

***Principles of Health and
Social Care Practice***

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Introduction

In the reflective report, it is about the values of health and social care practice, focusing on person-centred practice, collaboration working and ethics (Clark, 2024). It is directed at critically discussing the meaning of these principles in the health and social care facilities and specifically, application in the context of UK. To understand the relevance of these principles to the quality care and collaboration among professionals and making ethically responsible decisions, the report will address them explaining their importance and implementation in practice. Task 1 will be aimed at list of theoretical knowledge and benefits of such principles but Task 2 will be based on the practical implementation of such principles by using an example. Task 3 will finally give a self-reflection of how through these principles as a health and social care practitioner I will implement the principles in my future practice in ensuring further personal and professional development.

Task 1: Reflection on the Importance of Principles of Health and Social Care

The health and social care principles, on which the institution is grounded, are person-centred care, intersection collective functioning, and ethics, which constitute the main aspects of providing quality, resourceful care to the service users. These values are multidimensional and define how care is created, offered and quantified.

One of the values is person-centred care, i.e. in which the needs of individuals and their preferences are prioritized first. It is concerned with the believes of approaching patients as the contributors of their care delivery process and respecting their dignity, autonomy and self-determination rights. Through the assistance of focusing on the personal situation, the global, interests and goals, person-centred care does not only improve patient satisfaction better, but also outcomes. The relevance of the principle lies in the fact that it contributes to building trust and communication with the patient, thanks to the latter, the healthcare professionals get a better idea of the patient and his wishes (Forsgren et al., 2025).

The other principle is working partnership. It is a collaboration between medical personnel and the service providers and their families in a bid to offer holistic care. Collaborative practice will guarantee that there is an incorporation of all viewpoints and delivery of care in a holistic way. Some advantages of partnership working have been identified as good communication, problem-solving, and more integrated care that in turn have better patient outcomes.

Health and social care decision making are grounded on ethics. It has granted certain directives that the consideration in care is accorded in a manner that renders the rights, dignity and autonomy of the patients with account. The ethical principles that the healthcare practitioners employ to make not only a clinical but also an ethical decision include the concept of justice, beneficence, and non-maleficence. The impact of ethics in health and social practice could never be underestimated because it renders care provided legal as well as ethically acceptable.

Some of the postulates are enforced by the laws of care Act 2014 and Health and care act 2022 (Harrison, 2022). Part of such reforms is the provision of the Care Act that plans the promotion of person- centred care by ensuring that the decisions they make about individuals are central in the work, the Health and Care Act that makes the issue of collaboration and partnership working between healthcare providers improve. Once put in place, these legislative systems can help in improving the quality of care, and as such services are sensitive to the needs of the service users. However, challenges exist as far as implementation of these principles is concerned. One can use the case of scarce resources presenting a challenge on the ideal implementation of person-centred care. Partnering working can also be hindered by the presence of communication barriers or silos among the professionals. The moral conflicts also might be challenging among them the danger of harmonizing the interests of the autonomy of the patient and of protection. These difficulties can however be handled by educating, communicating, and adhering to the policies that will ensure that the implementation of these principles are applicable at all times (Tomaselli et al., 2020).

Task 2: Practical Example of Concepts in Practice

A practical situation that involved the use of the person-centred care approach, partnership working, and ethics aspects in real life involves the case of elderly patients with chronic conditions in a hospital in the UK that is managed by the NHS. Among those is the case when a patient with a number of chronic ailments required the use of a holistic care approach. The multidisciplinary team, which consisted of physiotherapists, social workers, nurses and doctors worked together in coming up with a person-centred care plan that was planned based on the needs and tastes of the patient (van Diepen et al., 2024).

The strategy included person-centred care. The preferences concerning care was also taken into consideration taking the one that the patient desires like his wish to remain at home as long as possible. The values of the priorities and concerns of the patient were considered, and the care

team was heard, so that they could cognize the plan as a kind of priorities. The strategy was capable of improving the quality of life enjoyed by the patient, besides ensuring that the patient can participate actively in their own medical decisions.

The cooperation was needed to embrace each area of the care of the patient. There was frequent communication among the care team to discuss the progress of the patient besides making amendments to the care plan where necessary and ensuring that the family of the patient is involved in the decision making process. Team practice allowed the team to effectively fulfill the medical, psychological and social needs of the patient in such a manner that increased coordination of care delivery, and enhanced service delivery process.

The care staff members adhered to the principle of autonomy and beneficence ethically. The patient was presented with all the information regarding the options of the available care and was given the choice of making informed decisions. The staff members also ensured that they did not impinge on the dignity and autonomy of the patient in the process of attending to her even in cases where she had to be told about complex medical treatments. The ethical decision making frameworks such as principles of non-maleficence (doing no harm) and beneficence (doing good) were applied to lead the activities of the team (Guo et al., 2021) .

No matter how well such principles were implemented, the staff faced the barriers in the insufficient number of resources and the inability of organizing the work of various professionals. The fact that the access to the home care services was delayed, as well as the difficulty of communication between the set of healthcare providers complicated the case. However, the team, with the help of following the principles of person-centred care, working with partners, and adherence to ethics, could have avoided such doldens and delivered a quality care meeting the demands of the patient.

