Competences of Social Care Workers in Ireland

**Standards for social work - Northern Ireland**

The national occupational standards for social work were developed jointly with Northern Ireland Social Care Council, Scottish Social Services Council and TOPPS England. The consultation exercise in Wales included people who use services, careers, employers, practitioners, government officials, representatives from further and higher education and from professional bodies. T

he Care Council for Wales agreed the standards in March 2002. The standards were approved by the Qualification and Curriculum Authority (QCA) in June 2002.

**The Key Purpose and Key Roles of Social Work**

The starting point for the development of these standards is the identification of the Key Purpose of Social Work, for which the international definition of social work has been adopted:

***“A profession which promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilizing theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work"[[1]](#footnote-1)***

Following six Key Roles have been identified:

**Key Role 1** Prepare for, and work with individuals, families, careers, groups and communities to assess their needs and circumstances

**Key Role 2** Plan, carry out, review and evaluate social work practice, with individuals, families, careers, groups, communities and other professionals

**Key Role 3** Support individuals to represent their needs, views and circumstances

**Key Role 4** Manage risk to individuals, families, careers, groups, communities, self and colleagues

**Key Role 5** Manage and be accountable, with supervision and support, for your own social work practice within your organisation

**Key Role 6** Demonstrate professional competence in social work practice

* In demonstrating competence against these National Occupational Standards account must be taken of:
	+ the code of practice for social care workers
	+ the statement of expectations from individuals, families, careers, groups and communities who use services and those who care for them
	+ the unit commentary, knowledge base and performance criteria of the standards themselves,
1. **Protect the rights and promote the interests of service users and careers.**

Social care workers must:

This includes:

1.1 treating each person as an individual;

1.2 respecting and, where appropriate, promoting the individual views and wishes of both service users and careers;

1.3 supporting service users’ rights to control their lives and make informed choices about the services they receive;

1.4 respecting and maintaining the dignity and privacy of service users;

1.5 promoting equal opportunities for service users and careers;

1.6 respecting diversity and different cultures and values.

**2. Strive to establish and maintain the trust and confidence of service users**

**and careers;**

This includes:

2.1 being honest and trustworthy;

2.2 communicating in an appropriate, open, accurate and straightforward way;

2.3 respecting confidential information and clearly explaining agency policies about confidentiality to services users and careers;

2.4 being reliable and dependable;

2.5 honoring work commitments, agreements and arrangements and, when it is not possible to do so, explaining why to service users and careers;

2.6 declaring issues that might create conflicts of interest and making sure that they do not influence your judgement or practice;

2.7 adhering to policies and procedures about accepting gifts and money from service users and careers.

**3. Promote the independence of service users while protecting them as far as possible from danger or harm;**

This includes:

3.1 promoting the independence of service users and assisting them to understand and exercise their rights;

3.2 using established processes and procedures to challenge and report dangerous, abusive, discriminatory or exploitative behaviour and practice;

3.3 following practice and procedures designed to keep you and other people safe from violent and abusive behaviour at work;

3.4 bringing to the attention of your employer or the appropriate authority resource or operational difficulties that might get in the way of the delivery of safe care;

3.5 informing your employer or an appropriate authority where the practice of colleagues may be unsafe or adversely affecting standards of care;

3.6 complying with employers’ health and safety policies including those relating to substance abuse;

3.7 helping service users and careers to make complaints, taking complaints seriously and responding to them or passing them to the appropriate person;

**4. Respect the rights of service users whilst seeking to ensure that their behaviour does not harm themselves or other people;**

This includes:

4.1 recognizing that service users have the right to take risks and helping them to identify and manage potential and actual risks to themselves and others;

4.2 following risk assessment policies and procedures to assess whether the behaviour of service users presents a risk of harm to themselves or others;

4.3 taking necessary steps to minimize the risks of service users from doing actual or potential harm to themselves or other people;

4.4 ensuring that relevant colleagues and agencies are informed about the outcomes and implications of risk assessments

**5. Uphold public trust and confidence in social care services; and**

In particular you must not:

5.1 abuse, neglect or harm service users, careers or colleagues;

5.2 exploit service users, careers or colleagues in any way;

5.3 abuse the trust of service users and careers or the access you have to personal information about them, or to their property, home or workplace;

5.4 form inappropriate personal relationships with service users;

5.5 discriminate unlawfully or unjustifiably against service users, careers or colleagues;

5.6 condone any unlawful or unjustifiable discrimination by service users, careers or colleagues;

5.7 put yourself or other people at unnecessary risk;

5.8 behave in a way, in work or outside work, which would call into question your suitability to work in social care services.

