

Review Article

Palliative Care Social Work Standards of Practice – Review of Select International Protocols

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ABSTRACT

The exigent and interpretive nature of palliative care social work (PCSW) emphasises the need for a palliative care social workers (PCSWers) practice protocol, also known as standards of practice for palliative care social workers (PCSWers). However, till date, there are no agreed-upon standards of practice for PCSWs in India. In this backdrop, the purposes of this paper are (a) to review the widely available PCSW standards of practice, (b) to juxtapose the commonalities and the distinct features of the same and (c) to put forth suggestions that could be imbibed in the Indian context. This paper is based on a thematic review of select prominent social work standards of practice in PC in the American, Australian, and British contexts. Among other findings, the common standards of practice spelt out by the three protocols are ethics and values, knowledge, professionalism and setting specific skills. While the American and Australian templates mention about being culturally aware and responsive, the British template mentions context and organisations. Each of the documents mentions a range of skills required for effective practice, such as assessment, intervention planning, communication and interpersonal skills and documentation skills. Based on the findings, suggestions for a standard of practice of PCSW in the Indian context are put forth. To sum up, the paper provides a thematic analysis of three international standards of practice for PCSW. The findings provide insights for the development of a similar standard in India.

Keywords: Australia, Palliative care social work, Standards of practice, UK, US

INTRODUCTION

Palliative care (PC) in an effort to ‘improve the quality of life of patients and their families affected by life-threatening illnesses’^[1] necessitates the services of a multi-disciplinary team comprising medical staff, physiotherapists, psychologists, social workers and volunteers.^[2] Social workers on the multi-disciplinary team provide comprehensive psychosocial support, among other services, to patients and their families during the course of the life-limiting illness and thereafter to maximise their quality of life.^[3] Palliative care social work (PCSW) interventions address the holistic health needs (bio, psychosocial and spiritual) of the affected in the context of the illness and its ramifications (eg., grief and bereavement).^[4]

The process of dealing with life-limiting illness, witnessing dying and death and hand-holding bereavement is challenging to all individuals, including PC social workers (PCSWers). PC is considered to be ‘delicate’ and ‘controversial’^[5] and complex.^[6] PCSW is also complex as it

must be individualised,^[7] is challenging as it entails difficult decision-making in line with the client’s self-determination and the requirements of the immediate family.^[8] Further, it is demanding as the PCSWer on the multi-disciplinary care team needs to handle diverse professional expectations of care providers and recipients.^[9] PCSW could be emotionally draining as it entails highly intense psychosocial situations associated with caregiving, end-of-life conditions and dealing with bereavement that could result in compassion fatigue or vicarious trauma. Furthermore, the competency expectations of PCSWers in terms of essential knowledge, skills, values and attitudes^[3] are very comprehensive and bound to widen in scope given the changing times and are further accentuated in the context of increasing diversity of the PC stakeholders.^[10] In other words, PC is tenuous and contentious, having medico-legal and psychosocial ramifications. Thus, the exigent and interpretive nature of PCSW emphasises the need for a social work practice protocol in PC settings or standards of practice for PCSWers. The term standard of practice refers to ‘the definition of

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rules, regulations and the boundaries within which a fully qualified practitioner with substantial and appropriate training, knowledge and experience may practice in a field of medicine or surgery or other specifically defined field.^[11] Standards of practice offer a helpful framework for directing and educating stakeholders of any profession on the abilities, principles and information required for morally and professionally conducting their work. The Canadian Association of Social Workers^[12] defines social work standards of practice as ‘the standards of care that a qualified social worker is often required to provide’. The three-fold purposes of social work standards of practice in PC are (1) to serve as an internal monitoring and accountability mechanism for the profession, (2) to act as quality benchmarks for practice and (3) to be the criteria to assess judicial matters concerning PCSW.^[13] These standards are important^[14] and seek to raise social workers’ awareness of the abilities, information, principles, approaches and considerations that are necessary for them to collaborate with patients, families, healthcare professionals and the community in the context of PC. Social work standards of practice address social work interventions, organisational support thereof and consumer expectations.^[5] Thus, standards of practice serve as an important framework for directing sound and knowledgeable practice of PCSWers.

