International Workshop
on Family Health Nursing
An international collaborative project

Dates: Monday 10th and Tuesday 11th January 2011

Venue: Robert Bosch Foundation in Berlin
(Bismarckstr. 71, 10627 Berlin)
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Introduction and thanks

Dear friends

It was a pleasure and privilege to meet with you at the International Workshop on Family Health Nursing in Berlin on Monday 10th and Tuesday 11th January 2011. If success can be measured on enthusiasm then we have already achieved a great deal.

This meeting has demonstrated that there has is vast amount of expertise and experience which can be shared to support our community nursing workforce to improve the health of the most vulnerable people in our population.

This summary aims to provide you with a general overview of the key discussions that took place and services and foundation to build on the ideas to take the project forward.

Please can I thank all our colleagues (and now friends) for taking the time to attend and contribute so much to all the discussions. The workshop was exceptionally busy and hearing the ideas from Armenia, Germany, Poland, Portugal, Romania, Scotland, Slovenia and Spain was inspiring.

I would also like to offer special thanks to colleagues from DBfK Franz Wagner and Andrea Weskamm for making this event run so smoothly. Additionally, the support from the Robert Bosch Stiftung was extremely valuable and appreciated.

The commitment and energy shown over the workshop was remarkable. I look forward to working with everyone in the future.

Best wishes

Paul Martin
Workshop Programme

A total of 26 workshop delegates from eight countries including Armenia, Germany, Poland, Portugal, Romania, Scotland, Slovenia and Spain attended the workshop (Appendix I). Colleagues from Austria and Italy were unable to attend this workshop but plan to be involved in this project.

The workshop programme was designed to facilitate discussion and sharing of ideas and experiences in developing the nursing workforce to work effectively with families. Each partner was sent a copy of the programme in advance of the meeting (Appendix II).

Workshop delegates at the Robert Bosch Stiftung
Timetable Day One

Welcome and Introductions
Franz Wagner Chief Executive Officer, German Nurses Association provided everyone with a warm welcome and appreciation for attending this workshop.

Project update and workshop aims
Paul Martin (Vice Principle, University of the University of the West of Scotland) outlined the work of the project to date and key aims for the workshop which included.

- Promote partnership and collaborative working across mutually interested organizations across Europe.
- Establish an inclusive conceptualisation including all countries where the Family Health Nurse has scope of practice, essential knowledge base and clinical competence with inter-country consensus on agreed academic level and competence outcomes.
- Establish the spectrum of practice facilitating diversity and inclusivity into the FHN movement.
- Clarify the distinction between nurses working as specialists and those undertaking more general or wide ranging duties.

Partner feedback on Demographic and Curriculum summary

Brian Johnston (Lecturer, University of the West of Scotland) collated a draft report of the population and nurse education curriculum information that was provided by each partner.

This draft report is available and the presentation of the summary information is outlined in appendix I.

Group Discussions: Each of the facilitated groups engaged in focussed discussion themes. Three groups were arranged per group discussion to allow different partners to talk to others about each of the identified themes.
Delegates from Germany, Poland and Portugal.

**Group Discussion 1:** tackled the following themes

- **Demographics:** Identify changing demographic profiles with each partner country. What data should be part of Minimum Data Set.

- **Health:** Identify the public health issues including an ageing population and increasing long-term conditions within partner countries.

- **Policy Drivers:** Identify the similarities and differences in the way health services are delivered within each partner country. Consider the range of factors including population, organisational structure of health service and availability of resources and healthcare workforce.

**Key observations and feedback points from Group Discussion 1 included**

Each group recognised that each partner country has changing demographic profiles. Issues including a low birth rate and ageing populations are significant. The urbanisation and migration figures of some countries is also significant. The structure of the family and setting of the family is relevant.
There are a range of issues which should be featured within a minimum data set;

- Birth rate
- Ageing population (65+ or 75+?)
- Socio-economic issues including poverty, employment and unemployment.
- Family size and setting of family and extended support networks.

