual health and sexuality & inclusion health at both undergraduate and postgraduate level. She has both clinical and research experience in the area of HIV/sexual health. She is an experienced qualitative researcher; previous research include studies about mothers and women living with HIV, dual diagnosis and inclusion health in community contexts.

14.25-14-45: Addressing women's health needs in primary care – A holistic approach within Inclusion health practice at Jane's Place

Dr. Teresa Carey & Saroja Bhandari, Safetynet Primary Healthcare

Aims of research/practice development initiative

This initiative aims to improve access to women's health services amongst women with complex health and social needs presenting at Jane's place. By addressing the unmet needs of the women, the initiative aims to reduce gender-based disparities and contribute to inclusive health practices.

Methods

Safetynet Primary Care runs a weekly GP clinic at Jane's Place on Tuesday mornings. While the focus of the clinic is to provide primary healthcare services to women attending Jane's place, the clinical team has implemented a women's health initiative to promote the access and uptake of women's health services. All new patients who attend the clinic are offered a women's health questionnaire with the nurse while they are waiting to be seen or with the GP when they are being assessed. The questionnaire covers menstrual health, cervical screening history, breast health, contraception and sexual health.

Results/findings

Since implementing this initiative, there has been a significant increase in engagement with women's health issues along with increased uptake of cervical and sexual health screening, and contraceptive methods. There has been a particular focus on increasing the uptake of Cervical Screening, with 30 percent of those screened having positive results and needing further referral. The structured approach has also helped the team to identify previously unspoken needs, including cervical screening, contraception, menopause care, menstrual and sexual health.

Implications for Inclusion health practice

A 2024 national review of cancer screening equity in Ireland identified persistent disparities in the screening uptake amongst women from marginalized communities including those who experience socio-economic disadvantage and housing instability. Furthermore, many gender related health needs remain under assessed in both healthcare delivery and national data.

The women's health initiative addresses such a gap by embedding a trauma-informed and gender sensitive approach to care. The questionnaire not only serves to promote women's health services, but it also initiates safe and structured conversations about women's overall health and wellbeing. This women's health initiative, implemented in a familiar, trauma-informed setting helps to proactively



identify unmet needs of women from marginalized communities. It also promotes equity in both preventative care and overall well-being.

About the Presenters

Dr Teresa Carey is a GP trained in inclusion health who has worked with Safetynet Primary Care for the past five years. She has a special interest in women's health and trauma-informed care.

Saroja Bhandari is a Clinical Nurse Manager at Safetynet Primary Care. She supports vulnerable and marginalized communities, including migrants and people experiencing homelessness. With a background in children's nursing and an MSc in Global Health, she is passionate about inclusive health, equity, and improving access to healthcare for all.

Afternoon Programme - Concurrent Session 13.45 - 14.45

Room B

13.45-14.05: Embodied, Emotional, and Cultural: An Interpretative Phenomenological Analysis of risk related to STIs and HIV among Irish Gay Men

David Field, PhD Candidate & Clinical Nurse Specialist in Sexual Health.

Aims of research/practice development initiative:

Sexual health among gay and bisexual men has long been framed through behavioural surveillance and biomedical outcomes, often positioning them as "high risk" populations. Such framings overlook how risk is lived, felt, and negotiated in context. Understanding these experiential dimensions is central to inclusion health, where gender, sexuality, and stigma intersect to shape wellbeing.

Methods:

This qualitative study drew on Interpretative Phenomenological Analysis (IPA) of in-depth interviews with nine Irish gay men. Participants, aged mid-20s to early 60s, varied in relationship contexts and prevention strategies (daily or event-based HIV pre-exposure prophylaxis, Doxycycline-Post-exposure prophylaxis, condoms, or mixed approaches). Analysis attended to idiographic depth before developing cross-case themes. Reflexivity was supported through field notes, supervisory dialogue, and the first author's dual positioning as clinician and community member.

Results/findings:

Three interrelated experiential themes were developed. Embodied risk captured how illness, injury, and prevention were lived through the body, reshaping practices and identities. Emotional risk highlighted how fear, intimacy, and the need for validation often carried greater weight than infection itself. Cultural risk showed how heteronormative stigma and intra-community hierarchies shaped disclosure, desirability, and belonging. Across themes, humour, metaphor, and shifts in tone revealed expressive strategies through which men coped with stigma and re-framed risk in pursuit of intimacy, agency, and inclusion.

