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BMHP5016 – Principles of Health and Social Care Practice

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Component 1: Written Assignment (Reflective Report)

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This report will seek to reflect on the principles of health and social care including person centred care, partnership working, and ethics, within the context of UK health and social care practice. Evaluating with practical examples of a social worker as well as relevant theories, policies, legislation, and ethical frameworks. This report will rely on the 6C's of Social Care (NHS England 2015) to further evaluate the principles against "compassion in practice supporting policy".

Reflection on the Importance of Principles of Health and Social Care

In order to reflect on the principles of health and social care in a professional setting as a social worker I believe the most relevant principles for this area of work include, person centred approach, protection from risk of harm and confidentiality. Person centred approach refers to working with people rather than taking control and doing things to them. This principle relies heavily on one of the 6 Cs: communication. Through communication taking into account people's preferences and ensuring they are comfortable will help build a rapport between the individual and the care staff. This is ethically valuable as the FREDA principles are derived from the Human Rights Act points of respect, dignity and autonomy (HIQA, 2019). Through person centred care this ensures the personalised care will preserve the person's dignity, compassion and respect. Therefore I'd confidently place this principle as the most important one out of the three I'll discuss. In spite of its importance, it cannot work at its full potential without protection from risk of harm, which involves assessing the possible risks to self and others, informing the relevant people of identified risks and prioritising individuals from any harm, abuse or neglect. The principle of confidentiality is respecting and ensuring privacy about an individual's personal details. In conjunction, protection from the risk of harm and confidentiality work to ensure the individual is not placed in a vulnerable position however there is a thin boundary between them both within social care. In the UK "during 2024 to 2025: there were an estimated 640,240 concerns of abuse raised, compared with 615,530 concerns raised in 2023 to 2024" this exemplifies a moral dilemma where although confidentiality is desirable by both the social worker and the individual it's crucial that the service staff is able to use critical thinking to deduce whether there is a safeguarding concern at hand that may place anyone at risk. In case of abuse, for example, it becomes the staff's duty not to handle it themselves or attempt to solve the situation on their own but report it so it may be handled safely and accordingly; specially when involving those you are underaged.

All three of these principles work well together social care because in a field that works with sensitive cases not only does effective communication create a safe space for the individual to be honest but also through care and courage by protecting the individual from risk of harm, and competence through confidentiality equips the care staff with the suitable skillset and to deliver quality care. In cases with abuse and neglect these values uphold and restore the individuals' dignity.

Practical Examples of Concepts in Practice

Using a case study from NHS England (2024) follows a man named John who with the help of a primary care navigator helped him get his life back and look into his medical needs. John had faced the death of his mother and following that lost his job. After accessing a primary care navigator through his GP John was able to 'unlock his benefit of £50 so he could feed himself', which also enabled him to support himself financially such as with clothes and paying off debts. By being able to look after himself he became financially and mentally relieved, improving his quality of life.

The success of John's case can be boiled down to the main principles of health and social care. Person Centred care was crucial for this case as its mentioned in the case study that 'John was reluctant to engage... as he felt embarrassed and lost' which reveals that there was no trust or any kind of relation between John or the social worker. Thus, with communication skills and compassion by not pressuring John to talk all about his life in turn created a comfortable space that eventually created a rapport between John and the social worker. Under the Care Act (2014) this promotes individual wellbeing 2a and 2b. This is a great example of the principle in practice as it uses the personalised nature of it to slow down and allow John to take his time and reveal more about himself as the rapport was built through their informal chats rather than forcing information out of him. The difference between building a rapport instead of forcing him to talk is that as he confesses more about his life the social worker is able to learn more about John and from that assess the best way to go about his situation. Protection from the risk of harm is also important in this case as John was a man in his mid 60s. Due to his age it is likely that he wasn't able to appeal for benefits or find ones he was entitled to. This led to John not having enough funding to be able to feed himself which is dangerous for an elderly individual. The social worker finding means to unblock those benefits was the correct decision to allow him to have financial comfort to be able to afford food. Confidentiality is crucial to ensure his dignity was preserved, given that he was initially embarrassed about his situation this continues to follow the Care Act (2014) by preserving his dignity. These principles improved the quality of care John was provided and consequently improved the quality of life too. By combining person centred care and confidentiality this was successful in allowing the social worker to be directly involved with John, also person centred care whilst preventing them from risk (with the critical analysis from the social worker adequate adjustments were made in order to allow.