**Health issues including;**

- Chronic conditions are increasing including;
  - Cardiovascular diseases
  - High blood pressure
  - Respiratory diseases
  - Asthma
  - Depression/ Mental health/ Suicide
  - Dementia
  - Obesity across the age span
  - Diabetes across the age span
  - Addiction across the age span
  - Smoking
  - TB
  - Cancer across the age span
  - Accidents
  - HAI
  - Frailty in older adults and level of dependency

**Identified policy drivers and influences;**

- Workforce employment
- Ageing workforce
- Health budgets
- Transfer of roles
- Knowledge and skills
- Shortage of certain professions
- Reforms of primary health care
- Professional regulation
- E-health
- Quality/ transparency of quality outcomes
- Health insurance
- Hospital care/ community care / social care issues.
Group Discussion 2: Nursing in Communities: focussed on the following themes

• Review the similarities in the way nursing programmes are structured to prepare a basic qualified nurse.

• Identify in what ways nursing in families and communities can support the public health agenda in partner countries.

• Clarify how specialist nurses who receive post basic education are enabled to practise family health nursing, community nursing, and public health nursing within partner countries.

• Of these educational programmes in each partner country what are the core competencies and capabilities that are similar across the programmes.

Key observations and feedback points from Group Discussion 2 included:

There is commonality across each partner country with regards to basic nurse qualification as set out by EU directives.

Across each partner there are a variety approaches and duration to preparing specialisation in a community setting which is supported by both academia and practice programmes. It was identified as important to country define and design the community nursing profile.

Nurses can support families health as they:

• Play a key role in primary healthcare
• Case management
• Coordination
• Counselling
• Health Education
• Promote Wellness and prevention
• Direct care
• Understand and address community needs

Similar/ Core competencies;

• Communication
• Service and community awareness
• Coordination/ case management
• Inter-professional cooperation and referral processes.
• Health education/ health promotion
• Psycho-social competencies
• Understanding of Family Health/ How to support the family
• Evidence based practice
• Evaluation and understanding of family unit.

Timetable Day Two

Group Discussion 3: Project aims that meet the needs of each partner. Each partner country were asked to develop three to five expectations/ objectives that they hoped to gain from the project. These were then were shared during group discussion with other partners.

• Develop clear objectives and direction for the project.

General overview of the points identified included:

Armenia

• Roles of the FHN defined
• Establish same standards for FHN
• Opportunity to learn from best practice models
• Establish outcome indicators to measure quality.

Germany

• Core competencies internationally agreed.
• Conceptualisation of FHN.
• Openness for national specifics to establish structure.
• Best practice models to learn from each other.
• Opportunity for multinational research
• Harmonisation to enable student exchange.
• Evaluation of the WHO concept FHN.

Poland

• Opportunity to share experience.
• Access a wider network to help define the roles
• Establish knowledge, skills and competency.
• Development programme content to support role.

Portugal

• One programme with three pilot projects in Portugal (mainland) under patronage of the CNO in partnership with OE and some nursing schools.
• Contribute to clarify the intervention fields of generalist nurse and other specialists and family health nurse.
• Recommend and foster the development of courses of family health nursing at the nursing programmes at school of nursing.
• Enhance visibility of family health nursing at political level, citizens and other nurses.
• WHO involvement
• Develop specific NMDS for FHN using ICN.

Romania

• Support the definition of the role and competency framework.
• Share knowledge and experience.
• Develop a strong network.
• Develop programmes that support role and academic progression.

Slovenia

• To support the creation of models and programmes for Family Nursing.
• To help in the start with their experience with lecturers, if we recognise uncovered areas. For example, if we recognise that we don't have lecturers with PhD for one model in specific area, but Spain do have, we can help each other using Erasmus Exchange etc.
• Long term care, social care, health care, how to do the best work regarding simple care/ complicated care.

The workshop will give us

• Recognise state, whose system of family nursing is the best at the moment, case of good practice, pt together good experience of all participants and try to use it.
• To develop a framework of modular system (topic and aims) with flexibility to all participants and is useful each health system.
• Opportunity for transfer of knowledge, good practice, experience to all included countries

Spain

• FHN as the first attendant in primary care
• Reduce frequency of patient’s visits.
• Increase self care
• Increase client/ patients participation in health decision making.
• Improvement of home care management.
• Improvement of continuum of health care service
• Improvement of palliative care.
• Improvement the quality of life for patients with chronic diseases resulting in
  Reduction in number of admissions to hospital;
  Reduction in number of visits to emergency room;
  Reduction in potential complications.
- Well trained professional and non professional home care providers;
- Improve family health
- Reduction in number of days in hospital;
- Reduce costs of services
- Improve patient / families satisfaction
- Improve long term outcome as reduce incidence of chronic disease for example Chronic respiratory diseases.