Implications for Inclusion health practice:

This study highlights that for gay men, sexual health-related risk is not only biomedical but embodied, emotional, and cultural. Risk is navigated as part of coping and adjustment processes that reflect gendered stigma and community belonging. For inclusive sexual health nursing, this means moving



beyond checklist assessments toward collaborative conversations that acknowledge the meanings, vulnerabilities, and strengths through which individuals live their sexual health.

About the Presenter

David commenced his PhD with the University of Aberdeen in Feb 2021 with Dr Chantal Den Daas. David is focused on researching the concept of risk as it relates to the sexual health of gay, bisexual and other men who have sex with men. David has completed a Master of Public Health with University College Cork; his dissertation focused on the relationship between chemsex and anxiety and depression in gay & bisexual men living with HIV. David is also a fully accredited Clinical Nurse Specialist in sexual health in Dublin, Ireland. His primary clinical focus is the sexual health & wellbeing of gay and bisexual men and the trans community.

14.05-14.25: Nursing Considerations for Caring for Transgender and Gender Diverse Patients

Dr John Gilmore, Assistant Professor in Nursing, School of Nursing, Midwifery and Health Systems, University College Dublin

Aims of research/practice development initiative

To explore nursing considerations in caring for Transgender and Gender Diverse (TGD) patients, situating practice within inclusive frameworks and critiquing reductive models such as the Cass Review

Methods

This presentation draws on contemporary nursing scholarship (Gilmore et al. 2024a, 2024b, 2025; Noone et al. 2025) and clinical frameworks including the World Professional Association for Transgender Health (WPATH) Standards of Care

Results/findings

Findings highlight a series of key discussion points for nursing practice with Transgender and Gender Diverse patients. Clear and respectful use of terminology and pronouns is foundational to affirming care, alongside authentic allyship built on consciousness-raising, capacity building, and behavioural change. Nurses must avoid “Trans-obsessionism,” where identity is over-emphasised in all clinical encounters, and instead situate gender identity as one of many aspects of holistic, person-centred care. Practical considerations include awareness of physiological changes associated with hormone therapy or surgical interventions, the safeguarding of confidentiality, and recognition of the distinct health and social care needs of TGD patients. Evidence from ICU and acute care research demonstrates the importance of structured, reflective, and person-centred approaches, which are equally vital when supporting TGD patients in high-stakes environments. Ethical considerations are central: nurses have a duty to advocate for patient autonomy, critically engage with contested evidence (such as that emerging from the Cass Review), and resist reductive or pathologising models that undermine established standards of care.

Implications for Inclusion health practice

Nurses, as the largest healthcare workforce, must integrate TGD inclusion into everyday practice, advocate for patient autonomy, and ensure gender-affirming care is usualised within all health encounters. Nursing education and leadership are central to advancing equitable outcomes for TGD communities.



About the Presenter

Dr John Gilmore is Assistant Professor and Head of Subject for Adult General Nursing at University College Dublin and a Fulbright Scholar. He has expertise in sexual and gender minority health, inclusion health, and sexual health, and has published widely in these fields. He leads and collaborates on national and international projects addressing health inequities, including work on sexual and gender minority health, crisis mental health care, and inclusive nursing education. His teaching is research-led, and he is committed to advancing nursing leadership that embeds inclusion and equity at the heart of practice, education, and health systems.

14.25-14.45 “To every man his little cross” – Dementia and isolation among older men

Dr Brieghe Casey, School of Nursing, Psychotherapy and Community Health, Dublin City University
Maeve Kelly, freelance composer

Aims of research/practice development initiative

This presentation aims to facilitate exploration of the lived and gendered experience of dementia among older men. There has been a tendency in dementia studies, as in gerontology generally, to ignore the unique and gendered experiences of men; research has tended to be about ‘people with dementia’, rendering the particular experiences of men with dementia invisible. Yet men have been found to have different needs and experiences of dementia than women. Single and rural dwelling males in particular, are more likely to experience loneliness, isolation and mental health issues which may influence cognitive decline and dementia experiences and support.