**6. Be accountable for the quality of their work and take responsibility for maintaining and improving their knowledge and skills.** This includes:

6.1 meeting relevant standards of practice and working in a lawful, safe and effective way;

6.2 maintaining clear and accurate records as required by procedures established for your work;

6.3 informing your employer or the appropriate authority about any personal difficulties that might affect your ability to do your job competently and safely;

6.4 seeking assistance from your employer or the appropriate authority if you do not feel able or adequately prepared to carry out any aspect of your work or you are not sure about how to proceed in a work matter;

6.5 working openly and co-operatively with colleagues and treating them with respect;

6.6 recognising that you remain responsible for the work that you have delegated to other workers;

6.7 recognising and respecting the roles and expertise of workers from other agencies and working in partnership with them and

6.8 undertaking relevant training to maintain and improve your knowledge and skills and contributing to the learning and development of others.

COPMETENECIES FOR CARE SOCIAL WORK IN EUROPE

**Core competencies for care social work in Europe was published by European Association for Palliative Care (EAPC) in White Paper - ten core competencies of social workers[[2]](#footnote-2):**

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.

* 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. **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. **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.
1. **Assessment**
* Assessments of 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.
* 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 careers have needs too; due consideration should be given to these in the assessment process.

**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 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-judgmental 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-centered
* 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 careers’ needs must be accounted for
* An awareness that client confidentially 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 career network
* Of provider agency constraints and processes in service delivery
* Of the changing needs of clients, their families and careers 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.
	1. **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. They should seek to advocate strongly on behalf of clients, careers 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.

**5.3 Skills**

* Advanced communication and negotiation skills
* Ability to work collaboratively with individuals, careers 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. A medically oriented assessment tool such as the Distress Thermometer 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, 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 careers 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. 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 careers, 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. 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.

**Palliative Care Competence Framework 2014, Ireland**

The Health Service Executive’s Palliative Care Programme convened a Project Steering Group to support, guide and oversee the development of the Palliative Care Competence Framework[[3]](#footnote-3). The steering group comprises members from the Health Service Executive (HSE), All Ireland Institute of Hospice and Palliative Care (AIIHPC), the Irish Association for Palliative Care (IAPC) and the Irish Hospice Foundation (IHF).

The purpose of this project was to develop a Palliative Care Competence Framework for health and social care professionals working in various health care settings.

The World Health Organisation (WHO) defines Palliative Care as: an approach that improves the quality of life of individuals and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care:

* + provides relief from pain and other distressing symptoms;
	+ affirms life and regards dying as a normal process;
	+ intends neither to hasten or postpone death;
	+ integrates the psychological and spiritual aspects of individual care;
	+ offers a support system to help individuals live as actively as possible until death;
	+ offers a support system to help the family cope during the individuals illness and in their own bereavement;
	+ uses a team approach to address the needs of individuals and their families, including bereavement counselling, if indicated;
	+ will enhance quality of life, and may also positively influence the course of illness;
	+ is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications.

The Domains of Competence are:

DOMAIN OF COMPETENCE 1

Palliative care aims to improve the quality of life of people with life-limiting conditions and their families, not only by treating their physical symptoms but also by attending to their psychological, social and spiritual needs. Palliative care is applicable for people of any age and may be integrated at any point in the disease trajectory from diagnosis through the continuum of care to bereavement.

**As a health care professional, you should:**

* Understand and be able to describe the meaning of the term ‘life-limiting condition’
* Understand and be able to apply the principles of palliative care that affirm life, offer people with life-limiting conditions a support system to help them live as actively as possible until death with optimal quality of life and help families cope during illness
* Understand the significance of the physical, psychological, social and spiritual issues that affect people with life limiting conditions and their families throughout the continuum of care
* Demonstrate the ability to use the palliative care approach as early as is appropriate in order to facilitate person-centered practice that recognises the concerns, goals, beliefs and culture of the person and her/his family
* Provide empathetic care to individuals with life-limiting conditions and their families, with clear regard to the individuality of each person
* Show a commitment to one’s own continued professional development and learning and facilitate the learning and development of others, in order to improve care for those with life-limiting conditions and their families
* Show a commitment to developing self-care strategies and to attending to any impact that working with people facing life-limiting conditions and their families may have on you.