**UK (Scotland)**

- Develop a vision of nursing in communities and families.
- Develop and collective network of understanding of concepts/ nursing in communities model.
- Enhance standing of nurses in the community/ role creation/ use of knowledge and skills.
- Development of a common framework/ pathway towards MSc.

**Funding opportunities:**

Professor Pauline Banks and Professor Colin Martin presented some key funding opportunities for the project outlined in appendix IV. It was agreed that for funding applications to proceed, signed Memorandum for Understanding would be helpful. Furthermore, it was agreed that there was a wealth of experience in applications for project funding and sharing this experience would be helpful.

**Group Discussion 4: Preparing an action plan.**

The final session was an open session with all partners to allow discussions on future strategy.

Key discussion point:

The establishment of a communication system/ network using blogs/ wiki/ twitter.

**Session outcome overview**

Paul Martin provided an overview for the session:

- Feedback to WHO.
- Contact with ICN.
- Progress funding opportunities.
- Future meetings.
Feedback and reflective comments about the workshop experience

Delegates had the opportunity to make comments about their experience of the workshop. These comments included:

- Wonderful to see great enthusiasm and the potential that we can achieve.
- Great opportunity to share undergraduate and Masters programmes. To develop Family Nursing to meet family needs.
- Thank you to the German Nursing Association. Opportunity to talk about nursing is good.
- It is important to share the role and definition of family nursing to support law orders.
- Thank you for organisers. The opportunity for legislators, educators and practitioners to meet is important.
- Thank you. The group work was very constructive.
- Opportunity for clarity and understanding. This will support fund bid development.
- Great progress, this has augmented meeting and collective information.
- Strengthens the role and supports and targets primary health care needs.
- Excellent for Ministry, Educators and Practitioners to work together.
- The work five years ago was confusing. Today I am much more optimistic in the development of programmes and agreement of the goals.
- Very positive meeting. I have good memories and I am looking forward to sharing experience.
- Thank you for sharing.
- Very interesting meeting, recognising the issues, the size of the challenge is high. Great opportunity to progress. Identify and define role of the nurse in the community.
- Very pleased. Organisation is improving. Awareness of the project will be good. There are both difficulties and opportunities. Confidence is high. Important to gather the data
- It is important for primary research and governmental research. It is important to be big enough to be responded too.
- Thank you and I look forward to future meetings. Strengthening the network, creation of programmes to demonstrate quality interventions.
- It is nice to hear about all the work that is taking place. We have good representation of Europe. FHN is important to the health of the population. Work is necessary. Agreement of the importance of the collective and to have one voice.
- Very pleasant to meet and share philosophy of care. This is great opportunity to develop the FHN role.
- Plea to develop plans and to progress more than happened 5 years ago.
Summary notes by Paul Martin

Demographic Challenges
- Not just the present but the future
- Age profile reflects the workforce
- Can be fluid in some countries
- Countries can identify their own specifics

Health
- Promoting wellbeing/health promotion
- Chronic/long term conditions
- Cycle of life – challenges at the beginning and the end
- The wellbeing of the population is influenced by the availability of health workforce and the skill mix

Policy
- What drives and influences health policy is different – politics and short term nature
- Status of professions
- Health/social care and does it matter
- Common terminology will be crucial

Nursing in Communities
- Undergraduate preparation generally the same based on EU directive but some differences need to be acknowledged
- The make up and focus of nursing in the community is and can be different
- How to get to the qualification of “specialist” and what that means is at different stages in different countries
- Descriptors of what care competencies are broadly common but we need to consider construct delivery and accreditation
- Need to consider how to secure commonality that still allow flexibility of application

Required Outcomes
- Develop a common pathway to Family Health Nursing
- A collective descriptor of drivers for change
- A common vision of the purpose and focus of nursing in the community
- A common understanding of capability pathways
- A research focus on a multi-country basis on impact and effectiveness of nursing in the community
- A network of exchange and support in a “learning environment” to support delivery of the vision.
- To enhance the status of nursing
## Appendix I

