

Core competencies for palliative care social work in Europe: an EAPC White Paper – **part 2**

The European Association for Palliative Care (EAPC) Task Force on Social Work in Palliative Care proposes a consensus White Paper on core competencies in palliative care social work, presented by **Sean Hughes, Pam Firth** and **David Oliviere**. This is part 2, following part 1 published in the *European Journal of Palliative Care* Vol 21, No 6

This White Paper is the culmination of work undertaken by the European Association for Palliative Care (EAPC) Task Force on Social Work in Palliative Care, set up to examine the diversity of roles, tasks and education of palliative care social workers in Europe. We propose a competencies framework that is applicable to social workers in any role, but specifically delineates the advanced competencies appropriate to the specialist work required in palliative and end-of-life care contexts.

This paper is published in two parts. Part 1, published in the previous issue, described the context; the knowledge, skills and values of social workers; palliative care social work; and the competencies approach. Part 2 will detail each individual core competency.

Core competencies in palliative care social work

These competencies draw heavily on the work of the Canadian Social Work Competencies for Hospice and Palliative Care, which were developed in 2008 with frontline clinicians across Canada using a modified Delphi process.¹ We recognise that our European palliative care social work contexts – while varied in themselves – differ from those in Canada and the USA. For that reason, our competencies framework also refers to the recently published EAPC White Papers on competencies in palliative care education, the EAPC White Paper on standards and norms for hospice and palliative care in Europe, and

the interprofessional palliative care competencies developed in the Republic of Ireland.² It is evident that a certain synergy exists between these documents that lends itself to the development of this competencies framework. Radbruch and colleagues lay the foundation in outlining core principles in palliative care;^{3,4} Gamondi *et al* frame these in a more general sense in describing the basis for palliative care education;^{5,6} and the Canadian and Irish competencies introduce the specificity and unique quality of the social work contribution.^{1,2}

In addition, palliative care, the Swiss society for palliative medicine and palliative care, has recently published a catalogue of competencies for palliative care specialists.⁷ This provides further source material, and contributes to the effort to embed a competencies approach in the development of services and in the curricula required to adequately equip palliative care professionals for the task at hand.

We are particularly grateful to our Canadian colleagues for permission to use their framework structure and much of their content as the basis for our work, and fully acknowledge this here.

The ten core competencies

1. Application of the principles of palliative care to social work practice

Social workers should have an understanding of the impact of life-threatening illness on the clients they encounter. In addition, they

should have an awareness of the social, psychological and interpersonal challenges presented by dying and death. They need to develop the capacity to respond in an empathic and empowering manner, taking full account of the diversity and particular sociocultural context of the people they work with. Palliative care social workers should demonstrate advanced knowledge, skills and practice based in, and informed by, a set of internalised values and attitudes.^{5,6}

1.1 Values and attitudes

- A thorough awareness of, and commitment to, the palliative care approach and the principle of living well until you die
- A commitment to client self-determination, supporting and enabling clients to make decisions in their approach to the end of life and beyond
- A commitment to consider clients within their cultural, social and family context, recognising that the definition of ‘family’ may include unconventional forms
- An understanding of the need to adapt practice and interventions to the needs and location of clients
- Confidence in recognising when the palliative care approach should be introduced, knowing that early introduction may facilitate better outcomes.

1.2 Knowledge

- Of the key concepts in palliative care
- Of how social work theory dovetails with theory in palliative care and where points of difference or contention may arise
- Of theories of loss, grief and bereavement
- Of holism in palliative care and the interdependent dimensions of physical, psychological, social and spiritual care
- Of the appropriate legislation and policy that underpin the provision of palliative and end-of-life care services
- Of roles within the interdisciplinary team and where social work fits in
- Of the current ethical principles and debates within palliative and end-of-life care.

1.3 Skills

- Ability and confidence to engage with clients and their families, deploying advanced communication skills in palliative and end-of-life consultations
- Ability to communicate warmth, empathy

and concern to clients and those close to them

- Proficiency in collaborative working with the interdisciplinary team and confidence in promoting the palliative care social work perspective.

2. Assessment

Social workers should be able to comprehensively assess the needs of clients; this core skill is usually a key element of undergraduate social work education.⁸ Psychosocial assessment should be holistic, taking account of systemic and sociocultural, as well as individual factors. It is an iterative process that must be flexible and responsive to changes in the circumstances of the client.

2.1 Values and attitudes

- A recognition that psychosocial assessment is an ongoing, collaborative process
- A recognition that people know themselves and their situations
- An awareness of the balance to be struck between professional knowledge and individual self-determination
- A recognition that psychosocial assessment values strengths and resources
- Self-awareness and an ability to consider one’s own assumptions and bias
- A recognition that carers have needs too; due consideration should be given to these in the assessment process.