**DOMAIN OF COMPETENCE 2- COMMUNICATION**

Effective communication is essential to the application of palliative care principles and to the delivery of palliative care. Communication is also important where circumstances are ambiguous or uncertain and when strong emotions and distress arise. Specific consideration should be given to communication as a method of:

* + Supporting and enabling therapeutic relationships with the person with a life-limiting condition and her/his family;
	+ Ensuring that the person and her/his family understand and participate in decision-making regarding care to the extent that she/he is able to and wishes to be involved
	+ Enabling inter-professional teamwork. Indicators As a health care professional you should: • Understand the essential role communication plays in palliative care
	+ Understand the different types of communication e.g. verbal, non-verbal, visual, written, and interpersonal interaction (either one-to-one or with a group or team)
	+ Demonstrate the ability to communicate effectively with the person with a life-limiting condition, their family and the interdisciplinary team in order to establish, maintain and conclude a therapeutic relationship
	+ Demonstrate the ability to communicate effectively with individuals and families from diverse cultures and different backgrounds, using professional interpreters (Appendix 1) where necessary and/or assistive communication technology where necessary
	+ Be able to modify your own communication style to facilitate communication with individuals with a range of communication impairments or seek facilitation in this area if required.
	+ Understand the importance of using strategies that empower effective communication e.g. active listening, plain language, appropriate tone, clarifying statements, inviting questions
	+ Demonstrate an ability to be attentive to the person through careful listening to help the person and their family feel they have been heard
	+ Support individuals (or parents in the case of children and minors) to make informed decisions regarding the level of information they wish to receive and want to share with their family
* Act as an advocate for the person and their family to ensure appropriate and timely palliative care intervention

**DOMAIN OF COMPETENCE 3 - OPTIMISING COMFORT AND QUALITY OF LIFE**

Individuals with life-limiting conditions and their families can be affected not only in physical, but also in psychological, social and spiritual ways. Optimising comfort and quality of life for the person with a life-limiting condition and her/his family is a dynamic process that involves anticipating, acknowledging, assessing and responding to a range of symptoms and needs in a proactive and timely manner in order to prevent and relieve suffering. As a health care professional, you should: • Understand the significance of anticipating and responding to the needs of people with life-limiting conditions and their families (e.g. physical, psychological, social and spiritual) in a proactive and timely manner

* Understand how the palliative care approach can enhance the assessment and management of symptoms
* Exhibit an ability to apply a range of assessment tools to gather information
* Be able to evaluate non-complex interventions and propose alternative actions if deemed necessary • Recognise the importance and benefit of multidisciplinary working in optimising comfort and enhancing the quality of life of the person with a life-limiting condition and her/his family
* Recognise the ways in which people with life-limiting conditions and their families can be engaged in self-management of their condition
* Demonstrate professional awareness of the scope of, and benefits of timely and appropriate access to specialist palliative care services
* Be aware of the uniqueness of a good death and facilitate the achievement of this as much as possible

**DOMAIN OF COMPETENCE 4 - CARE PLANNING AND COLLABORATIVE PRACTICE**

Care planning in palliative care is characterised by coordinating and integrating person-centered care in order to promote quality of life for people with life-limiting conditions and their families. It involves assessing need, promoting and preserving choice, predicting likely problems and planning for the future in the context of a changing and deteriorating disease trajectory. Care planning ensures that multiple disciplines and agencies can be accessed and referred to as required in a timely manner. People with life-limiting conditions should be helped to engage with care planning to the extent that they are able to and wish to be involved. The concerns of families and careers should be taken into account as part of this process. As a health care professional, you should:

* Recognise the impact of a life-limiting condition on the person and her/his family and be able to provide support in order to help the individual to adapt to the changes in her/his condition
* Recognise the impact of a life-limiting condition on the person and her/his family’s mental health and coping mechanisms and be able to provide support in order to help the individual to adapt to the bereavement and loss
* Appreciate the roles, responsibilities and professional boundaries of individual members of the interdisciplinary team
* Understand the collaborative relationship between the person with life-limiting conditions, the health care professional, the family and all the other agents of care involved with the person and the family in order to develop an individualised and coherent plan of care to assist the person and the family to attain realistic goals and outcomes in all care settings
* Collaborate effectively with others as a member or leader of a multidisciplinary team
* Be able to identify priorities or concerns for the individual with a life-limiting condition and their careers, taking account of the individual’s coping strategies and how the person perceives their diagnosis
* In the context of professional scope of practice be able to critically evaluate outcomes of interventions against established standards and guidelines
* Demonstrate an understanding of advance care planning and an appreciation of the appropriate time(s) to engage in discussions about preferences for care with the person with a life-limiting condition and her/his family
* Demonstrate an ability to communicate sensitively and clearly about advance care planning with the person, the family and the range of professionals and agencies involved.

**DOMAIN OF COMPETENCE 5 - LOSS, GRIEF AND BEREAVEMENT**

Dealing with loss, grief and bereavement for the person themselves, their family and the professionals who care for them is intrinsic to palliative care provision. Most people manage their loss by combining their own resources with support from family and friends. However, a minority of people are at risk of developing complications or difficulties in their grieving. Professionals using the palliative care approach have an important role to play in supporting bereaved people by providing information and support to all and by identifying those who require bereavement therapy or counselling.

As a health care professional, you should:

* Understand that grief is a normal and appropriate response to loss which has physical, psychological, spiritual, emotional and social aspects that affect how it is experienced
* Recognise the range of individual physical, psychological, spiritual, emotional and social responses to loss and grief
* Recognise the factors which may put a person at risk of encountering difficulties in their grief, whilst also remaining aware of the resources and resiliencies that are particular to each person and family
* Demonstrate an ability to engage with a person who is experiencing loss in the context of professional scope of practice and/or role
* Assist the family to access bereavement information and support at a level that is appropriate to their needs
* Be cognisant of the psychological impact of death and dying on individuals with increased stress vulnerability
* Understand the personal impact of loss, grief and bereavement and recognise your own loss responses and engage in activities that maintain your resilience on an on-going basis
* Possess a level of self-awareness that prevents your own experiences of loss from negatively impacting on the person with a life-limiting condition or their family.

**DOMAIN OF COMPETENCE 6 - PROFESSIONAL AND ETHICAL PRACTICE IN THE CONTEXT OF PALLIATIVE CARE**

The goal of health care is to help people sustain health that is essential to their well-being. However, there comes a time when specific treatments or interventions may be futile or overly burdensome. Integrity in palliative care practice refers to the importance of respecting the person’s values, needs and wishes in the context of a life-limiting condition. It guides all health care professionals to reflect on the relationship between their contribution to a person’s care and the necessary contributions of other professionals. Professional and ethical practice is about considering how best to provide continuing and integrated care to people as their health care needs change in the course of life-limiting conditions.

As a health care professional, you should:

* Work within your current Code of Professional Conduct and engage ethically, knowledgably and respectfully with other disciplines.
* Recognise and respect your professional responsibility to care for people with life-limiting conditions and their families to ensure their comfort and dignity
* In the context of your current professional role establish collegial partnerships and in the context of palliative care contribute to the professional development of students, peers, colleagues and others through consultation, education, leadership, mentorship and coaching
* Use the resources available fairly in the context of providing appropriate care to the person with a life-limiting condition
* In the context of professional scope of practice and/or role anticipate and demonstrate the ability to address potential ethical issues that may be encountered when caring for the person with a life-limiting condition and her/his family
1. International Association of Schools of Social Work and the International Federation of Social Workers (2001) [↑](#footnote-ref-1)
2. European journal of palliative care, 2015; 22(1), Core competencies for palliative care social work in Europe: an EAPC White Paper – part 1 and part 2: https://pdfs.semanticscholar.org/931f/223945bbda3477e253f5b6d5257454d39d1b.pdf [↑](#footnote-ref-2)
3. Ryan K, Connolly M, Charnley K, Ainscough A, Crinion J, Hayden C, Keegan O, Larkin P, Lynch M, McEvoy D, McQuillan R, O’Donoghue L, O’Hanlon M, Reaper-Reynolds S, Regan J, Rowe D, Wynne M; Palliative Care Competence Framework Steering Group. (2014). Palliative Care Competence Framework. Dublin: Health Service Executive [↑](#footnote-ref-3)