

**BMHP5016 Principles of Health and Social Care Practice**

**Assignment Title;**  
**Component 1-Written Assignment (Reflective Report)**

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## Introduction

This report focuses on the key principles of health and social care practice, including person-centred care, partnership working, and ethical practice. The purpose of this report is to explore how these principles contribute to the quality of care within UK health and social care settings. Additionally, the report will examine how these key principles are applied in real-life practice within various health and social care environments across the UK. As part of this report, I will also undertake tasks two that involve a real case study focused on NHS England Mrs C's story.

## Task 1

Person-centred care focuses on placing the individual at the heart of their own care. This approach involves collaborating with them and respecting their needs, values, and choices. It empowers people to participate in decisions about their health and encourages them to take an active role in their care. The goal is to help individuals achieve what is most important to them (The Health Foundation, 2016).

In health and social care, person-centred care is essential for upholding dignity and respect. Maslow's Hierarchy of Needs shows that care should focus on both physical health and mental and emotional well-being. By meeting these needs, individuals are more likely to experience a sense of value, emotional satisfaction, and personal fulfilment (Cherry, 2024). Care Act 2014 encourages teamwork among individuals to provide suitable support. It aims to make care personal, to respect dignity and help people live independently and fully.

The benefits of person-centred care include better health outcomes, increased patient satisfaction, and stronger relationships between service users and care providers. When professionals feel more satisfied with their jobs and happier at work this helps reduce stress and prevents burnout. As a result, professionals can build strong, positive relationships with their patients (Boardman and Dave, 2020). It is particularly valuable in long-term care settings, where it can significantly improve quality of life. However, implementing person-centred care can be challenging. Some of the challenges include the high workload, staffing shortages and limited resources. Organisational challenges like unsupportive environments and tight budgets also create barriers. Staff and patients may be reluctant to accept changes, especially if communication is not clear. Person-centred care needs enough time, resources, and proper staff training. It can be hard to sustain in busy or poorly resourced settings, especially when trying to meet personal preferences alongside clinical or organisational needs (Fernandes *et al.*, 2022).

### **Partnership working; Partnership**

Partnership working is a collaborative effort that brings together professionals, service users, families, and external organisations to create a well-structured and holistic approach to care (NHS England, 2023). This teamwork is especially valuable for individuals with complex needs, as it ensures they receive coordinated support from various services, including mental health, disability, and end-of-life care. By working together, we can enhance the quality of care and improve outcomes for those we serve (NHS England, 2024).

Maslow's Hierarchy of Needs helps health and social care workers prioritise the needs that should be addressed first. It highlights that fundamental needs, such as food, safety, and health, must be satisfied before focusing on emotional needs like relationships and self-confidence. This approach encourages professionals to collaborate and provide care that addresses all aspects of a person's life. Additionally, Bronfenbrenner's Ecological Systems Theory further enhances our understanding of partnership working by illustrating how various systems, including family, health services, and the broader community, contribute to shaping an individual's experiences and well-being (Guy-Evans, 2025).

### **Ethics;**

Ethics in health and social care means following moral rules that help professionals treat people with respect, protect their rights, respect their dignity and support their well-being (Markose, Krishnan and Ramesh, 2016). *In medical ethics, the four key pillars are autonomy, beneficence, non-maleficence, and justice—each guiding ethical decision-making in healthcare* (Page, 2012).

Medical ethics can help professionals navigate complex decisions, especially in situations like end-of-life care and safeguarding. The Care Act 2014 includes important ethical principles for providing care. One key principle is prevention. This means that professionals should act early to stop a person's needs from getting worse. Another important idea is empowerment. This helps individuals understand their options and make their own choices about care. Empowerment supports autonomy, which is the right to make personal decisions. Putting the Care Act into practice means treating people with respect, listening to what they want, involving them in decisions, and protecting their rights. This is especially important for vulnerable individuals or those who cannot make decisions on their own (Department of Health and Social Care, 2016).

## **Task 2**

### **NHS England Mrs C's story**

Mrs C is a widow living alone with **Chronic Obstructive Pulmonary Disease** (COPD) and terminal lung cancer. She worked with the care team to make choices about her treatments, hospital visits and lifesaving efforts like CPR ([www.england.nhs.uk](http://www.england.nhs.uk), n.d.).

Mrs C received person-centred care which mattered most to her, not just treating her illness. She was supported in every aspect of life, health, feelings, relationships and spiritual needs. A personal health budget empowered her to choose a carer she felt comfortable with. Her care was coordinated through partnership working with health professionals, community services and family. Support from her GP and community services helped manage her symptoms and improved her emotional well-being. Engaging in activities like walking and video calls with family helped her feel happier and less alone. Ethical values guided her care. She was treated with dignity, kept fully informed and involved in all decisions. This approach ensured she felt respected, understood and in control of her care.

### **Impact on service users and professionals**

Person-centred and joined-up care empowered Mrs C by involving her in key decisions about her treatment and future planning, while allowing her to choose who provided her care (CQC,2016). Her overall well-being improved as she managed her symptoms, stayed connected with others and reduced feelings of loneliness. An understanding of Mrs C's wishes helped reduce confusion and emotional stress for her family and carers. Their involvement in care decisions helped them feel valued and better prepared to support her. Working with community services also eased daily responsibilities for her family.