Social workers should be able to comprehensively assess the needs of clients

2.2 Knowledge

- Of illness trajectories and basic treatments
- Of theories of loss, grief, adjustment and the impact of disability
- Of assessment models, including those used by other professions
- Of the impact of diversity and discrimination – in terms of gender, culture, ethnicity, age, sexuality, religion and social class – on the clients’ situation
- Of the specific needs of those with learning disability or mental health issues
- Of crisis intervention and family systems theories.

2.3 Skills

- Advanced communication skills
- Ability to build trust and rapport
- Individual and family interviewing skills

- Capacity to ask difficult questions
- Ability to gather comprehensive and complex information
- Skills of containment: ability to 'hold' the difficult thoughts and feelings of another
- Ability to identify and respond to changing need
- Comprehensive report writing skills.

3. Decision-making

Social workers should work with an understanding and belief that people need sufficient information and support to make informed choices that best suit their

Social workers should view care planning as a collaborative process

particular circumstances. But decision-making is complex, particularly for those faced with the uncertainty and challenges of incurable illness.

The information gathered during ongoing needs assessment should be used to facilitate client decision-making.

3.1 Values and attitudes

- A non-judgemental approach
- A commitment to client self-determination and autonomy
- A commitment to the identification and protection of vulnerable people
- A willingness to accept that some decisions of clients may run counter to the opinions of professionals
- A recognition of complexity, changeability and uncertainty in decision-making for the client and the professional.

3.2 Knowledge

- Of the impact of progressive illness on decision-making capacity
- Of the impact of power and other psychosocial issues on decision-making
- Of ethics in decision-making
- Of the country-specific legislative framework around mental capacity
- Of the legal and procedural requirements of the systems in place to protect vulnerable adults and children.

3.3 Skills

- Ability to weigh competing interests
- Ability to assist clients in the decision-making process
- Ability to arbitrate and collaborate in situations of family conflict
- Ability to identify and address deficits in

information or understanding that limit an individual's decision-making capacity.

4. Care planning and delivery

Social workers should view care planning as a collaborative process, drawing on client resources and networks as well as looking to other sources of professional or community support. Care plans – particularly in palliative and end-of-life care, where circumstances can change rapidly – should be regularly reviewed and adjusted accordingly.

4.1 Values and attitudes

- A holistic, collaborative approach that is client- and family-centred
- A recognition that care plans need to be realistic, achievable, flexible and responsive to changing need
- A recognition that care plans and services provided need to be based on informed client choice
- An awareness that care planning and delivery need to respond to changes in mental and physical capacity
- A recognition that carers' needs must be accounted for
- An awareness that client confidentiality and dignity are paramount and that due attention must be afforded these principles in the transfer and sharing of information about clients.

4.2 Knowledge

- Of available resources both within and outside the client and carer network
- Of provider agency constraints and processes in service delivery
- Of the changing needs of clients, their families and carers along particular disease trajectories
- Of family dynamics theories and how these may influence care planning and utilisation of services
- Of the goals, strengths and weaknesses of particular care plans
- Of country-specific legal requirements relating to data storage and protection
- Of the legal and procedural requirements of the systems in place to protect vulnerable adults and children.

4.3 Skills

- Ability to formulate care plans that are collaborative, flexible, adaptable to changing

- need and that ensure continuity of care
- Ability to build and maintain therapeutic relationships
- Ability to negotiate effectively with provider agencies and professionals
- Ability to co-ordinate and evaluate care packages
- Ability to deal with family conflict, anger and frustration in an appropriate manner, seeking to strengthen and sustain functioning relationships
- Ability to deal calmly and effectively with crisis
- Ability to manage self and maintain appropriate boundaries when faced with other people's sorrow, pain and suffering
- Ability to maintain accurate and comprehensive records.

5. Advocacy

Social workers should work from a social justice values base and, in a palliative care context, should support the contention that end-of-life care is a human right.⁹ They should seek to advocate strongly on behalf of clients, carers and families facing life-threatening disease to ensure that needs are identified and appropriate measure taken to address them.

5.1 Values and attitudes

- A respect for client autonomy and self-determination
- An awareness of, and sensitivity to, diversity
- A willingness to work creatively within health- and social care systems and structures to achieve effective client support
- A willingness to address discrimination.

