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Hospice & Palliative Care Social Workers Group

Position Paper on the Role of Social Work in Specialist Palliative Care in Ireland

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IASW Irish Association of Social Workers

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Position Paper on the Role of Social Work in Specialist Palliative Care

Hospice and Palliative Care Social Workers Group

Introduction

Palliative care is defined as an interdisciplinary approach that improves quality of life for people with a life-limiting illness and those important to them through a focus on expert pain and symptom management, enhanced communication, goals-of-care discussions, and the provision of psychosocial, spiritual, and bereavement support (Department of Health [DOH], 2024).

Social workers in Specialist Palliative Care (SPC) bring a unique understanding of communication within person-centred care, as they are trained to actively listen, help patients, children and families navigate uncertainty and complex emotional responses, while ensuring that the individual's values and wishes remain central in all care decisions. Social workers in SPC are integral members of multidisciplinary teams, contributing expert skills in addressing the psychosocial, practical, and emotional needs of patients and families. They draw on an understanding of family systems, developmental stages, risk, vulnerability, cultural contexts and the social determinants of health to assess and intervene in complex, multifaceted care scenarios (Taels, 2025).

This position paper highlights the essential role social workers in SPC play in addressing the complex needs of patients and their families within adult palliative care services, which Tzvetanova (2024) notes as some of life's most challenging moments. It identifies key opportunities for development, to strengthen service delivery and meet the growing demands of an aging and increasingly diverse population.

Context

In Ireland, SPC is delivered through diverse settings including acute hospitals, hospices, and community-based services, serving both adults and children. The Health Service Executive (HSE), in partnership with voluntary organisations, coordinates these services, though the diversity in governance can lead to challenges in standardising care nationwide. Sláintecare, Ireland's overarching health reform policy, advocates for 'Right Care, Right Place, Right time'. (Health Outcomes Office [HOO], 2017). The National Adult Palliative Care Policy (DOH, 2024) builds on this vision, emphasising the importance of holistic support—including for caregivers and those experiencing bereavement.

Recent demographic trends underscore the urgency of these efforts: with an aging population and expanding chronic disease burden, an estimated 80% of individuals who die in Ireland each year could benefit from palliative care (DOH, 2024). There is an evolving social context, marked by increased cultural diversity, rising inequality and a changing economic climate. The Model of Care states "…. all team members, but particularly social workers, are operating in an increasingly complex social environment and roles have had to evolve to meet the layered complexities of patients and their families/carers" (National Clinical Programme for Palliative Care [NCPPC], 2019:116). These

complexities include changing family dynamics, a rise in substance use and mental health challenges, and an increase in domestic abuse presentations.

The Health and Social Care Professional (HSCP) workforce in SPC remains underdeveloped, (NCPPC, 2019:117). While medical and nursing staffing models have progressed, the report recommended the development of structured workforce planning and role clarity for social work. The current national policy calls for universal access to holistic palliative care within a person's geographical area, and amongst other things that carers be supported and bereavement services developed, yet disparities persist in some geographical areas where there is no social worker or a single-handed post. These constraints impact the availability of psychosocial and bereavement support across regions leading to inequality. It is imperative that there is timely access to appropriately resourced social workers in SPC.

Role of Social Work in Specialist Palliative Care

Social work is a values-driven profession rooted in principles of human rights, social justice, and respect for diversity (International Federation of Social Workers [IFSW], 2014). Social workers in Ireland are regulated by the health and social care regulator CORU. Their work is underpinned by the proficiencies as outlined by CORU (2019) under the domains of Professional Autonomy and Accountability; Communication, Collaborative Practice and Team Working; Safety and Quality; Professional Development; and Professional Knowledge and Skills. SPC social workers are guided by the Palliative Care Competency Framework (Ryan et al, 2014), which outlines 6 domains of professional competence that social workers should be proficient in, in line with the CORU standards. This framework clearly defines the knowledge, skills and values required for effective practice, supports consistent high-quality care, and recognises the social work expertise to interdisciplinary team collaboration in assessment, planning and decision making. In palliative care, social workers bring a distinctive perspective shaped by their expertise in loss, grief, family systems, and trauma-informed care (European Association for Palliative Care [EAPC], 2018).

The integration of social work into palliative care significantly enhances support for the patient and family and the multidisciplinary team in the provision of holistic, person-centred care. Studies show that social workers' involvement increases attention to psychological (82% vs 18%) and spiritual needs and improves the documentation of advance care directives (90%vs 10%) (Edmonds et al, 2021). Social workers in SPC are uniquely positioned to address social inequities, cultural barriers, and systemic challenges, ensuring that care is inclusive, accessible, and responsive to diverse needs.