Methods

The presentation will share and discuss findings from relevant literature. Additionally, the male lived experience of dementia will be explored through consideration of the Beckett play ‘Waiting for Godot’ and will be powerfully evoked through the sharing of a specially composed cello piece by Maeve Kelly.

Results/findings

The experience and needs of older men experiencing dementia have been under researched and lack gender sensitive care approaches.

Implications for Inclusion health practice/research

It is hoped that this presentation will draw attention to the gendered experience of dementia and the need for gender sensitive understanding and care.

About the presenters

Dr Brieghe Casey is an Associate Professor at the School of Nursing, Psychotherapy and Community Health, Dublin city University. Her research and healthcare/teaching practice focuses on Inclusion Health and the use of arts-based approaches in teaching and learning, research and healthcare practice.

Maeve Kelly is a freelance composer, currently undertaking PhD study in Composition at the Technological University Dublin. Maeve is particularly interested in the relationships between music and health and social issues.



Posters

1	Bridging The Gap in Women's Healthcare in a Homeless and Addiction Treatment Centre Namwenje Phiri, Dublin Simon
2	Separation and Shame: Recognising and supporting patients whose children are removed from their care Eibhlín Collins ANP Inclusion Health, Mercy University Hospital Cork
3	Beyond a diagnosis: gender disparities among inclusion health populations diagnosed with cancer Sarah Jayne Miggin CNS Inclusion Health, Eileen O'Connor CNS Inclusion Health, Dr Tara McGinty Consultant Inclusion health and Infectious Diseases, Susan O'Keefe SMSW Inclusion Health, Bernard West Inclusion Health & Hep C Peer support worker.
4	Bridging the gap in inequalities in chronic long-term conditions within a nursing curriculum Heather Guttridge & Oonagh McCloy, Queens University Belfast
5	A cross-sectional study of gender disparities in disease burden and access to healthcare in people experiencing homelessness admitted to a North Dublin tertiary centre in 2025 Dr. Michael Feely, Inclusion Health Registrar MMUH Dr. Ellen Horgan, Inclusion Health SHO MMUH
6	From Struggle to Strength – The SAOR Motivational Interviewing Approach Aoife Sherlock, Alcohol CNS Mater Hospital Sorcha Dempsey, Co-Author with lived experience
7	Gendered Pathways to Engagement: Reflections from Mental Health Practice in DePaul Ireland's Homeless Services Anita Thuku, Mental Health Case Worker, DePaul Ireland
8	PLHIV Documentary Poster Steven Doyle, RGN Documentary Photographer



Poster Abstracts

1. Bridging The Gap in Women's Healthcare in a Homeless and Addiction Treatment Centre

Namwenje Phiri, CNM Dublin Simon Step-Up Step-Down Unit

Aims of research/practice development initiative

The aim of this poster is to highlight the gaps that exist in the system with regards to women in homeless and addiction backgrounds. The trauma that these women face is tremendous, the risks that exist in women of childbearing age and how these challenges can be overcome will be made clear. There is universal evidence that women in addiction account for about 42% percent of the homeless population, yet there is limited service provision that can fully support these women. In this poster I will highlight the strides that Dublin Simon Community Clinical Services have undertaken in order to address the challenges and complexities around women in treatment particularly pregnant women.

Methods

Data collection methods included a review of relevant research from Ireland and the UK. Some data are also presented from the Dublin Simon Community database. Qualitative and quantitative methods were used.

Results/findings

Research has shown that when it comes to substance misuse women are equally impacted as men (Morten et al 2023). Our data also shows that there is an increase in the number of women accessing the Dublin Simon Clinical and therapeutic services including a rise in pregnant women. There are disparities in policy, planning and care delivery for these women, hence the need for us to continue to ensure women's needs are being addressed. Gender sensitive accommodation for homeless women can contribute to positive healthcare outcomes.

Implications for Inclusion health practice

The inadequacy of services for these marginalised and vulnerable women leads to poor mental and reproductive health which can contribute to infant mortality rates for babies born by mothers in addiction. The risk of domestic violence, disintegration of families and trauma ends up being a vicious cycle for impacted women. This then calls for a collaborative approach by all stakeholders and the government to bridge existing gaps. There has to be a revision of some policies and implementation of trauma informed approaches.