Despite the importance of standards of practice for PCSW, it may be noted that in India, there are no set standards of practice for PCSW.^[15] PC services in India since its introduction in the 1980s^[16] have grown to have 847 PC centres as of 2022.^[17] Although there is no official data regarding the number of social workers employed in PC settings, the number of PC institutions and the scope for social work practice in PC indicate that a sizeable number of PCSWers are engaged in the process. The voluminous scope for PCSW in India and the complexities involved in rendering PC services reiterate the need to have standards of practice for PCSW in India as well.

In an effort to create a standard of practice for PCSW in the Indian context, it would be appropriate to take note of the existing international standards. The paper attempts to answer the research questions: (1) What are the commonalities and distinctiveness of the existing PCSW standards of practice in the global context? (2) How can the precepts of the existing PCSW standards of practice be applied in the Indian context? The purposes of this paper are (a) to review the widely available PCSW standards of practice, (b) to juxtapose the commonalities and the distinct features of the same and (c) to put forth suggestions that could be imbibed in the Indian context. The paper will serve to understand the existing PC standards of practice and appreciate the similarities and dissimilarities of each standard. The paper could serve as a stimulus to create a standard of PCSW practice in the Indian context.

MATERIALS AND METHODS

As PC is a niche area of social work practice, only a few associations of social workers (e.g., American, British, Australian and Canadian) have published standards of practice specific to PCSW. This paper is based on the thematic review of select prominent social work standards of practice in PC. The criteria for including the existing PCSW standards of practice for the study review process are that the PCSW standards of practice should be (1) available in open source, (2) related to PCSW practice in distinct geographies, (3) recognised by the relevant social work associations and (4) in the English language. Thus, the PCSW standards of practice reviewed are: (a) ‘National Association of Social Workers (NASW) standards of palliative and end-of-life care’ (2004),^[5] United States of America; (b) ‘The palliative and end-of-life care social work standards’ (2020)^[14] put forth by PCSW Australia Inc.; and (c) ‘The British Association of Social Work Position Statement on Social Work Support to People who are Dying’ (2016)^[18] and ‘The role of social workers in palliative, end of life and bereavement care’ (2018)^[19] document by ‘Association of Palliative Care Social Workers in collaboration with the former College of Social Work and Making Waves Lived Experience Network/ OPEN FUTURES Research, with support from the British Association of Social Workers and Hospice, United Kingdom’. These documents were thematically studied and reviewed to understand their similarities and uniqueness. In the ensuing results section, an overview of each of the documents reviewed is provided, followed by a comparative analysis of the same.

RESULTS

Outline of the PCSW standards of practice reviewed

1. NASW standards of palliative and end-of-life care’ (2004), United States of America.^[5]
The ‘NASW standards of palliative and end of life care for social workers’ (2004) has its origins in the deliberations of the 2002 social work leadership summit on end of life and PC that focused on the enhanced and formalised role of social workers in the domain. It is a 36-page document divided into five major sub-sections on (i) definition of key terms, (ii) background of the document, (iii) guiding principles, (iv) standards for PCSW practice and (v) standards for professional preparation and development. The eleven standards of professional practices of social workers are ‘(a) ethics and values, (b) knowledge, (c) assessment, (d) intervention/treatment planning, (e) attitude/self-awareness, (f) empowerment and advocacy, (g) documentation, (h) interdisciplinary teamwork, (i) cultural competence, (j) continuing education and (k) supervision, leadership and training’.
2. ‘The palliative and end-of-life care social work standards’ (2020), ‘palliative care social work Australia Inc.’^[14]

