A DIETITIAN NAVIGATING THE WORLD OF CHARITY

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Isobel has worked in community and acute NHS dietetic roles and has recently moved into the world of charity. She has a particular interest in health promotion in both developed and developing countries.

Charity work and volunteering have always been passions of mine and at the beginning of 2015, I was lucky enough to land my first paid role in the charity sector: working as a Healthy Living Advisor for Centrepoint, the largest charity working with homeless young people in the UK.[1] Additionally, I volunteer for Ashanti Development, a small development charity working in rural Ghana.[2]

With Centrepoint, I enjoy a varied and challenging dietetic caseload. However, my job extends beyond what might be considered a traditional dietetic role, with client-based work involving support around sexual health and physical activity. Set within a multidisciplinary team, I am fortunate to work amongst psychotherapists, substance misuse workers, dual diagnosis practitioners and healthy relationships workers. My role demands a variety of activities, including 1:1 sessions, group workshops, risk and vulnerability panel discussions, case reviews, external partnership building, staff consultancy and bids for funding.

One thing I have particularly thrived on is how no two days are the same. This stems from the variety of tasks that the job requires, and also the inherently kaleidoscopic nature of the client group. Even 'basic' dietetic referrals around healthy eating are overlaid with complex social, financial and other health issues; for example, 42% of homeless young people report symptoms of poor mental health.[3] As an example, allow me to take you through last Monday…

This morning's task focuses on some ongoing 1:1 work with Nina*, a 19-year-old young woman who is six months pregnant. Clients are initially offered a block of six sessions over six weeks, lasting one hour each; however, in line with the team's client-centred values, we have adopted a more flexible approach accommodating her midwife appointments, social services meetings and other external support. This is our eighth session together and, so far, we have worked on food safety during pregnancy, appropriate nutrition support (Nina's preconception BMI indicated high risk of malnutrition4), effective budgeting for healthy eating and increased confidence in the kitchen. Our practical session today centres on cooking a sausage and bean stew while discussing the health benefits of pulses. It's great to see her realise how cost-effective cooking with beans can be! Working together so frequently over a block of sessions offers the opportunity to develop a therapeutic relationship that facilitates disclosures around other areas of clients' lives. For example, Nina and I have regularly discussed her low mood and I have supported her in accessing counselling within our multidisciplinary team.

ENGAGEMENT AND CHANGE

After clearing up and trying Nina's stew (delicious by the way!), I hot-foot it across London to deliver a presentation to a group of prospective funders. Far from unusual, I am regularly based out of two or more hubs each day (and I have now developed the additional skill of knowing the Tube Map off by heart). The potential donors have been treated to talks from a variety of Centrepoint stakeholders, including some of the young people

we support. My task is to portray how the team seeks, and succeeds, to reduce the health inequalities experienced by homeless young people. I have chosen to illustrate this by my work with Daniel*, a 20-year-old resident who, amongst many challenges, is trying to manage Type 1 diabetes mellitus. In Daniel's situation, we have supported him to increase engagement with statutory services while concurrently supporting him at his hostel to reflect on his health behaviours and initiate the process of change.5 The funders appear interested, but the clincher is when I produce some samples of the dishes Daniel and I have cooked together for them to try!

This evening, I am off to another hostel to deliver a group workshop; these provide the opportunity for young people to interact with each other through cooking, engage with health messages and also experience the important social side of food. This week's theme is 'salt' and I am excited to be co-facilitating with a colleague. Once all the dishes are ready (and the noise has died down a little) we tuck in. As we eat together, I ask, "So how much salt is in our dinner?" They are surprised to realise that none has been added throughout the cooking process and a guided discussion ensues around the role of salt in the body and key dietary sources.

ASHANTI DEVELOPMENT

Each month I devote several evenings to volunteering with Ashanti Development. Their mission is to relieve poverty and improve health in the Ashanti region of Ghana through sustainable projects, including access to a safe water supply. At present, my contribution is primarily focused on fundraising events and generating financial capacity to fund new projects. An event of particular interest is 'A Taste of Ghana', which is held each summer: guests are invited to taste a plethora of Ghanaian dishes (all thanks to Ashanti Development's founder Martha Boadu) in an appropriately laid-back, Ghanaian atmosphere of great music and great company.

Since starting my work with them, their scope in health improvement has widened to include the nutritional status of local people, which is well documented to be inextricably linked to poverty and future development.6 Ashanti Development currently has a programme for identification of malnutrition in infants, which has the potential for great growth (if you'll excuse the pun!). Talks with key NHS and academic partners have been set in motion, further highlighting the potential - and valuable - role of a dietitian in a wide spectrum of sectors. Personally, I am hoping to visit the region later this year with a view to setting up a sustainable project based on local nutritional needs.

As a dietitian in the charity sector, I enjoy the flexibility, autonomy and tremendous variety it brings: from 1:1 sessions with homeless young people and networking with prospective donors, to conceptualising public health nutrition interventions in West Africa. I am grateful for the never-ending supply of challenge, drama and technical interest that I experience daily. My work is rarely a walk in the park - when is dietetic work ever! But then, feeling tired and satisfied each evening seldom gets old.

**Please note that names have been changed to maintain confidentiality.*

1 Centrepoint UK: http://centrepoint.org.uk/
2 Ashanti Development: http://ashantidevelopment.org/
3 Centrepoint (2015). Toxic Mix: The Health Needs of Homeless Young People. Accessed via: http://centrepoint.org.uk/
4 British Association for Parenteral and Enteral Nutrition (2003). Malnutrition Universal Screening Tool. Accessed via: www.bapen.org.uk
5 Prochaska JO, DiClemente CC and Norcross JC (1998). Stages of Change: Prescriptive Guidelines for Behavioural Medicine and Psychotherapy. GP Koocher, JC Norcross and SS Hill III (Eds), Psychologists' Desk Reference. New York, Oxford: Oxford University Press
6 Peña M and Bacallao J (2002). Malnutrition and Poverty. Annual Review of Nutrition. Vol 22: 241-253 (Volume publication date July 2002). DOI: 10.1146/annurev nutr 22.120701.141104