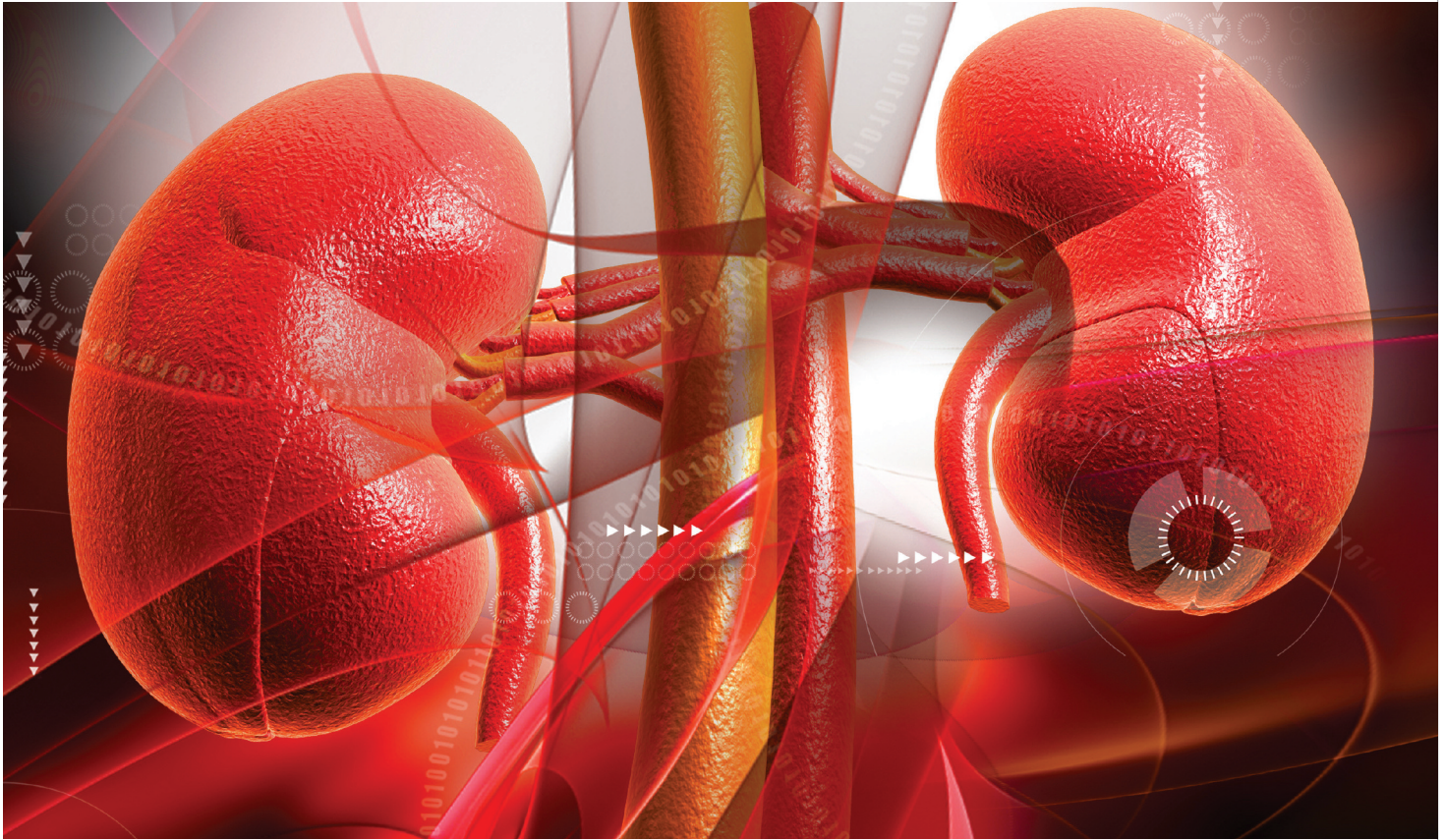




18 feature **renal social work**



A day in the life of a **renal** social worker

Cathy Holman, a renal social worker for the past 12 years, explains about the role she performs alongside patients and families, offering insight into the daily routine and the emotional challenges

Working to support patients as they face the devastation of end stage kidney disease is an often humbling experience. I work within a multi-disciplinary team at York Hospital, employed by the City of York Council, that includes doctors, nurses, dieticians and psychologists, caring for patients with kidney disease and their families.

There are a number of treatments for end stage kidney disease, which is when someone has less than 15% kidney function, but sadly no cure. The treatments vary and include four hourly sessions of haemodialysis, which is done through the blood stream three times a week in

a hospital or satellite unit, or haemodialysis at home following intensive training. Alternatively, there is peritoneal dialysis through a tube into the stomach, either four times daily or overnight. Some people, perhaps if they have a secondary disease such as cancer, decide to stop treatment because it is too much for them and they will die within two weeks.

The treatment of choice for many is a transplanted kidney from a donor. There is also the option of conservative management, which aims to alleviate some of the symptoms of kidney disease with medication and dietary advice and can be more suitable when the person has other

diseases and may be frail and elderly.