'The Palliative and End of Life Care Social Work Standards' (2020) published by the 'Palliative Care Social Work Australia Inc., Australia, were created to promote harmless, top-notch, competent palliative and end-of-life care and bereavement services^[20] by linking practice-based competencies with published evidence on the role of PCSW. These standards were an outcome of the increased realisation to have exclusive frameworks for PCSW that emerged in 2012 and the subsequent consultation in 2018 regarding the same. The standards spread over 47 pages are divided into three major subsections on (i) framework of the standards, (ii) overview of PC and (iii) PCSW standards. The eight components of practice are '(a) values and ethics, (b) professionalism, (c) culturally responsive and inclusive practice, (d) knowledge for practice, (e) applying knowledge to practice, (f) communication and interpersonal skills, (g) information recording and sharing and (h) professional development and supervision' each having multiple relevant standards.

3. 'The British Association of Social Work Position Statement on Social Work Support to People who are Dying' (2016) and the 'Role of social workers in palliative, end of life and bereavement care' (2018) document by 'Association of Palliative Care Social Workers in collaboration with the former College of Social Work and Making Waves Lived Experience Network/OPEN FUTURES Research, with support from the British Association of Social Workers and Hospice, United Kingdom^[18]

The 46-page document entitled 'the role of social workers in palliative, end of life and bereavement care' presented by the 'Association of Palliative Care Social Workers' is an offshoot of the 2010 Social Care Framework^[21] and the 2012 roadmap for PCSWers^[22] that sought to concretise the PCSW practice and hone the requisite social work competencies. Further, the UK document is in sync with the 2014 Core Competencies for PCSW in Europe identified by the European Association for PC's Task Force.^[18] It contains sub-sections on (i) the context of PC, (ii) Rationale, (iii) Concept of PCSW, (iv) Vision for excellence in PCSW and (v) the role of PCSWers. It endorses the 'British Association of Social Workers' position statement on social work support to people who are dying' (2016) by spelling out four mandatory clauses namely, '(a) Social workers should fully adhere to their code of ethics and provide sensitive, consistent, evidence-based social work support to all concerned when a person is dying. (b) Social workers should ensure they are well-prepared and able to undertake a safeguarding role, if required, in relation to a person who is dying. (c) The law and agency practice should uphold the human rights to life and freedom from inhuman

and degrading treatment (Articles 3 and 5, Universal Declaration of Human Rights). No dying person should be encouraged to take their own life by any individual or any societal, (a) legal or institutional influences and (d) social and health policies which maximise support to those who are dying and minimise external pressures should be adopted, this should include access to free social care.'

Comparative analysis of the PCSW standards of practice reviewed

The comparison of the American, Australian and British PCSW standards of practice in terms of identifying attributes, purpose, standards of practice, role of PCSW is presented in Table 1. To facilitate understanding, verbatim excerpts from the relevant base documents are presented.

As shown in Table 1, it is inferred that while the Australian and British standards of practice for PCSWers have been put forth by respective associations of PCSWers, the American document is presented by the relevant association of Social Workers. Furthermore, it is clear that the Australian standards of practice for PCSW is more recent. On perusal and also based on word count, the Australian and British documents were found to be more detailed.

In terms of the purpose of the document, the American standards of PCSW practice are very focused and are directed towards the PCSWers. Its two-fold goals are to increase the awareness and the sensitivities of PCSWers. The Australian standards of PCSWers practice focus on social work practice *per se* and seek to promote 'effective, professional and accountable' PCSW. The four-fold objectives of the British standards of PCSWers practice focus on social workers, people in need of PC, fellow professionals and employers. Thus, in terms of purpose, the British standards of practice is more holistic address stockholders. The NASW document spells out 11 standards of practice as against the eight components of practice having a total of 39 standards identified by the Australian document, and the 10 standards of practice identified by the British document.