### Attendance list

**International Workshop on Family Health Nursing**

10<sup>th</sup> and 11<sup>th</sup> of January 2011, Robert Bosch Foundation, Berlin, Germany

<table>
<thead>
<tr>
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<tr>
<td>Horvat</td>
<td>Martina</td>
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<tr>
<td></td>
<td></td>
<td>Professional Group of Nurses in Community</td>
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<td></td>
<td></td>
<td>care <a href="mailto:Martina.horvat@zd-ms.si">Martina.horvat@zd-ms.si</a></td>
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<td>da Silva</td>
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<td>Ordem Dos Enfermeiros</td>
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<td>Av. Gago Coutinho, 75</td>
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<td></td>
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<td>1700-028 Lisboa, Portugal, Tel.: +351-218 455</td>
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<td>243, <a href="mailto:antoniomanuel@ordemenfermeiros.pt">antoniomanuel@ordemenfermeiros.pt</a></td>
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<td>Stephanyan</td>
<td>Geghanush</td>
<td>Armenia, co-president of Nurses Association of</td>
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<td>Wagner</td>
<td>Franz</td>
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<td></td>
<td></td>
<td>Chief executive officer, <a href="mailto:wagner@dbfk.de">wagner@dbfk.de</a></td>
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<tr>
<td>Weskamm</td>
<td>Andrea</td>
<td>German Nurses Association Senior consultant, competence centre of Family Health Nursing, <a href="mailto:weskamm@dbfk.de">weskamm@dbfk.de</a>, DBfK e. V., Salzufer 6, 10587 Berlin, Tel.: +4930-21 91 57 0</td>
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Appendix II Workshop Programme Word Version

International Workshop on Family Health Nursing
An international collaborative project

Dates: Monday 10th and Tuesday 11th January 2011
Venue: Robert Bosch Foundation in Berlin
(Bismarckstr. 71, 10627 Berlin)
(This workshop will be conducted in English)

Programme
Timetable Day One

13:00 Welcome and Introductions
Franz Wagner

13:15 Project update and workshop aims
Paul Martin

13:45 Partner feedback Demographic and Curriculum summary
Brian Johnston

14:00 Group Discussion 1: Facilitated Groups
Discussion themes:
• Demographics: Identify changing demographic profiles with each partner country. What data should be part of Minimum Data Set.

• Health: Identify the public health issues including an ageing population and increasing long-term conditions within partner countries.

• Policy Drivers: Identify the similarities and differences in the way health services are delivered within each partner country. Consider the range of factors including population, organisational structure of health service and availability of resources and healthcare workforce.

15:00 Group feedback

15:30 Coffee Break

16:00 Group Discussion 2: Nursing in Communities
Facilitated Groups
Discussion themes:
• Review the similarities in the way nursing programmes are structured to prepare a basic qualified nurse.

• Identify in what ways nursing in families and communities can support the public health agenda in partner countries.

• Clarify how specialist nurses who receive post basic education are enabled to practise family health nursing, community nursing, and public health nursing within partner countries.

• Of these educational programmes in each partner country what are the core competencies and capabilities that are similar across the programmes.

17:00 Group feedback

17:30 Session outcomes summary
Paul Martin
18:00 Day One Closes
Timetable Day Two

09:00 Welcome and review of Day One
Paul Martin

09:15 Group Discussion 3: Project aims that meet the needs of each partner.
Facilitated Groups
Discussion themes:

• Specify the public health priorities of each partner.

• Develop clear objectives and direction for the project.

10:15 Group feedback

10:45 Funding opportunities
Pauline Banks/Colin Martin

11:00 Coffee Break

11:30 Group Discussion 4: Preparing an action plan.
Facilitated Groups
Discussion themes:

• Discuss capacity, resources and actions required by each partner.

• Develop a strategy to meet set objectives and methods of evaluation.