All treatments carry with them great burdens and restrictions for the patient and their families. Not only do patients spend a lot of time stuck to a machine but they follow a restricted low salt diet, limiting certain foods such as coffee, bananas, chocolate and cheese, and are recommended to only drink one litre of fluid a day. Fluid builds up in the body between dialysis treatments and haemodialysis affects different people in different ways. Patients can feel awful just before their treatment because fluid has built up in their bodies and they may feel breathless and unwell. Immediately afterwards they can feel quite drained, dizzy and





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weak. They may feel well for a day and then the toxins build up again and it is time to return for dialysis.

Holidays must be planned a long time in advance because arrangements have to be made to use a dialysis machine somewhere else. People are incredibly courageous in how they deal with living with kidney failure.

My role is to give advice and support on a range of personal, emotional and practical matters to patients and their families. Many of these social work tasks are similar to those offered by social workers or care managers working with adults in local authority teams. However, I also work with clients from assessment to care planning, through to review, offering not only care management but professional specialised renal social work support. My work includes: hospital discharge planning, financial and benefits advice, grant applications, assessments for help at home, referral to occupational therapists and physiotherapists, looking at employment and further training, and liaison and advocacy.

Support and advice to carers and families is an important part of my role, as often the renal team's focus will be on the patient and their health needs. I play a central part, within the team, in end of life care, working together with district nurses, GPs and palliative care teams.

People who are ill often say that the hardest thing is the feeling of being out of control and without any power. By meeting in a home environment and listening to the patient's story and that of those closest to them, I can help the patient with the journey through illness, empowering and enabling them to take an active role in planning and managing care. Renal social workers can act as an advocate or a translator for the patient and the family. So often in busy clinics and wards it is difficult for the professional, the patient and their family to find the right words and non-verbal communication.

Patients

A typical day starts with an early meeting with renal specialist nurses to plan a patient and carer evening. We spend time sorting through the replies, putting people into small groups to look at specific questions around self-care. Around 70 patients and their carer or family member will join the renal team to look at service development.

At the renal unit I will meet up with patients, such as Eleanor, a young single parent with two children under five who has recently started back on dialysis. With my help she has applied for a housing transfer, has been offered a property and we are applying to a renal charity

for help with furniture. Eleanor's finances are more stable following a successful Disability Living Allowance (DLA) claim, which are becoming increasingly difficult to obtain for my patients. I call Jobcentre Plus to speak with the Disability Rights Advisor about two clients who are on dialysis; one is facing redundancy and the other is struggling to manage a phased return back to work. We try to encourage people to continue working, at least part-time, and indeed we have people who work full-time and come in for dialysis between 5.30pm and 9.30pm.

Many phone calls later I rush to attend the renal ward multi-disciplinary meeting, take down details of two new referrals and a doctor signs an Attendance Allowance form for an elderly woman, Katie, who I am working with. I have a sandwich at my desk while looking through the newest referrals before heading back to the hospital to meet up with Katie, her husband and one of the renal doctors to talk about her poor prognosis and to plan her discharge from hospital. Feeling rather sad, I walk down to the renal unit where I meet with one of our younger patients to talk about the plans for her Willow Foundation special day we have organised to the Goodwood Festival of Speed. Her enthusiasm makes me feel much more positive as I go on to meet Stuart to organise a visit to the renal unit for his ten-year-old granddaughter who lives with him, as she wants to see where he goes three times a week.

I have one more visit, to talk with Jina, the wife and carer of a patient with kidney failure, which I will do on my way home. We complete a carer's assessment together and an emergency carer's card application form before discussing the letter I will write to the housing department to support the family's application.

On my drive home I think how much I take good health for granted and look forward to my yoga class. You do need to have a break from this job. I had last year out on a sabbatical to study for an MA in Peace Studies and Conflict Resolution at Bradford University and we backfilled my post. It can be emotionally draining working with issues around death and dying and supporting people who have to face enormous difficulties and sadness in their lives.

PSW

RENAL SOCIAL WORKER PROVISION IN THE UK

There is a significant shortage of social workers based in the renal social work field. In 2002 the National Renal Workforce Planning Group recommended that to provide an adequate renal social work service would require one whole time equivalent post per 140 renal replacement therapy patients – those who have had a transplant or dialysis. But in 2007 BASW's Renal Social Work Special Interest Group (SIG) found there was one whole time equivalent social worker for every 813 renal replacement therapy patients.

At the core of these workforce problems lie the twin issues of absence of recognition of the important contribution of renal social work and lack of clarity over who is responsible for funding it. BASW's Renal SIG believes that the community of renal professionals should be aspiring to a future where every renal service throughout the UK provides a multi-professional renal service, including social work, which works with the humanity of people with kidney disease as well as their illness.



Cathy Holman is a renal social worker at the City of York Council and part of a team of social workers based at York Hospital. She was previously a hospital social worker. To comment on this article please email editor@basw.co.uk