Social workers also contribute to the emotional resilience and mental well-being by fostering coping mechanisms and assisting individuals in navigating life changes, including uncertainty. Their psychosocial assessments consider the individual perspective, social functioning, environmental stressors, family dynamics, vulnerability- safeguarding/ child protection risks—key elements that influence how people cope with illness and death. Social workers are instrumental in responding to and managing risk and uncertainty. Social workers are often the link between health and social care, for the people that we work with, and for our professional colleagues.

Key Roles of the Specialist Palliative Care Social Worker

Psychosocial Support

Social workers provide essential psychosocial care, addressing the emotional, social, and psychological dimensions of living with life-limiting illness. They deliver counselling, emotional support, and guidance that help patients and families adapt, cope, and maintain a sense of meaning and connection. Psychosocial support is provided face to face, by phone and/or virtually, depending on the needs and preferences of the client and the service.

Therapeutic support for Patients, Children, and Families

Using a whole-person, family systems approach, social workers engage with the patient as well as their family, whatever that means for them. They ensure that children and young people are included in understanding a family member's illness by supporting parents to communicate in age-appropriate, honest ways and answering their questions safely. Keepsake and memory work is offered to assist patients, children and families in supporting their time together and saying goodbye. Therapeutic support is also extended to families facing complex relational dynamics. Support is offered to children with a life-limiting diagnosis who come under the care of adult services, working with them and their families within their own homes, hospitals and hospices.

Carers

Social workers have a central role in the range of supports that can be offered to carers, from practical and financial, to emotional and psychological, helping them navigate their relative's illness. Family and informal carers play a significant role in supporting patients in palliative care. Both the model of care and the national policy identify the need to improve and increase the support available to carers (NCPPC, 2019; DOH, 2024).

Supporting Cultural Diversity

Ireland is an increasingly multicultural and diverse society. According to the 2022 Census, 12% of the population of Ireland is made up of non-Irish Citizens (CSO, 2022). Social workers prioritise cultural humility and sensitivity, recognising and respecting diverse beliefs, values, and traditions. This awareness enhances trust, supports dignity, and ensures care is respectful and person-centred across different cultural contexts (Ryan et al, 2014). The use of translators and translation aids has become commonplace in SPC and adds a further layer of complexity for social workers and the wider MDT in supporting patients and families.

Advance Care Planning

Social workers support patients and families as they navigate illness. Planning for the future is a core part of this support, helping patients and families anticipate and plan for changes and transitions. The implementation of the Assisted Decision-Making (Capacity) Act 2015 has introduced challenges such as complex capacity assessments and ethical tensions (HSE, 2023). Ongoing professional development and integrated protocols are essential for navigating these challenges and ensuring quality care.

Practical and Resource Support

Social workers assist patients and families in navigating systems of care, accessing financial aid, and understanding available supports. Addressing these practical barriers enables timely access to services and relieves burdens during already stressful times.

Grief, Loss, and Bereavement Care

Social workers provide bereavement support along a continuum of care, from anticipatory grief to support around the time of death and on into bereavement care post death (Hospice and Palliative Care Social Workers Group, 2019). In line with the Public Health Approach to bereavement care (Aoun et al, 2012), different levels of bereavement support and counselling may be provided to meet the range of support needs for bereaved individuals and families (NCPPC, 2019; IHF, 2020). Services may include support with practical issues following a death, individual and family counselling, support groups, legacy work such as memory-making activities, and developmentally appropriate support for children (Harrop et al., 2020).

Education

Social workers provide psychoeducation to patients and families across a range of issues, including coping with illness, advance care planning, navigating services and bereavement. Social workers contribute to multidisciplinary education through case discussions and reflective practice. They play an important role in educating and mentoring students and apprentice social workers, working in partnership with higher education institutions and professional bodies to support learning in palliative care practice. The HSE calls on the provision of student practice placements to meet increased demand and enable future workforce supply (HSE, personal communication, 17 February 2026). Social workers advocate for compassionate communities approaches which helps raise awareness of palliative care/ death, dying and bereavement within the wider community. Social workers influence policy and service development by educating policy makers about gaps in service provision and access. The educational role of social workers in SPC is multidimensional, encompassing patients, families, healthcare teams, students, communities, and policy environments.