About the poster presenter

I am a general/psychiatric nurse, and I have recently acquired a post grad certificate in Addiction Studies. I have 19 years of experience working in healthcare of which 7 years of these have been in the homeless and addiction sector. I am currently the Clinical Nurse Manager for Step Up Step Down intermediate care unit which is a homeless service that bridges the gaps between the hospitals and the community. I am also in the Dublin Southeast Drug and Alcohol Task Force. As a compassionate and empathetic nurse my desire is to see vulnerable groups like women in our society being treated with fairness, dignity and compassion.



2. Separation and Shame: Recognising and supporting patients whose children are removed from their care

Eibhlín Collins ANP Inclusion Health, Mercy University Hospital Cork

Aims of research/practice development initiative

Anecdotally, a vast majority of Inclusion Health patients affected by homelessness and/or addiction have had their children removed from their care or have given their children to someone else to provide care when the person is unable to do so safely. The aim of this poster is to present research results from peer-reviewed literature and suggestions for practise so that we as practitioners can appreciate our patients' burden of loss and shame and be with the patient in as supportive a way possible when we have no immediate solution to offer.

Methods

Literature review with suggestions for practice

Results/findings

Part A: presenting evidence from the literature of the effect on the parent in terms of their interactions with staff, their motivation towards recovery, their interactions with peers, as a consequence of being separated from their children. Self-blame and shame, blame and shame heard or perceived from others, unconscious triggers by service providers.

Part B: How practitioners can appreciate the subject when with patients, even if it is not always the right time to broach the subject. When the subject of separation is broached, or disclosed by a patient, supporting the patient when there are not simple answers.

Implications for Inclusion health practice

The concept and practise of being with our patients therapeutically may be enhanced by recognising the losses and shame experienced by parents who are not living with their children. Identifying the time to discuss parent-child separation or to have a helpful conversation when patients self-disclose their loss and shame carries value. There is value in holding the awareness of the potential for loss and shame even when the topic is not discussed explicitly.

About the poster presenter

Eibhlín Collins is an Advanced Nurse Practitioner in Inclusion Health at Mercy University Hospital Cork. She has career-wide experience and qualifications in cognitive behavioural therapy, tropical and infectious diseases nursing, HIV care, primary and secondary care of people who experience marginalisation through homelessness, addiction, migration status and HIV.

3. Beyond a diagnosis: gender disparities among inclusion health populations diagnosed with cancer

Sarah Jayne Miggin, Eileen O'Connor, Dr Tara McGinty, Susan O'Keefe, Bernard West

Aims of research/practice development initiative

The Inclusion health (IH) service of the Mater hospital provides a consult-based inclusion healthcare service to patients who experience social exclusion for a number of reasons to include but not limited to persons experiencing homelessness, seeking international protection, travellers and Roma



populations among many others. The vast majority of patients that are reviewed are patients who experience homelessness. As the numbers of persons experiencing homelessness has increased, this has correlated to an increase in referrals to the IH service with 1784 referrals to the IH nursing service over 2023/24. 328 female and 1456 male. A review was undertaken of IH patients who were diagnosed with cancer during 2023/24 as it was noted anecdotally that this group of patients were more complex due to their increasing health needs but also their perceived and likely delay in diagnosis.

Methods

A record was commenced in January 2023 of patients who had a new diagnosis of cancer to include the following data:

- Primary diagnosis
- Potential delayed diagnosis (yes/no)
- Whether deceased +/- age at time of death
- Gender
- Any relevant additional information

Results/findings

19 patients had a diagnosis of cancer. 4 female (1.22% of total female referrals) 15 male (1.03% of total male referrals). A total of 13 (68%) have since died (3 (75%) female, 10 (66%) male) up to June 2025. 3 cancers were male specific cancers whilst there were no female specific cancers identified. The high mortality rate of females and lack of gender specific cancers identified poor detection in this marginalised group with poor health outcomes. Whilst the high incidence of male specific cancers identified a greater need for targeted health promotion and detection initiatives in this group of males.

Implications for Inclusion health practice

Patients experiencing social exclusion are already known to experience barriers to healthcare. Health promotion, prevention and detection is already embedded into certain health programmes however inclusion health populations are at risk of missed opportunities to engage in these programmes for a variety of reasons to include health literacy, lack of assertive engagement, competing priorities for service providers, service users and many more. Imaginative programmes targeting cancer gender specific health screening within this population can be achieved with the relevant pathways, tools and resources within communities.