Task 3: Self-Reflection as a Health and Social Care Professional

As a health and social care worker, I know that the essential values of the person-centred care, partnership working, and ethics are not just the theoretical framework as they are known to be the pillars upon which my daily work is based. The principles make sure that I perceive patients, colleagues, and multidisciplinary team members at large so that I am able to provide care which is effective, at the same time respectful in addition to compassionate to the needs of the individual

patients as well as colleagues. I will consider how I have applied these principles, challenges I have faced, and things I can do in this section to make sure I continue taking my practice through.

Person-Centred Care

One quality of care that I have understood and have appreciated in my practice at [Insert Healthcare Setting] is person-centred care. The concept of unique patients, whom a practitioner should realize have different preferences, values, and life experiences, is what explains person-centred care. It is working together with patients as active participants of the decision-making process which results in patients determining their health and well-being.

One of the best assets that I identified in my practice is my possible entry into trustful relationships with patients. I make sure that I treat every patient individually asking her to tell me about her likes and concerns and the purpose of her treatment. To illustrate the point, I have worked with the elderly that have such chronic conditions as diabetes and hypertension. I will always strive to understand their special concerns like inability to give medications, fear to come to a hospital and incorporate them in the treatment plan. This would enhance quality of care, on top of making sure that the patients feel represented and honoured (Wolf et al., 2017).

However, I am aware that time and work overloads sometimes may make me engage in shallow, person-oriented conversations. I do everything could to make sure that I am able to accommodate the needs of my individual patients, but sometimes I find myself in a frenzy with an array of patients attending consultations especially in a busy clinical environment.

Partnership Working

Another aspect that I have done exceptionally well is partnership working. Healthcare work is never solitary and it is the interaction of the team that offers the solution behind delivery of quality care. I fully coordinated and worked in partnership with physiotherapists, social workers, doctors, nurses and others who are associated with health care and I have observed that effective collaboration does help patient outcome positively. To give an illustration, in one case, a patient with several rather complex health conditions required the help of various specialists, including dieticians, physiotherapists, and mental health employees. Through teamwork, we were able to make a comprehensive care plan, which incorporated all the health aspects of the patient (Younas, Inayat and Masih, 2022).

Despite enjoying the fruitfulness of good partnering in working, some challenges have been witnessed. One such difficulty that I would encounter is the issue of conflicting views or multidisciplinary team orientation. Indicatively, there were cases where it was exercised that there were discrepancies in provision of care to the patient who is subjected to medication plan leading to delays and delays in the provision of care by passengers. Those moments have taught me to be able to speak with proper communication, respect, and find an agreement in decision-making. I will also take part in group-building exercises and leadership training in order to enhance my working teamwork ability. Such experiences will not only help me deal with complex dynamics within a team, but I will also be in a position to inculcate a culture of collaboration and mutual respect among the team members, as well.

Ethics in Practice

My practice begins with ethical decision making particularly when some issues of patient care emerge that concerns confidential issues. I will also observe the concepts of justice, autonomy and beneficence in decision making process and ensure that the care I provide does not interfere with the right and dignity of all individuals. To this end, I have been left with the task of either agreeing or disagreeing to explore such aggressive forms of treatment of patients with end-stage illnesses. I have also applied that principle of autonomy in such cases such that the patients and their families are well aware of the decisions they have made along with them being involved in the decision making process .

The ethical dilemma, which I have encountered, is to strike a balance between the patient and the attempts to ensure his or her health. To exemplify the above analysis, the need to negotiate around circumstances where the cognitive capacities of the patient were questionable has compelled me to overtime negotiate around the cases that may involve patients with impaired cognitive capacities. In this case, I had to consider not only the will of the patient but also keeping him safe and in good health in the future. Not only can such decisions be emotionally as well as ethically challenging, but I cannot always operate with ambiguity that presents in such complex situations.

As the solution to the problem, I will enroll in ethical decision-making courses and consult with more experienced colleagues regarding problematic situations and assess my philosophy on a regular basis.

Professional Development

My future will be to learn more skills of person-centred care, partnership and ethics working. I know that these principles are not constant but will evolve with the enhancement of the healthcare practice and law and ethical principles. To ensure that I continue to develop as a health and social care professional, I will apply continuous professional development (CPD) by attending workshops and the corresponding training (Wong et al., 2021).

I will also aim at honing my communication skills particularly in difficult or demanding situations such as how to manage differences in a partnership working or managing ethical concerns. I will also put into consideration taking CPD courses, which entails multidisciplinary working with team and making ethical decisions and also consider the possibility of being under the mentorship by senior professionals who can advise me in handling complex cases.

CONCLUSION

Lastly, the concept of person-centred care, partnership working, and ethics are care components that are at the forefront of the delivery of high-profile care and improvement outcome of the patient. My ideas and examples of practice proved that these principles could be applied to make the experiences of service users better and increase professional cooperation. Since being a health and social care expert, I will also continue to enhance my competencies in these areas, therefore to be able to provide comprehensive and caring care and practice in a way that is ethical and appropriate to practice. With such principles, my self-reflection and a consistent interest in professional development, I will be capable of becoming the element of the further quality of the care improvement within the health and social care field.

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