12:00 Group feedback

13:00 Partner reflections from the workshop.
All

13:30 Session outcomes summary
Paul Martin

14:00 Day Two Closes

Thank You and Safe Journey Home

Lead contact details

Dr Tim Duffy, email: tim.duffy@uws.ac.uk

Hosted by:
in association with:
Event sponsored by:
Welcome and Thank You

- Please accept our appreciation for sending your information about your countries demographics and nursing education curriculum.
Countries involved with the project

- Austria*
- Armenia
- Germany
- Italy*
- Poland
- Portugal
- Romania
- Slovenia
- Spain
- Scotland (UK)

Demographic Data

- Mid-year Population
- % population aged 0–14 years
- % population aged 65+ years
- % population
- Urban population
- Crude death rate per 1,000 population
- Probability of dying before age 5 years per 1,000 live births
- Estimated deaths per 100,000 by malignant neoplasm
- Estimated deaths per 100,000 by Cardiovascular diseases
- Estimated deaths per 100,000 by Respiratory diseases
- Estimated deaths per 100,000 by Diabetes Mellitus
- Estimated deaths per 100,000 by Neuro–psychiatric conditions
- Nurses per 100,000
- % of nurses that work in hospitals
### Slide 5

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<td>740.00***</td>
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*Phase one countries with demographics and nurse per population data in 2005 source European Health for All Database HFA-DB and injury estimates: Estimated deaths per 100,000 by cause 2004 (online).

*Denotes year
**Denotes not available

### Slide 6

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<th>Estimated deaths per 100,000 by malignant neoplasm</th>
<th>Estimated deaths per 100,000 by Cardiovascular diseases</th>
<th>Estimated deaths per 100,000 by Respiratory diseases</th>
<th>Estimated deaths per 100,000 by Diabetes Mellitus</th>
<th>Estimated deaths per 100,000 by Neuro-psychiatric conditions</th>
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</table>

**General Observations and Common themes 1.**

- There are both similarities and differences in the way health services are delivered within each partner country this in due to a range of factors including population, organisational structure of health service and availability of resources and healthcare workforce.
- Each partner country has changing demographic profiles.
- Each partner country has similar public health issues including an ageing population and increasing long-term conditions such as Cardiovascular disease, Respiratory disease, Diabetes and Cancer.
General Observations and Common themes 2.
- Each partner country recognises that nursing in families and communities can support the public health agenda.
- There are similarities in the way nursing programmes are structured to prepare a basic qualified nurse to specialist and advanced practitioners.
- Some partner countries have specialist nurses who receive education to enable them to practise family health nursing, community nursing, and public health nursing.
- Of these educational programmes in each partner country there are core themes that are similar across the programmes.

Project Issues and Opportunities 1
- The profile of community nurses / family nurses that are currently deployed requires to be defined for each partner country. Information on context of their role, job descriptions and skill mix will be helpful.

- The entry qualifications for accessing any of the providers’ programmes is a Diploma/Graduate in Nursing.
There are programmes in Germany and Spain which are specifically aligned to the WHO World Health Organisation (2000) The Family Health Nurse – context, framework and curriculum. EUR/00/5019309/13 Copenhagen. There is a modular approach used to deliver theory and clinical practice course content. The duration of the specific programmes is 2 years and from the information provided 120 credit points are awarded.

There are also programmes developed to prepare specific specialist nursing practitioner roles (Scotland).

There are well evolved community nursing modules as part of Masters programmes (Slovenia) that support and develop the community nursing agenda.

There are four strong areas as a starting point for collaboration and shared delivery opportunities in:
- The Public Health Agenda
- Working with families
- Information management, research and evidence-based practice.
- Case management
Project Issues and Opportunities 4.

- To assist in evaluating this project it is proposed that a minimum data set (MDS) be developed and implemented. Consideration needs to be given to how this will be developed and implemented for this project? What is achievable and practical? What regional or community profile data is available? Would the MDS be aligned to the community population or the actual population receiving a service from the community nurse?*

- What would the potential measurable outcomes for the project be?

* Key Discussions

- Gathering of regional and community demographic data?

- What would a minimum data set look like?

