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P453 -Exploring the UK renal social worker role

Miss Maaïke Seekles¹, Professor Paula Ormandy¹

¹*University Of Salford, Manchester, United Kingdom*

Background: In the last 15 years, adult renal psychology services increased more than tenfold. This increase seems to have come at the cost of renal social work services, which have decreased with 19% (Seekles et al., 2018). The reasons for this remain unclear, but the lack of evidence base for renal social work might be a possible cause of its decrease in times of budget analyses and downsizing. Indeed, a recent literature search identified no UK papers on renal social work, reflecting an inadequate knowledge base in social work in general. Over 10 years ago, there was a call for a 'change in breadth, depth and quality of the UK research base in social work' (Sharland, 2009), little has progressed. This paper presents the findings of the first phase of a large research study into the effectiveness of renal social work, to provide clarity on its role.

Methods: The mixed method study combined quantitative diary and caseload data with qualitative focus groups and telephone interviews. Fifteen renal social workers were recruited into the study and were asked to track their daily activities in an excel file for a period of 4 months between February 2018 and November 2018. In addition, information on the number and type of active cases on their caseload at one point in time was collected. A focus group took place in July 2017 to discuss initial findings. Telephone interviews were used in the final phase to confirm and clarify findings.

Results: The results of this study have not yet been finalised, but the dataset will be thoroughly investigated by early June 2019. Preliminary findings show a wide variety in social work activities and provide clarity on how social worker time is currently spend. Whether these activities are seen by social workers as part of their responsibility, or that they could fall in the remit of another profession are discussed. Information of the many social problems that manifest for kidney patients (such as issues around finances, domiciliary care and housing, to name a few) is collated through the social workers' caseloads. Differences between activities of social workers were found and possible reasons (such as differences in funding and employers and differences in the presence of other psychosocial team members) identified in the focus group.

Conclusion: There is currently no evidence base for UK renal social work, this paper presents new evidence. The wide variety of activities and unpredictable nature of the job have made it difficult to give a detailed account of all activities, but this research is the most comprehensive investigation of the UK renal social worker role to date. The role of a renal social worker is substantially different to that of a psychologist, and the provision of these services should not be a case of either/or. Understanding the renal social worker role and the patient issues manifested is essential to guide future funding allocations for psychosocial staff time.