The definitions of PC in the three documents are closely in sync with the universal definition of PC given by the World Health Organization (WHO)^[11] and emphasise on 'improving quality of life of the patients and their families affected by life-limiting illness by preventing and relieving suffering, pain and other problems'. The British document goes one step further and touches upon enhancing 'remaining life opportunities'. This presents a more positive outlook on the subject matter by focusing beyond dying or death or grief or bereavement; it presents opportunities for making the most of what remains.

The American standards of practice present the role of the social worker in terms of practice with the individuals, families, caregivers, PC team members, participation in

Table 1: Palliative care social work standards of practice - comparative analysis.		
US	Australia	UK
Criterion 1: Name of the document		
‘National Association of Social Workers standards of palliative and end-of-life care’, 2004. (36 pages and 5714 words)	‘The Palliative and End-of-Life Care Social Work Standards’, 2020. (47 pages and 16677 words)	‘The Role of Social Workers in Palliative, End of Life and Bereavement Care’, 2018. (46 pages and 19380 words)
Criterion 2: Association		
‘National Association of Social Workers’, USA	‘Palliative Care Social Work Australia’, Australia	‘Association of Palliative Care Social Workers’, UK
Criterion 3: Purpose		
‘To enhance social workers’ awareness of the skills, knowledge, values, methods and sensitivities needed to work effectively with clients, families, health care providers and the community when working in end-of-life situations.’	‘To guide effective, professional and accountable social work practice in palliative and end of life care in Australia.’	<ul style="list-style-type: none"> • ‘To help palliative care social workers to explain their role, to develop their expertise, and to be valued and valuable; • To help people who need palliative, end of life and bereavement care to understand how palliative care social work can help them; • To support other professionals, organisations, agencies and groups to benefit more from the input of palliative care social workers and • To support employers, leaders, commissioners and funders to get the most out of palliative care social work.’
Criterion 4: Standards of practice		
<ol style="list-style-type: none"> 1. ‘Ethics and values 2. Knowledge 3. Assessment 4. Intervention/treatment planning 5. Attitude/self-awareness 6. Empowerment and advocacy 7. Documentation 8. Interdisciplinary teamwork 9. Cultural competence 10. Continuing education 11. Supervision, leadership and training’ 	Standards pertaining to the eight components of practice namely <ol style="list-style-type: none"> 1. ‘Values and ethics 2. Professionalism 3. Culturally responsive and Inclusive practice 4. Knowledge for practice 5. Applying knowledge to practice 6. Communication and interpersonal skills 7. Information recording and sharing 8. Professional development and Supervision’ 	<ol style="list-style-type: none"> 1. ‘The British Association of Social Workers’ position statement+2. ‘Ethics and human rights 3. Professionalism 4. Values and ethics 5. Diversity 6. Rights and justice 7. Knowledge 8. Critical Reflection 9. Intervention and skills 10. Contexts and organisations 11. Professional leadership’
Criterion 5: Definition of palliative care		
‘Palliative care is an approach that improves quality of life for patients and their families facing the problems associated with life-limiting illness. This is accomplished through the prevention and relief of suffering by means of early identification and comprehensive assessment and treatment of pain and other physical, psychosocial and spiritual problems.’	‘Palliative care is an approach to care that is person and family-centred and aims to improve quality of life. Palliative care is care provided to a person who has a progressive, advanced illness with little or no prospect of cure and is expected to cause the death of the person. The primary treatment goal is to optimise the quality of life through the prevention and relief of suffering and the treatment of pain, other symptoms and psychosocial-spiritual issues.’	‘Palliative care is an approach that improves the quality of life of patients who are facing the challenges 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 includes supporting families and others who are close to the dying person and seeks to enhance remaining life opportunities.’

(Contd...)

Table 1: (Continued).