Self-Reflection as a Health and Social Care Professional

As a student aspiring to become a social worker, it is important that I reflect and evaluate my current position in the lead up to a professional career. As a social worker, person centred care could appear in daily work through collaboration with schools as an example. When working with children who are in full time education it's beneficial for the care staff to communicate directly with the school and be aware of behaviours and occurrences at school that could perhaps affect how the student feels or reacts to something. In the same example involving a child who goes to school, the more of the daily student life that the care staff is aware of this becomes beneficial in protecting them from risk of harm. Along with that, confidentiality is important in a school setting to maintain the dignity and image of the child to not attract unwanted attention.

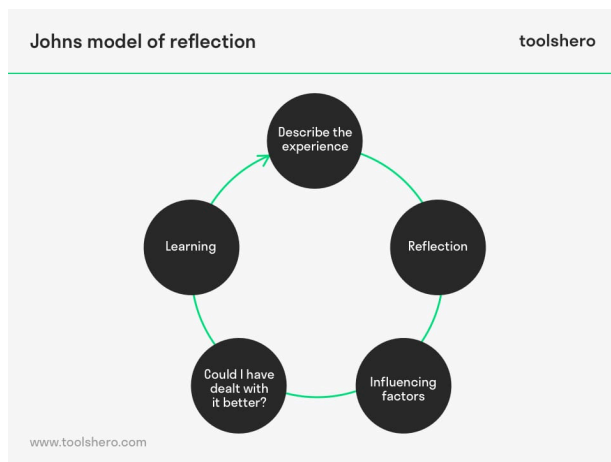


Figure 1

Using John's Model of Reflection (figure 1(Janse, 2024)) to evaluate my understanding of the principles and how confident I would be to apply them in a real case scenario. The positive consequences of person centred care is that through the rapport built as a social worker I will be able to improve patient outcomes through

tailored treatment to the individual. As a result this will also increase my confidence and my practical expertise by dealing with complex situations. Such complex situations could be potentially harmful towards me as the social worker as difficult situations can become emotionally taxing and difficult to bear thus impacting the quality of the care. As I reflect on this, a clear consequence could be a slow deterioration of my mental health that not only is it affecting me but also affects my patient, staff around me and my family.

As phase three of the reflection model poses, factors that would affect how situations occurred in my case would largely be led from the principle to protect any involved individuals from the risk of harm. It works well with the principle of confidentiality in ensuring no individual is left vulnerable. Internal factors that would influence me to act with urgency would be a safeguarding concern, in many cases with children where they aren't totally autonomous it becomes the concern of the social worker to ensure they are flagging up any

slight concerns. Sources to consult when an issue becomes apparent for a child would include their school as it's the space where most students spend most of their time. An external factor that would influence my decision making is my personal feelings.

Attachments to cases and personal reactions from cases could influence more leniency or strictness with my social work. However, I do recognise that that can be a hindrance to my professionalism as getting my personal feelings and convictions involved may not prove itself useful but act as a barrier to my work.

Therefore to lead into phase four, what I can do better is be able to regulate my emotions through practises of mindfulness and reinforcement of boundaries to maintain professional relationships. This is the best option for me as when dealing with sensitive topics it can be difficult to not feel a certain way or extra convicted about something as any human would. It's important that I remain realistic with myself in working on the emotional pressures that come with this profession.

Using phase five of the the reflection model, the greatest thing I have learnt is that although it's important to have all the tools and be aware of policies that advantage the individual involved no tool is greater than the social worker themselves. By maintaining boundaries and regulating emotions this greatly and positively influenced the principles by allowing a person centred approach to be on target with specificity, protecting those involved from risks of harm by not acting recklessly and subjectively based on reactions at the time, and confidentiality is maintained by upholding my moral values and code of conduct of the workplace.

An action plan to work on my shortcomings would involve going into mentorship and seeing how someone with greater experiences deals with sensitive cases themselves as well as doing that following the Oxford Health NHS (2020) 'strategies to cope with strong emotions' they have an approach called act opposite with the aim to beat the old pattern of damaging coping strategies by acting in the opposite way we normally would. This would be incredibly useful to not allow myself to get caught with the urges that come with certain emotions. An example they show is for fear the action urge would be to run away or avoid but the opposite action encourages approach and to participate. This promotion of healthier responses to emotions would largely benefit me in this case.

In conclusion, this reflection has allowed me to confidently say that person centred is the most important principle and it interlinks with protection from risk of harm and confidentiality. By acknowledging my tendencies to be overly compassionate and be led by my emotions this has highlighted how this could impact my future profession in the field. This has been extremely useful as now I have decided how I will work on my weakness and prepare myself to become a professional and effective social worker.

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