Workforce Planning

Social workers in SPC work not only with patients, but also with carers and family members. This can be with one or multiple family members. Social workers also support families around the time of death and can be involved in complex situations in the immediacy of a death, as some families require support with practical or transitional issues. This is a much broader remit than other members of the multi-disciplinary team, which isn't always understood by others. Current workforce planning recommendations do not adequately reflect this.

The staffing recommendations of the National Advisory Committee on Palliative Care (NACPC) Report, 2001, is based on recommendations per number of population but does not take account of the social determinants of health and the needs of various populations (DOH&C, 2001). The increasing diversity and complexity of need in society, means many populations require a higher level of support. Current workforce planning recommendations do not adequately reflect this.

The recommendations of the NACPC report have yet to be fully realised, meaning there can be significant gaps in the availability of social workers in some services. The National Adult Palliative Care Policy, 2024, makes recommendations about addressing workforce planning, not just in terms of numbers but also skill mix and education to ensure "the right people" are available to provide quality care (DOH, 2024). We support the implementation of this recommendation, to support robust succession planning and career development for social workers.

The national project looking at mapping demand and resources required to provide bereavement care will form part of the workforce planning process and is welcomed by social workers, who are active members of the clinical advisory group for the project.

Recommendations

To strengthen the role of social work in palliative care, it is imperative to address **workforce gaps** and **regional inequalities** by creating a national workforce plan. This is to ensure equitable access to social work and bereavement services across all care settings: acute, inpatient and community based paediatric and adult specialist palliative care services, urban and rural.

The implementation of this recommendation will enable social workers to:

- Improve and increase the supports available to carers, including the development of structured carer supports and programmes to reduce carer burnout and help maintain patients at home.
- Provide psychosocial support to children and families both during their family member's illness, and in bereavement.
- Bereavement - Create bereavement pathways and tiered support models led by social work expertise In line with the Public Health Approach to bereavement care.

• Standardise **governance structures** and **line management** to ensure consistency in service provision and development, representation, and to facilitate professional growth and development for all social workers in SPC. This will enable the prioritisation of staff well-being through structured social work supervision, reflective practice, and emotional support.

This will ensure the social work voice continues to be actively included in all relevant service and policy development working groups and work streams, at both a local and national level.

•Create a defined **career pathway** for generalist medical social work to have a structured transition into SPC inclusive of all grading structures. This should be mapped to competency levels as outlined in the Palliative Care Competence Framework (Ryan et al, 2014). Career progression should allow for funded educational opportunities up to PhD level, including specialist research or academic roles, as well as opportunities for the development of specialist roles/ advanced practice (i.e. bereavement, leadership).

•Further **specialist training** specific to social work in palliative care and funding mechanisms to support. There is currently one postgraduate training course in Ireland, in Queens University. The HSCP office currently fund two places on this course via the IASW. There is a need for a continuation and further development of this funding and other funding opportunities. This will build capacity to

develop and retain a highly skilled and competent workforce for working with children and adults, embedding succession planning into workforce strategies.

• The palliative care competencies for social workers need to be integrated into **social work undergraduate and post graduate training programmes as a standard.** This, alongside the prioritising of student placements, will ensure a competent workforce into the future. This requires adequate resourcing of the current workforce as well as dedicated clinical tutor roles to support clinical placements across services.

Conclusion

This position paper demonstrates that social workers in SPC play a unique and essential role in delivering holistic, person-centred care. As well as the patient, social workers engage with the wider family system, addressing social, emotional, practical, carer, and bereavement needs that significantly influence health and wellbeing outcomes. Social workers have expert knowledge in guiding how best to support children and vulnerable people within a family. This whole-family approach is critical in supporting adaptation and coping, advance care planning, hospital avoidance, and fostering resilience throughout the illness and in bereavement.

Current workforce planning models do not take account of the breadth of the social work role in SPC in supporting individuals, children, families, carers, and communities throughout the continuum of care. Addressing these inequalities requires workforce strategies that are responsive to local population needs and that recognise social work as an essential component of integrated care delivery.

Social workers in SPC represents a highly skilled, educated, and committed workforce, grounded in evidence-informed practice, professional accountability, and a strong commitment to social justice and human rights. Social workers bring specialist expertise in complex decision-making, family support, risk management, advocacy, care coordination, carer support, and bereavement intervention. Their contribution extends beyond crisis response to strengthening communities and improving long-term outcomes for individuals and families to ensure the sustainability and future development of the profession within specialist palliative care, the workforce planning recommendations need to be addressed as a priority. The Hospice and Palliative Care Social Workers Group continue to advocate for good quality social work service for all who require it within specialist palliative care.

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