- For example would a generic approach be practical and/or achievable? Is there existing tools? One example may be the i-NMDS supported by International Council of Nurses (ICN) and the International Medical Informatics Association Nursing Informatics Special Interest Group (IMIA NI-SIG).
INTERNATIONAL NURSING MINIMUM DATA SET (i–NMDS)

The i–NMDS as a key data set will support:

- Describing client health status, nursing interventions, care outcomes, and resource consumption related to nursing services
- Improving the performance of health care systems and the nurses working within these systems worldwide
- Enhancing the capacity of nursing and midwifery services
- Addressing the nursing shortage, inadequate working conditions, uneven distribution and inappropriate utilization of nursing personnel
- Focusing on the challenges as well as opportunities of global technological innovations
- Testing evidence-based practice improvements; and
- Contributing to improved public health

i–NMDS

Building on the Nursing Minimum Data Set work of Werley and Lang (1988), the i–NMDS project has identified a framework with three categories of data elements: (a) setting; (b) patient demographics; (c) nursing care. Data elements are identified within each of the three categories.

1. Setting: agency location, ownership of facility, country system of payment, clinical service type, care personnel (number, gender, training and education, full time equivalent for types of personnel), and ratio of patients to personnel.

2. Patient demographics: care episode start and stop dates, country of residence, clinical service type, discharge status, year of birth, gender, and reason for admission.

Group Discussions

- Each of the Group discussions will explore each of the Project Issues and Opportunities.

Thank you

References and further guidance

A summary document with detailed appendices of all the contributions from each partner is available for use at this workshop.


Appendix IV Project Funding

Slide 1

INTERNATIONAL WORKSHOP
ON FAMILY HEALTH NURSING

Funding Opportunities

Pauline Banks Professor Older Persons’ Health
Colin Martin Professor Mental Health

Slide 2

Nursing in Families Project

Phased Approach

Phase one: Partnership Recruitment
Phase two: Consensus Building
Phase three: Project Delivery
Phase four: Project Outcomes
Funding requirements

- Network of participating members
- Development of Minimum Data Set
- Central Hub to coordinate progress
- Academic course development

Potential sources of funding

1. The Leverhulme Trust
2. ERASMUS
3. The Carnegie Trust
INTERNATIONAL NETWORKS
Funding to enable a Principal Investigator based in the UK to lead a research project where its successful completion requires international collaboration between one or more UK universities, and two or more overseas institutions (normally up to a maximum of seven institutions in total).
Networks should be newly constituted collaborations.
Justification should be given for the involvement of all participants, with each participant bringing specific – and stated – expertise which can directly contribute to the success of the project.

Funding available:
Up to £125,000 (145,887.50 Euros)
Up to three years
What funding covers:
Network Facilitator based in UK up to £25,000 (29,177.50 Euros) per year
Subsistence
Travel
Outline proposal may be submitted at any time and if successful at this stage a full proposal by 1st September
ERASMUS

- Lifelong Learning Erasmus - Multilateral Projects
- Support to the modernisation agenda of higher education
- Up to 7 partners
  - Focus on one of following curriculum development areas
    - A complete cycle of study e.g. Master degree
    - Curricula and modules for continuing education
    - Teaching modules
  - Proposal submission deadline 28th February

ERASMUS (continued)

- Funding available:
  - Up to 300,000 Euros (£257,047)
  - Up to 3 years (typically 2 years)
- What funding covers:
  - Staff costs (country ceilings apply)
  - Subsistence
  - Travel
  - Indirect costs up to 7%
  - 75% Grant from LLP + Partner’s contribution
The Carnegie Trust for the Universities of Scotland

- Small Research Grants for personal research
- Funding available:
  - Up to £2,200 for Scottish based academics (only)
  - Typically projects < 3 months
- Covers travel and accommodation expenses
- Deadlines: Jan 15, May 15, October 15

Funding potential

<table>
<thead>
<tr>
<th>Activity</th>
<th>Potential funding</th>
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<tr>
<td>Network of participating members</td>
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<td>Leverhulme Trust, ERASMUS</td>
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<td>Academic course development</td>
<td>ERASMUS</td>
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<tr>
<td>Central Hub to coordinate progress</td>
<td>Leverhulme Trust</td>
</tr>
<tr>
<td>Travel (Scottish partners only)</td>
<td>Carnegie Trust</td>
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</table>
### Discussion

- Does anyone have any other suggestions of potential sources of funding?
- Does anyone have previous experience of working with any of the funders that we have identified, particular ERASMUS?
- Does anyone have previous experience of working with another potential funder?
- Developing bids?

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### Thank you for listening

Pauline Banks

Colin Martin

University of the West of Scotland