About the poster presenters

Sarah Jayne Miggin CNS Inclusion Health, Eileen O'Connor CNS Inclusion Health, Dr Tara McGinty Consultant Inclusion health and Infectious Diseases, Susan O'Keefe SMSW Inclusion Health, Bernard West Inclusion Health & Hep C Peer support worker. All are from the Inclusion Health team in the Mater Hospital with a wide range of experience and expertise working with marginalised populations.

4. Bridging the gap in inequalities in chronic long-term conditions within a nursing curriculum.

Heather Guttridge and Oonagh McCloy, Queens University Belfast

Aims of research/practice development initiative

The aim of the practice development initiative was to embed and develop undergraduate nursing students understanding and knowledge of the patients within hard-to-reach areas and inclusion nursing, this included prison and homelessness communities. It was evident from discussion within



the learning environment during the “Management of long-term conditions” module in year 2 that students had not considered the impact of inclusion of patient that did not fit within the “normal” parameters of the nursing. The adult nurses demonstrated difficulties in grasping concepts of inclusion and what this looked like within our society, this was coupled with the start-up of new prison placements and anxiety around this. The prison population has a high prevalence of chronic illnesses and mental health issues, yet healthcare provision remains inconsistent and often falls short of what would be expected in the general population. Taking this into consideration the education of the nursing student on topics like inequalities in nursing and inclusion needed to be addressed to ensure quality healthcare for all, promotion of health and person-centred care delivery.

Arif (2018) and Gaston et al, (2022) states that there are discrepancies in education in the prison healthcare setting and there is need for education to address gaps in training. Taking this into consideration, inclusion nursing was embedded into the module this included holistic needs of the patient, person centred care, empowerment, health promotion and nursing models which aligns with the Nursing and Midwifery Council (NMC) code (NMC, 2018). Rippon et al (2021) noted that, to implement the correct approach in the prison environment, suitable health models are needed to guide nursing practice.

Methods

Students were required to assess/plan/implement/evaluate nursing care for the patient for the immediate concern and then for the self-management of the long-term condition (Nursing and Midwifery Council, 2023). This sparked interest in the difficult to reach patients within the community and the inequalities that are faced by some of our population this include prisoners and homelessness. The inclusion of all was a priority and with pending prison placements for the nursing students it was felt that this was missing in our curriculum. The curriculum and content within the QUB course diet were reviewed alongside the module timetable. Phase 6 was at the end of year 2 undergraduate nursing programme was the most appropriate space to engage online teaching. Students were asked at the end of sessions if this topic would be of interest and the feedback was excitement and heightened interest. Module material was co-developed with Specialist nurses who also facilitated the lecturers on prison and homelessness.

Results/findings

Evaluation stated that students felt the lectures and module content helped consolidate learning, build confidence, reduced anxiety and prepare them for prison placements, inclusion nursing and having knowledge on the inequalities in patient care. The students stated that they would like more inclusion nursing within the curriculum; they enjoyed learning from the specialist nurse and inclusion nurses and found the collaboration enhancing and improved the overall understanding of inequalities and professional practice.

Implications for Inclusion health practice

There were 3 key themes for implications for inclusion health practice. These included learning opportunities, inclusion nursing understanding and health for all. It was felt that this was a practical way to bridge healthcare gaps within the nursing student curriculum. These interventions have shown potential to improve access to inclusion nursing, empower nursing students and reduce anxiety regarding prison placements.



About the poster presenters

Heather Guttridge - Current lecturer at Queen's University Belfast with over 25 years of nursing experience and extensive expertise in higher education. I have previously served as a Senior Lecturer at the University of Wolverhampton and has contributed to curriculum development at undergraduate and postgraduate levels. My teaching and research focus is on simulation, intra-professional learning and health inequalities. I serve on numerous academic committees, act as external examiner for LJMU and UCD, and review for leading nursing journals. I regularly present at national and international conferences on education and nursing practice.

Oonagh McCloy - Current adult nursing lecturer at Queen's University Belfast with over 19 years of clinical nursing experience. Simulation nursing lead in Queen's University where I lead and supervise projects on student nurse education utilising simulation. Interested in embedding inclusion nursing into the undergraduate nursing curriculum and working with other disciplines to bridge the gap in health inequalities.