US	Australia	UK
Criterion 6: The role of social worker in palliative care		
<ul style="list-style-type: none"> • ‘Enhancing quality of life individuals, families and caregivers • Promoting well-being for individuals, families and caregivers • Social workers have a multidimensional role as clinicians, educators, researchers, advocates and community leaders when confronting issues related to palliative and end of life care. • Multidimensional symptom management • Bereavement support • Trauma and disaster relief • Interdisciplinary practice • Analysing, influencing and implementing policy change and development at local, state and federal levels policies in the care of patients living with life-limiting illness and the dying • Social work research in the care of the dying’ 	<ul style="list-style-type: none"> • ‘To provide support to individuals, carers, family and friends • To make potential positive impact on the lives of a larger population who will require palliative and end of life care • Assessing social determinants of health and providing psychosocial interventions • Social workers provide multidimensional symptom management • Collaborate in interdisciplinary ways of working • Engage with communities and navigate systems to influence service delivery, policy and legislation • Social workers adopt social justice approaches to influence resource allocation in order to address gaps and fragmentation across health and social care.’ 	<ol style="list-style-type: none"> 1. ‘In palliative care and end of life settings’ <ul style="list-style-type: none"> • ‘Help people to express what’s important to them • Help people talk openly about dying and bereavement and make choices • Provide bereavement support such as group work, counselling, art groups, storytelling and signposting to other forms of help • Support families to make decisions with and for young people and children • Advocate for people or arrange advocates for them • Ensure that people get the benefits, housing and other resources/support they are entitled to • Make enquiries and arrange safeguards with people if they are at risk of abuse and neglect • Use relevant legislation to ensure the rights of people who are deemed to lack capacity to make a decision • Use relevant legislation to help people when their liberty has been restricted • Coordinate the provision of care by managing any paperwork and, if necessary, dealing with any bureaucracy • Facilitate discussions that resolve chaos and conflict and negotiate solutions to disputes about how people will live • Supervise, coach and mentor workers and volunteers • Lead support groups for workers to talk about the emotional impact of their work • Train and educate others and carry out research.’ 2. ‘In the last few days and hours of life’ <ul style="list-style-type: none"> • ‘Liaise between people who are dying and professionals who are responding to their illness • Help people to make the choices that they feel are right for them • Uphold people’s human rights using the law • Facilitate discussions where there is difference of opinion • Help people to talk about how they feel and to come to terms with this • Help family and others say how they want to be involved and to get the support they need • Ensure people’s spiritual, religious, cultural and social needs are identified and met • Support the dying person and others that they choose, to play as active a part as possible in planning their care at every stage • Coordinate the care plan and arrange services rapidly • Help people get advice to deal with legalities and arrangements after death • Help people to gather memories and leave memories behind • Follow up with people who are bereaved in the way that works best for them’. 3. ‘To support wider social care and health’ <ul style="list-style-type: none"> • ‘Work in partnership with people who have lived experience of death, dying and bereavement so that people can learn directly from this experience • Advise commissioners, funders, leaders and employers about good palliative, end of life and bereavement care • Provide evidence about the impact of palliative care social work • Share good practice in palliative care social work • Raise awareness, mentor, teach and support others • Provide a source of advice, information and help for other social care workers.’

policy formulation and engagement in research. In the Australian standards of practice, the role of the social worker in PC is focused on individuals, families, caregivers and the community at large. In the British standards of practice, the role of the social worker in PC has been traced during, at the close of and immediately after PC, and also towards promoting health. Thus, the comprehensiveness of the three documents is richly varied.

The three standards of practice are discussed below based on the ethics, coordination, assessment and intervention, resource allocation, education competencies for PCSWs.^[23]

