Assessment for the Pediatric Renal Social Worker

The bio-psychosocial assessment is ongoing in the pediatric setting. At every encounter, the social worker assesses key areas to determine patient and family function. The assessment helps the team understand the uniqueness of the individual patient and family, while helping the social worker develop a long-term relationship. It differentiates the clinical social worker from a friendly visitor.

The bio-psychosocial assessment is the foundation of Social Work practice. Each team member approaches assessment from their own training framework. Encompassing key social work values, an assessment by the team’s social worker promotes empowerment, diversity, safety, compassion and the role of the individual patient and family within society.

The initial assessment provides an opportunity to engage in discussion and learn about a family. The social worker first must explain the social work role to the family. Doing so within the context of the treatment team establishes credibility. Although it is vital to collect a significant amount of information, it is also important that the social worker is not viewed as a census taker, with pen and clipboard.

What does your team find most helpful to understand a patient and family? Generally, an initial assessment asks about living arrangements and family relationships; educational level and vocation of the caregivers as well as the patient; transportation accessibility; experience with illness; spiritual and cultural beliefs; financial resources; involvement of extended family or friends; substance use; legal problems; hopes and dreams of the family; and expectations of the team concept. Ongoing assessment pieces can include all of these, along with coping, team relationships, how the patient and family view care, short and long-term goals and a better understanding of family life and involvement in community.

This information is both problem- and solution-focused. It is important for the social worker to be aware of risk factors, barriers to care and issues generally identified by families dealing with chronic care needs. The social worker can then use this information to help families identify their own needs and to develop a basis for support. Defining coping styles, family and community support, and how the patient is perceived within the family unit are additional important pieces.

Meeting with family members alone and together is imperative. Roles can often be more clearly observed in a family session but individuals within the family and extended support system can provide a more thorough understanding. Children’s voices and opinions are important, along with their adult caregivers. Balancing subjective information with objectivity is important, as there are often many perspectives. Obtaining information may be therapeutic for the family and practical for the treatment
team. Often, this may be information that has never been discussed. The social worker must be careful about what to share with the health care team. Depending upon the information obtained and the team’s perspective, preconceived notions that could negatively impact relationships are to be avoided.

Submitted by:

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Arkansas Children’s Hospital
Assessment of the Pediatric Renal Patient

Date/Time: __________________________________________________________

Location: __________________________________________________________

Referral Source and Date, Reason and Patient Demographics (Name, Age, Race, Diagnosis, Social Security Number):
________________________________________________________________________
________________________________________________________________________

Information Sources:
☐ Medical Team  ☐ Patient  ☐ Caretaker  ☐ Other Family/Friend
☐ Medical Record  ☐ Computer  ☐ Community Agency

Persons Authorized to Consent:
________________________________________________________________________

History:

Reason for Hospitalization/Clinic Visit:
________________________________________________________________________

Caregivers (Name/Relationship/Age/Employment/Marital/Educational Status):
________________________________________________________________________

Patient Interests/Activities/School or Employment:
________________________________________________________________________

Siblings (Name(s)/Age(s)/School/Health):
________________________________________________________________________

Others in the Household: __ None or Specify
________________________________________________________________________

Emergency Contact Name(s)/City/Relationship/Number(s):
________________________________________________________________________

Previous Social Work Involvement:
________________________________________________________________________

Comments:______________________________________________________________
________________________________________________________________________
________________________________________________________________________
Living Situation
Address: ________________________________________________________________
Phone: _________________________________________________________________
☐ House  ☐ Apt  ☐ Trailer  ☐ Facility
Utilities Active: ☐ All or Specify those missing ______________________________
Reliable Transportation: __________________________________________________
Indoor pets: _____________________________________________________________
Comments: _______________________________________________________________

Financial Resources/Insurance Information
Insurance:  ☐ Private  ☐ Medicaid  ☐ SSI  ☐ Self-pay
Resources:  ☐ Employment  ☐ Public Assistance  ☐ WIC  ☐ Food Stamps
Comments: _______________________________________________________________

Action:
Problems Identified:
☐ Concrete Service Needs  ☐ Abuse Issues  ☐ Adjustment to Illness
☐ Family Issues  ☐ Counseling Needs  ☐ Educational/Vocational Needs
☐ Legal Problems  ☐ Language Issues  ☐ Adherence
☐ Other, Specify  ☐ None Identified
Interventions:
☐ Psychosocial Assessment  ☐ Discharge Planning  ☐ Referral(s)
☐ Group Work  ☐ Screening  ☐ Education
☐ Visitor Restriction  ☐ Supportive Counseling  ☐ Team for Patients at Risk
☐ Consultation with Staff  ☐ Completed Interdisciplinary Form  ☐ Other
Comments: _______________________________________________________________

Assessment:
Impact of Illness on the Family
Cognitive/Emotional Assessment: Yes/No/Unable to Assess (UA)/Not Applicable (NA)
☐ Patient is an infant; therefore, all items are "Not Applicable"
Patient  Primary Caretaker
_____     _____ Appears capable of decision making
_____     _____ Verbalizes Understanding of Health Condition/Impact on Lifestyle
_____     _____ Engages in Problem Solving
_____     _____ Cultural Issues Impacting Health Care
_____     _____ Adequate Coping Abilities / Social Support
_____     _____ Past Medical Care Contributory
_____     _____ Spiritual Needs Addressed
_____     _____ Other, specify
Comments: _______________________________________________________________
Yes/No/Unable to Assess (UA)/Not Applicable (NA)

☐ Patient is an infant; therefore, all items are "Not Applicable"

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<tr>
<th>Patient</th>
<th>Primary Caretaker</th>
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<tr>
<td>____</td>
<td>____ Psychiatric History</td>
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<td>____ Substance Abuse, Specify Type</td>
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<td>____ Language Barriers</td>
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<td>____ Concerns about Patient/Caregiver Interaction</td>
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<td>____ Educational/Vocational Deficits</td>
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<td>____ DHS Involvement</td>
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<td>____ History of Abuse: Physical/Sexual/Neglect/Domestic</td>
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<td>____ Arrest/Incarceration History</td>
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Comments:______________________________________________________________

________________________________________________________________________

Plan:
☐ Continue interventions as noted above
☐ Focus on additional needs, specify:

Signature, Credentials: _________________________________________________