5.2 Knowledge

- Of communication and mediation theories
- Of advocacy techniques
- Of local health- and social care structures, processes and systems
- Of the particular barriers to health- and social care faced by people from marginalised groups and those who underuse palliative care services.¹⁰

5.3 Skills

- Advanced communication and negotiation skills
- Ability to work collaboratively with individuals, carers and service providers at all levels of the health- and social care system
- Ability to challenge others, at individual and

- agency level, on behalf of clients in ways that facilitate better client outcomes but maintain good working relationships
- Ability to identify gaps in services in order to call for appropriate responses
- Ability to plan anticipated need in specific disease trajectories.

6. Information-sharing

Communication and information-sharing with clients, their families and the wider interdisciplinary team are core elements of the social work role. Skilled palliative care social workers should be able to provide a safe listening space for people to reflect on and process sensitive or difficult information. The effective provision of information is a two-way street: social workers are required to listen effectively and check that their response has been fully understood by the recipient. Addressing issues of pace and sensitivity, so as not to overload people, is critical. The issue of confidentiality is heightened when the expectation within teams is that most information is shared. Checking with individuals and families what can be shared and in what form requires skill and diplomacy.

6.1 Values and attitudes

- A recognition that clients have a right to clear, truthful and understandable information about all aspects of their condition and service options
- A recognition that clients should be enabled to negotiate the pace and levels at which information is shared with them
- A nuanced approach to information-sharing when working with children or those with cognitive or intellectual challenges
- A recognition that clients have a right to confidentiality, with exceptions.

6.2 Knowledge

- Of communication tools that assist in gathering and imparting information, particularly information of a sensitive or difficult nature
- Of age-appropriate communication techniques for children and young people
- Of the communication needs of those with sensory or cognitive impairment and those with learning disability or mental health needs, and of the appropriate techniques for communicating with them
- Of translation services.

6.3 Skills

- Advanced communication skills
- Ability to provide information in a sensitive, timely and clear way, having first established the clients' requirements and limitations
- Ability to impart difficult information and communicate it, where required, in an honest and clear manner
- Ability to assess a person's response to information shared, check understanding and respond appropriately
- Ability to take account of cultural and language barriers to the sharing of information and take appropriate measures to counter these.

7. Evaluation

Social workers are expected to evaluate the services they provide and implement changes to practice and provision where necessary.⁸

Social workers are expected to evaluate the services they provide and implement changes

A medically oriented assessment tool such as the Distress Thermometer¹¹ is considered appropriate for social workers to use in order to help individuals crystallise their feelings and needs, and to measure distress; it provides a baseline from which to evaluate interventions and monitor distress over time. Another tool, developed by a social worker, is the Adult Attitude to Grief scale,¹² which helps to assess the level of need in bereaved people and can also be used as a post-intervention outcome measure. Palliative care social workers should be aware of validated tools that objectively measure outcomes and apply these where possible.

7.1 Values and attitudes

- A vision of evaluation at the micro and macro levels as a central social work task
- A willingness to actively seek feedback on interventions and practice
- A willingness to incorporate feedback when reviewing care plans and service provision
- A readiness to empower and enable clients to engage in giving feedback.

7.2 Knowledge

- Of evaluation research and theory
- Of appropriate assessment and evaluation tools and measures in the palliative and end-of-life care arena
- Of the impact of diversity on the expectations of clients from different

backgrounds and on their use of, and engagement with, palliative care services

- Of resources available to augment or alter care packages and interventions appropriate to the stage of illness.

7.3 Skills

- Ability to assess and re-assess the impact of interventions on clients, their carers and families and to modify these accordingly
- Ability to respond to criticism of services by clients in a collaborative and constructive manner
- Ability to negotiate changes in service provision that better meet clients' needs in collaboration with relevant professionals and provider agencies
- Ability for self-reflexive practice
- Ability to access line management and clinical supervision.

8. Interdisciplinary teamworking

As noted above, interdisciplinary teamworking is a central aspect of palliative and end-of-life care practice. Many palliative care social workers work within interdisciplinary teams, which bring different perspectives, opinions and knowledge to provide holistic care for patients and their families.

A social work presence should ensure that psychosocial care is at the core of that provision. Issues of role overlap and blurring are common and, within the team, there are likely to be different personalities, opinions and goals. It should also be noted that volunteers may make a significant contribution to the care offered by the wider team; in the UK for example, many bereavement services are partly or wholly staffed by volunteer counsellors and support workers who are involved in direct service provision.¹³ Social workers have much to offer from their professional perspective, however, and should seek to contribute this to the team effort in a spirit of collaboration and with confidence in their professional standpoint.

8.1 Values and attitudes

- Respect for the range of perspectives within the interdisciplinary team
- Confidence in the value and expertise of the social work perspective
- Trustfulness and honesty with colleagues
- Willingness to take leadership roles
- Commitment to teamwork

- Commitment to client confidentiality in an interdisciplinary team context.