5. A cross-sectional study of gender disparities in disease burden and access to healthcare in people experiencing homelessness admitted to a North Dublin tertiary centre in 2025.

Dr. Michael Feely, Inclusion Health Registrar MMUH

Dr. Ellen Horgan, Inclusion Health SHO MMUH

Aims of research/practice development initiative

People experiencing homelessness suffer a high burden of disease with multiple co-morbidities. This study assesses a population of 150 patients in the North Dublin area who are either sleeping rough or living in temporary accommodation to examine gender disparities in disease burden and access to healthcare.

Methods

IH registrars and SHOs interviewed people experiencing homelessness who were admitted to a North Dublin tertiary hospital across all services between January and July 2025, collecting data using an Inclusion Health Common Assessment Tool. Our study population included people sleeping rough, couch surfing, staying in PEAs, STAs, LTAs, and IPAS centres. Chart reviews were performed in instances where patients could not offer a full past medical history.

Results/findings

The findings show that both male and female patients have similar diagnosis rates of chronic illnesses including diabetes, epilepsy, HIV & Hepatitis C. The group of women experiencing homelessness had higher rates of COPD while more men were found to have cardiovascular disease, in line with trends seen in the general population. Notably, rates of psychiatric illness diagnosed in our female population experiencing homelessness were twice as high as those in our male population. In both groups, incidence of all illnesses assessed were higher than in general population data. Additionally, female patients were more likely to be registered with a GP, suggesting a difference in healthcare service engagement.



Implications for Inclusion health practice

These results highlight the need for gender-sensitive healthcare approaches to address healthcare needs within this population, with a particular emphasis on mental health services and preventative care.

About the poster presenters

The MMUH Inclusion Health team is made up of an Inclusion Health Consultant, two Inclusion Health CNSs plus an Inclusion Health Epilepsy CNS, a Senior MSW, a Peer Support Worker, one Registrar, and one GP-trainee SHO. The main clinical functions of the team include in-reach support to members of vulnerable communities admitted to the hospital, liaison with key community IH stakeholders, and an Infectious Diseases - Inclusion Health outpatient clinic which runs every Tuesday.

6. From Struggle to Strength – The SAOR Motivational Interviewing Approach

Aoife Sherlock - Alcohol CNS Mater Hospital

Sorcha Dempsey- Co-Author with lived experience

Aims of research/practice development initiative

This poster involves a case presentation detailing medical issues, alcohol dependence, homelessness & timeline of treatment. This poster was developed in co-production with the female patient. We will also discuss barriers and challenges she personally faced as a woman when trying to access treatment and her experience within addiction services. The poster will include information on motivational interviewing which was utilised throughout the female patients' admission in hospital by Alcohol CNS. The review will assess the female patients' personal lived experience receiving this treatment and her assessment if this was supportive element in her journey to recovery.

Methods:

Qualitative review exploring her personal journey of recovery; supports she engaged with, turning points, services and strategies that helped while engaging with the Alcohol CNS, system factors influencing recovery and challenges. Discussion with the female patient regarding her personal motivating factors around change, identifying factors that renewed hope and insight that led to her successful transition into recovery housing.

Results/findings

Results/Reflections will be from the woman's subjective experience. Short quotes will be utilised. The poster discuss the importance of engaging and liaising between hospital and community rehabilitation services to support recovery efforts.

Implications for Inclusion health practice

The case study will review the efficacy and importance of having clinicians trained in motivational interviewing to enhance a person's opportunity to recover when admitted to hospital from a social inclusion demographic. The value of co-production and authorship will also be explored.

About the poster presenters

Aoife Sherlock, Alcohol Clinical Nurse Specialist in the Mater Hospital, has worked as a mental health nurse in the area of addiction for the last 10 years. Her work has ranged from homeless services to private addiction services across Ireland, the UK and Australia. Aoife recently completed her



Postgraduate Diploma in Addiction Studies at Trinity College Dublin, which has led her to develop the role of Alcohol Clinical Nurse Specialist in the Mater Hospital through the Department of Liaison Psychiatry over the last 3 years. Aoife completed the SAOR Motivational Interviewing course last year and delivers training to staff across the Mater Hospital.