- (i) Ethics: PC is fertile ground for numerous ethical dilemmas. All three standards adopt a non-negotiable stand regarding ethics. This reiterates the importance of ethics and ethical conduct as a standard of practice for PCSW.
- (ii) Coordination: Coordination as a pre-requisite competency of PCSW can be understood at three levels. At the lowest level, coordination is necessitated with the individual and the family during the course of the assessment, family meetings, intervention planning and implementation, follow-up, caregiver support and so on. At the intermediary level, coordination of care as a member of the multi-disciplinary team and coordination with fellow professionals across organisations is required. At the macro level, coordination is entailed while working on issues necessitating advocacy, resource mobilisation and inter-organisational/inter-regional linkages. Coordination as a precept is enshrined in the standard of practice 'Interdisciplinary practice' in the NASW standards, 'Applying knowledge to practice' component in the Australian standards and 'Contexts and Leadership' in the British standards.
- (iii) Assessment and intervention: Assessment in PCSW is of prime importance for effective interventions. Assessment in PCSW is dynamic and multifaceted. It is dynamic as it has to constantly consider the evolving preferences of the client and the family, bio-psychosocial conditions, resource opportunities or limitations and client's spiritual, cultural and social beliefs. It is multifaceted as it must be aligned with the individual and the family and also with developments in the PC ecosystem *per se*. While the NASW standards call for 'comprehensive and culturally competent SW assessment', the Australian standards emphasise on 'comprehensive and holistic options'.
- (iv) Resource allocation: Committing resources to the client and the family in terms of material, legal, financial and informational support, either directly or through referral services, is an integral aspect of the PCSW process. This calls for liaising with the organisation, community agencies while keeping the client's well-being in mind. Advocacy is vital to direct the course of matters such as

community participation, policy formulation, resource allocation and legislative amendments. This has been addressed by the 'Intervention/Treatment Planning', 'Empowerment and Advocacy' standards of the NASW document, 'Applying knowledge to practice' standard of the Australian document and the 'Intervention and Skills' standard of the British document.

- (v) Education: Education is a critical resource that operates at multiple levels. It encompasses facilitating knowledge and awareness among the client and the family, clarifying matters pertaining to PCSW in the multi-disciplinary team context, upholding the ideals of the profession in the society where divergent points of view are possible, contributing to the professional formation of all budding PCSWs and investing in the continuing education of self. This has been expressed in the 'Continuing Education', 'Supervision, Leadership and Training' standards of the NASW document and 'Professional Development and Supervision' standard of the Australian document.

DISCUSSION

While this article focuses on only select international standards of practice of PCSW that fulfilled the inclusion criteria, this study has thrown light on a number of important findings.

First, the three standards of practice have been formulated during the course of the past two decades – with 'The Palliative and End-of-Life Care Social Work Standards', Australia being the latest (2020) and the 'NASW standards of palliative and end-of-life care' being the oldest (2004).

Second, there are certain similarities in the structure of these documents – there is a mention of the purpose of the standards of practice, definition of terms, the role of a social worker in PC, and the list of standards of practice in PCSW.

In terms of purpose, while the American and Australian versions identify the objectives from the social work professional point of view, the UK version identifies the objectives from the stakeholder point of view including social workers.

Unsurprisingly, in all three documents, the definition of PC is closely aligned with the definition of PC provided by the WHO.^[1] The inherent elements of PC underlined by all three documents are the context of life-limiting illness, focus on quality of life by mitigating suffering and holistic concern for patients and their families.

With respect to the standards of practice spelt out, the common thrust areas are ethics and values, knowledge, professionalism and setting specific skills. While the American and Australian templates mention being culturally aware and responsive, the British template mentions context and organisations. Each of the documents mentions a range of skills required for effective practice such as assessment,

intervention planning, communication and interpersonal skills and documentation skills.

The NASW document refers to the role of a PCSW as multidimensional. Both American and Australian standards make a mention of interdisciplinary practice/collaboration, multi-dimensional symptom management, policy advocacy and psychosocial intervention. The UK document is structured and detailed; it spells out the role of social workers during the disease trajectory and in the context of supporting issues related to health care in society at large. Roles of social workers include being a communication channel, communication facilitation, providing family support throughout, advocacy, facilitating entitlement, furthering protection, championing advocacy and facilitating legal aid, care coordination, negotiating solutions, leading support gaps, supervision and training. In terms of end-of-life care, roles include liaising, facilitating discussion and decisions, facilitating communication, upholding human rights, need identification and fulfilment, care coordination, post-death legalities management and follow-up. Towards the cause of 'social care and health', the role of social workers includes collaboration, providing advice, providing evidence of impact, sharing good practice and raising awareness.