This person-centred approach helped professionals align treatment with the patient's goals, which may boost their satisfaction and ease ethical challenges. At the same time, it created more complexity, requiring professionals to invest more time in communication, organising care, planning, and continuous assessment. The situation highlighted the importance of moving from a protocol-led, disease-specific care model to one that prioritises flexibility and the individual's needs.

### **Challenges and how they were overcome**

Mrs C faced challenges due to her progressive illness. Living alone and with her children far away, she found daily support difficult. However, she stayed connected through community activities like weekly health walks and lunch club. She used her iPad and skype to keep in touch with family and feel less isolated.

She experienced distressing symptoms like breathlessness, pain and anxiety but with health coaching she learned to manage them better. Mrs C received care from multiple services including her GP, hospitals, nurses and ambulance teams. A key challenge was ensuring all providers were aware of her care plan and preferences, which she proactively shared.

Initially she was unhappy with the agency carers so later she used a personal health budget to employ a trusted neighbour instead. This flexible budget allowed for adjustments as her needs changed over time. Equally, she actively participated in decisions about her care, including preferences for antibiotics and resuscitation.

### **Policy Frameworks Supporting the Case Study**

A number of key policy frameworks underpin this study. Firstly, CQC Regulation 9: Person-centred care. All of Mrs C's needs should be assessed, including physical, emotional, social and cultural needs. Staff must support her to make decisions, or if she cannot, her family or advocate should involve helping (CQC,2024).

Secondly, NICE Guidance: Person-centred care, preference, information & shared decision-making. The care plan should be based on what matters to her, like her daily routines and desire to stay independent. Her carer or family members should be included in planning her care when it's appropriate (NICE, 2021).

InMrsCstorythe6Cs (care, compassion, competence, communication, courage, commitment) were clearly demonstrated throughout her care journey. Her care plan reflects compassion by prioritising her comfort, personal values and focusing on the whole person, not just the condition. Effective communication is important to support Mrs C in her care decisions. Competent care assesses, guides and adapts to the whole person. Courage and commitment are seen in adopting new care approaches. True care is seen in treating Mrs C holistically, keeping her dignity and preferences at the centre (NHS England, 2015).

### **Task 3**

#### **Self-Reflection using a Gibbs Model** (McLeod, 2025)

##### **Description**

I am working in a school environment supporting children with special education needs on a one-to-one basis. My role involves various tasks like helping them engage with learning activities, managing their behaviour, supervising and helping them during mealtimes and playtimes and importantly, helping them feel included in the classroom environment. Also, I work with teachers, SENCOs (Special Educational Needs Coordinator) and sometimes the families to give the child the right support.

##### **Feelings**

At the beginning, I was quite nervous about working with children with complex needs because initially I did not have enough knowledge about their needs and that made me nervous about how to act or what to say. However, the more time I spent with children, the more confidence I gained and developed a real passion for helping them succeed. I feel proud to be a part of their journey and always try to support them with empathy. Even small improvements in their learning or behaviour mean a lot to me.

##### **Evaluation**

There have been positive and challenging parts of this role. One of the most positive sides has been building strong trusting relationship with children. For example, I have supported a child with ADHD (attention deficit hyperactivity disorder), who found it hard to focus and would become frustrated in lessons. By giving breaks, using a visual timetable, it helped them stay engaged more in class. With consistent support, their confidence improved, and they managed to do more activities without getting frustrated. One of the harder parts of the role has been dealing with behaviour issues and not knowing the best way to respond.

##### **Analysis**

This experience allowed me to develop a deeper understanding of core principles such as person-centred, partnership working and ethical practice. Person-centred care involves

placing the child's individual needs at the heart of my practice. To support each child effectively, I adjust the way I work with them depending on how they express themselves, how their express feelings and what helps them learn best.

Collaboration is an important part of my role. I speak regularly with my class teachers, SENCO and take part in meetings to talk about the child's needs and progress. This helps make sure we are all working together in the same way.

I follow ethical practice by keeping things confidential, respecting each child, being fair and never making judgments.

Some of my key strengths include patience, empathy and building trust with children. I keep calm during difficult moments which help me manage situations when a child is upset or meltdown.

I have recognised some key areas to develop, including strengthening my ability to manage challenging behaviour. I will continue to learn more about conditions like ADHD, dyslexia, and feel more comfortable speaking up and sharing ideas with other professionals.

## **Conclusion**

Working in this role has helped me grow in many ways. I have learned to look at each child as an individual with their own needs, and I have seen how working closely with others really makes a difference. At the same time, I've become more aware of what I still need to learn, especially about different SEN conditions.

## **Action Plan**

I plan to learn more by taking CPD(Continuing Professional Development) courses that focus on autism, ADHD, managing behaviour, and understanding trauma. I will observe how more experienced staff work and ask them for feedback so I can get better at dealing with difficult behaviour. After doing my MBS Health and Social Care level 5&6, I am planning to do a postgraduate teaching Diploma to gain more skills to work with children.

## **Conclusion**

In summary, partnership working, person-centred approach, and ethics are key to effective health and social care services. These principles are not only Integrated into policy and guidelines, such as the NHS and Health Care Act 2022 but also essential in meeting

individuals' holistic needs. Mrs C's story shows how these elements work together in real life. Applying the NICE guidelines, Health and Care Act 2022, and 6Cs aim to improve communication, inclusion and care. The health professionals worked closely with her and her family, respected her choices, and followed clear ethical values. In health and social care, using these principles every day helps to create a more caring and fair service for everyone. The Gibbs model highlights the importance of empathy, person-centred and partnership working in education settings.

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