8.2 Knowledge

- Of interdisciplinary teamwork theory: how teams form, how they develop, how a teamwork approach may be facilitated
- Of the strengths and challenges of a teamwork approach
- Of role boundaries and overlap with the roles of other professionals within the team
- Of the synergistic potential of the teamwork approach
- Of techniques and strategies for managing conflict within teams.

8.3 Skills

- Ability to foster communication within the team and contribute to effective team management and team building
- Ability to provide input on the psychosocial aspects of palliative and end-of-life care
- Ability to facilitate communication between clients, their carers, their family members and the wider interdisciplinary team
- Ability to protect the confidentiality of client information while enabling the interdisciplinary team process
- Ability to self-care and support other members of the team in dealing with dying, death and bereavement.

9. Education and research

Social workers should be able to bring a psychosocial perspective to interdisciplinary education and research. Palliative care social workers are expected to teach and supervise colleagues from health- and social care and participate in the training of students, both from social work and other disciplines within the wider interdisciplinary team. There is a particular need to help in the ongoing professional development of qualified social workers with a generalist role, in order to enhance their knowledge and practice around palliative and end-of-life care and service provision. Although social workers – like many other professionals – have a clinical or direct work focus, they should use an evidence base in their professional development and contribute to research.

9.1 Values and attitudes

- Confidence in the expertise of social work and the psychosocial perspective

- Willingness to share experience and expertise through education and research activities
- Commitment to continuing education and professional development
- Commitment to enhancing the evidence base for palliative and end-of-life care through a contribution to robust research
- Commitment to advancing social work research in order to enhance practice.

9.2 Knowledge

- Of social work theory
- Of the underlying principles of best-practice palliative care
- Of the social work role and psychosocial perspective in palliative and end-of-life care
- Of the illness trajectories of dying people
- Of death, dying and bereavement processes and associated theories
- Of the impact of diversity on death, dying and bereavement
- Of appropriate helping strategies
- Of communication skills
- Of research methodologies appropriate to palliative care
- Of ethical guidelines in research
- Of current issues in palliative and end-of-life research.

9.3 Skills

- Ability to model professional social work role
- Teaching and mentoring skills
- Ability to supervise staff undergoing training or professional development
- Ability to critically appraise research outcomes
- Ability to integrate research results into practice.

10. Reflective practice

The goal of self-reflection in a work context is to improve practice. The need to stay in touch with difficult feelings and situations requires the support of managers and clinical supervisors. Supervision provides guidance for the worker and checks and balances about the task.¹⁴ All workers in palliative and end-of-life care need to recognise and manage their own emotional responses to death and dying. Palliative care social workers should be able to develop that level of self-awareness.

10.1 Values and attitudes

- Recognition that reflective practice is

integral to self-care

- Acknowledgement that reflecting on practice is a tool for enhancing care provision
- Recognition of the impact on self of working with dying and bereaved people
- Commitment to developing a culture of reflective practice in the wider team
- Recognition of the importance of supervision and mentorship.

10.2 Knowledge

- Of the purpose of reflective practice
- Of tools for considering self in relation to work
- Of when and how to access support or mentorship
- Of self: strengths, limitations, vulnerabilities, potential.

10.3 Skills

- Ability to recognise the impact of work on self
- Ability to seek, and act on, feedback from clients, colleagues, mentors and managers
- Ability to provide constructive feedback to others
- Ability to model a reflective approach to work
- Ability to integrate self-reflection into practice
- Ability to maintain boundaries
- Ability to recognise one's own limitations
- Ability to consult with, and refer to, others when necessary.

Summary and next steps

The aim of this White Paper has been to provide an outline of the core competencies

This framework embodies the core of what palliative care social workers should aspire to

expected of social workers in palliative and end-of-life care. We sought to situate these within the historical, economic, sociocultural and international contexts of

palliative and end-of-life care, and to underpin them with the value base of social work as a professional discipline.

Inevitably, our competencies framework needs to fit in a wide range of national contexts and cultures, as well as a multiplicity of health- and social care systems in which palliative and end-of-life care may sometimes be at an early developmental stage. This competencies framework may, therefore, need adapting to local need. But we would argue

that, in essence, this framework embodies the core of what palliative care social workers should aspire to.

The next task of the EAPC Task Force on Social Work in Palliative Care will be to develop core curricula for the education of social workers in palliative care that reflect and build on the competencies outlined in this White Paper. Oliviere and Monroe have argued that the challenge for all palliative care professionals is to produce more for less;¹⁵ the need for a confident, collaborative and competent palliative care social work contribution has never been greater.

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