These roles of a social worker could be consolidated as those pertaining to physiological well-being, psychological and emotional well-being, social well-being, spiritual well-being and cultural well-being. Physiological well-being is facilitated through multi-dimensional symptom management, reducing physical symptoms through psychosocial interventions, care planning and coordination. Psychological and emotional well-being is aided by providing psychosocial interventions, providing emotional support, facilitating coping mechanisms, addressing mental health challenges, assisting with end-of-life concerns and preparation for bereavement, strengthening family relationships and empowering patients and families. Social well-being is facilitated by social needs identification and fulfilment, trauma and disaster relief, assessing social determinants of health, adopting a social justice approach, strengthening family dynamics, enhancing social support networks, ensuring access to resources, supporting caregivers, addressing financial and legal challenges, advising stakeholders about good PC and lead support groups. Spiritual well-being is enabled by ensuring that spiritual and religious needs are identified and met, facilitating meaning and purpose, addressing existential concerns and navigating ethical dilemmas. Cultural well-being is assisted by addressing and negotiating cultural conflicts.

In summary, the review of the existing standards of practice provide valuable insights for a similar document in the Indian context with integral elements like, (i) Ethics and Values, (ii) Competence (Knowledge, Skills and Attitudes relevant to PCSW practice), (iii) Cultural Competence (Awareness, Sensitivity and Responsiveness), (iv) Professionalism,

(v) Continuous Learning & Contributions to the body of knowledge and (vi) Professional Leadership.

Suggestions

- i. As PCSW is in the nascent stage in India, the academia, in consultation with the stakeholders, could provide the leadership in documenting the body of knowledge concerning PCSW and in making it available to aspirants and novices. The preparation of a model curriculum of PCSW in the Indian context could be a step in this direction. PCSW as a specialisation of a post-graduate degree of social work could be rolled out and alternatively, it can be extended as a continuing education programme.
- ii. Standards of practice for PCSW should be an integral topic of study in the model curriculum of PCSW.
- iii. Existing bodies/networks associated with PCSW could initiate discussions on the formulation of a standard of practice for PCSW in the Indian context.
- iv. Research in PCSW practice could be done to map the stakeholders' perspectives on the must have or widely practised standards of practice.

Implications for further research and social work practice

Globally, despite the increasing demand for PC services, much of it remains unmet.^[2] The Indian experience in rendering PC services offers valuable lessons to developing countries.^[24] This will apply to the social work protocols developed in the Indian context as well. These documents on standards of practice published by the various associations of social work not only reflect their official standpoints but also serve to guide social workers tenured and upcoming in their practice. It also serves as a guide to fellow members of the multi-disciplinary PC team in terms of what to expect and otherwise. For academic institutions, they serve as a resource material for teaching and directing academic discussions. The results of the thematic analysis of these standards of practice have helped to understand and appreciate the similarities and unique aspects of the same. It has been widely acknowledged that there is inadequate PC content in the professional formation of social workers.^[25-30] In such a backdrop, documents such as standards of practice are vital to provide insights for practice. As PCSW in India is yet to mature in terms of practice, training and research,^[15] the time is opportune to shape it with these cognitive exercises and thereby accentuate the professionalisation of PCSW practice in the Indian context.

CONCLUSION

Standards of practice serve as guideposts for PCSW practice. The article provides a thematic analysis of three international standards of practice for PCSW. The findings provide insights for the development of a similar standard in the Indian context. In the global stage, the PCSW standards of

practice date back to two decades. The time is opportune for PCSWers in India to join the conversation. The only challenge envisaged is getting started. The role of academia and professional bodies in identifying the standards of practice for PCSW in the Indian context are highlighted.

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