Sorcha Dempsey- co-author with lived experience

Sorcha is actively in Recovery. She was happy to join the project and discuss her experience to highlight the issues women have accessing care who experience homelessness and addiction issues. Sorcha kindly discussed the benefits and role that Motivational Interviewing had in supporting her recovery.

7. Gendered Pathways to Engagement: Reflections from Mental Health Practice in DePaul Ireland's Homeless Services

Anita Thuku—Mental Health Case Worker, DePaul Ireland

Aims of research/practice development initiative

- To enhance engagement in mental health support
- To increase participation among individuals experiencing homelessness—particularly men—in mental health services by reducing stigma and emotional isolation.
- To promote trauma-Informed, gender-Sensitive practice
- To tailor interventions that acknowledge and address the distinct ways gender and trauma impact mental health and recovery pathways.
- To foster empowerment and autonomy through creative expression
- To use informal, participatory approaches (e.g. creative workshops) as vehicles for self-expression, peer connection and emotional wellbeing.
- To support holistic recovery and social reintegration
- To build confidence and support service users in exploring long-term goals such as re-entering the workforce and achieving stable housing.

Methods

- Observation and reflective practice
- Ongoing assessment of gender-specific engagement trends through frontline interaction and staff reflection.
- Non-clinical, creative Interventions
- Delivery of informal workshops (e.g. arts and crafts, CV-building) that provide safe, stigma-free spaces for expression and social interaction.
- Gender-specific service design
- Adapting engagement strategies based on observed gender differences—e.g. offering mixed-gender vs. male-only workshops depending on client needs.
- Empowerment-focused facilitation
- Encouraging autonomy and strengths-based participation especially in goal-oriented sessions like employment preparation.
- Peer bonding and social connection
- Creating group environments that promote mutual support and reduce isolation.



Results/findings

- Increased engagement among men in Informal Settings - Male residents, initially reluctant to engage in one-to-one mental health interventions, began participating more actively in creative workshops. Over time, many disclosed emotional challenges and engaged in peer support organically within these non-clinical spaces.
- Stronger peer bonds and emotional openness - Workshops facilitated trust and connection among participants, particularly men who had previously exhibited emotional withdrawal. These peer dynamics often led to spontaneous conversations about mental health.
- Gender-differentiated recovery pathways - Female residents; especially younger and middle-aged, consistently demonstrated higher levels of motivation toward practical goals like employment and education. This contrasted with male residents, who often required longer periods of trust-building and indirect support approaches.
- Improved confidence and goal setting among women female clients participating in CV-building and empowerment workshops reported increased confidence, clearer personal goals, and stronger engagement with caseworkers and support services.
- Reduction in avoidance behaviours - Informal, creative approaches resulted in fewer instances of disengagement and service avoidance, particularly in male-only accommodation.
- Staff learning and adaptability - Frontline workers reported enhanced understanding of gender dynamics in recovery, leading to more flexible and responsive care strategies.

Implications for Inclusion health practice

- Integration with mental health support
- Creative workshops serve as soft entry points into deeper engagement with clinical mental health services—particularly effective for those hesitant to seek help directly.
- Trauma-Informed Framework
- Practices are aligned with trauma-informed care principles, ensuring safety, trust, collaboration, empowerment and cultural/gender sensitivity.
- Holistic and person-centred support
- Health services are not delivered in isolation but embedded in a broader support system that includes housing, employment support and emotional wellbeing.
- Cross-sector collaboration
- Likely collaboration with internal and external professionals—such as psychologists, occupational therapists or employment service.
- Encouragement of self-referral and self-advocacy
- Health service inclusion is supported through proactive engagement with goal setting and recovery planning, particularly among female residents.

About the poster presenter

I am a bright, eclectic and inquisitive young woman.

Originally from Kenya, later moved to Dublin in 2021 to pursue my studies further in psychology which I am enthralled to push forward for. I started as a night support worker in DePaul then worked my way up to a mental health case worker. Additionally, I have worked in the women's prison which honed my intrapersonal skills when dealing with people who need the most support in our society. Outside of work, I enjoy some craic, doing sports and you can't miss me with a book in hand. I also chair a children's' French club and pottery.