

Reflective Report

Component 1

Student Name: Sophia Hinds

Student Number: 2435098

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Introduction

This report focuses on three key principles that are embedded in the core of health and social care practice, those are person-centred care, partnership working, and ethics. These principles are responsible for guiding how care professionals interact with the people they support and how they make decisions in their daily work environments. The absence of these principles means that the quality of care would be inconsistent and can potentially cause harm to vulnerable individuals in care.

This report aims to explore what these principles mean, why they matter in health care settings, and how they work in professional practice. It will draw from relevant theories, health and social care policies, and a real UK-based case study (Robyn's case study) to show these principles being applied effectively. In this report will also be a personal reflection on how these principles are connected to future professional development in health and social care.

The case study later included in this report is from a UK setting and will demonstrate how care that is person-centred, built on partnership and collaboration, and is ethically practiced, can work together to produce wonderful results for service users.

Task 1: Reflection on the Importance of Principles

Placing the patients at the core of all decisions based on their health is fundamental for a person-centred care approach. Recognising each person as an individual with needs that are unique, prevents practitioners from applying the same standards to everyone. Person-centred care means that patients are given necessary information to be able to have a sense of autonomy and freedom to make their own decisions, by doing this they are treated with dignity and respect (The Health Foundation, 2014).

Frameworks from the likes of Abraham Maslow makes connections to motivational based psychology that is connected to the basic needs of people (Booth, 2024). In his review, Booth (2024) mentions "that people have to meet their basic needs first before considering personal growth or any other needs such as social or emotional needs to reach their full potential". This understanding of what people require for awareness of how their needs affect the kind of support given is essential for encouraging independence and self-esteem for patients. The

framework allows for a flexible view on person centred care, where across all aspects of care, the needs of service users is met.

The principle of partnership working stems from the collaboration of practitioners, organisations and the service users (Frost, 2005). A huge factor to this partnership, is the communicated between all parties involved, such as the health and social care's team of staff, the range of services provided, practitioners, and the service user and their families. All parties require shared information for this principle to be effective and considerate. The Legislation.gov.uk (2014) demands that "a local authority must co-operate with each of its relevant partners, and each relevant partner must co-operate with the authority", this ensure that they are respecting the health and social care needs of service users. This is all in accordance with The Care Act 2014, which puts legal duty on these practices. This level of partnership working means that work is more effective, care is provided more wholly and consistently, and the provided services aren't disjointed (SCIE, 2015).

The Bronfenbrenner's Ecological Systems Theory is relevant to this principle. The environment is heavily responsible for how service users respond to received care, their environment consists of their relationships, any wider community they may be apart of, and more general and broader societal systems that are in place (Bronfenbrenner, 1979). This theory allows valuable insight on how care should be provided collaboratively and be considerate of the environment that the service user is influenced by and should not be delivered from a place of isolation.

Applying moral principles to care given to service users is referred to as ethics. Tying into other principles especially person-centred principles means that the patient is respected, taken care of accordingly, and is constantly given fair and equal treatment (Teays, 2025). This is enforced by 4 core principles that is stated by Beauchamp and Childress (2019), those are "respect for autonomy, nonmaleficence, beneficence, and justice", and by introduced rules of "veracity, confidentiality, privacy, and fidelity as an approach to professional ethics". Not only is this the principle of ethics defended by Beauchamp and Childress, but also by the legal obligation. There are codes of conduct that practitioners are required to uphold and maintain in their daily work (Health and Care Professional Council, 2016).

These principles are core for maintaining a healthy working environment, however these principles cannot be implemented without a few challenges. Practitioners may find it difficult to balance their professional duty of providing adequate care with the autonomy of the patients, this may create tension between both parties. For partnership working, working with

such a large range of services and different health and social care professionals comes with differing opinions, communication methods, resource allocation, and priorities. This inevitably will lead to a lot of dysfunctional care given to patients. However, if working correctly, these principles create a work environment that comforts patients and allows them to receive the best possible care.

Task 2: Practical Example in Practice – Robyn's Story

To gain more insight onto the importance of these principles can be show in the real-life example of a case study about Robyn (NHS England, n.d). Robyn unfortunately sustained a spinal injury in the year 2006 at the age of 21, this injury left her tetraplegic where she would then require 24-hour care. The first sign of the lack of principles in the care she received appeared when the support she got through a home care agency started to decline due to a change in staff, the agency growing, and staff not staying around long enough to be up to speed with how to deliver the tailored care Robyn is most likely used to. Robyn had 36 personal assistants during her final year with the home care agency, all assistants seemingly had different approaches to providing care to Robyn meaning that she never felt like she had tailored support and her needs were not being met. This left her isolated and as NHS England (n.d) mentions that “getting out of bed safely was a challenge”. The first principle that seemed to contribute to the positive change in the care she received was person-centred care. She got in contact with the Continuing Health Care (CHC) teams in 2014 to discuss her needs and demands for her situation. This discussion allowed for a greater understanding of what her needs are and the type of person she is. Prior to the injury Robyn had a very active life, she worked with horses and had a very busy social life so having a personal assistant that could understand what that means for Robyn even in her current condition is important for her. The CHC teams prioritised the person-centred principle to understand what Robyn truly wanted out of the practitioners.

Through the partnership work, the CHC team was able to work collaboratively with the appointed Personal Health Budget (PHB) to make her wishes a reality, the care package she received was funded by the efforts of the CHC team and her local authority. This was a good showcase of partnership working as they had to work closely together to come to this agreement on the budget and the plan for Robyn moving forward. She also worked closely

with the Personal Budget Support Service which helped with the recruitment and employment process for finding a personal assistant that truly adhered to her needs and gave her the autonomy and independence to choose. This a good reflection of principles laid out by the Health and Care Act 2022 on integrated care from health and social care services. This combined effort to ensure she gets the best care possible, is a core reason why these principles work and are important for these health and social care settings.

The practice of the ethical principles is present throughout Robyn's experience, this is shown well in the process of her getting the budget to recruit and employ her own personal assistant. This is the autonomy, professionals understanding that Robyn is her own person with needs that exceed just her medical condition. Her injury isn't the core of the decisions moving forward, Robyn the individual is the core, encouraged rather than forced. A good reflection of the Mental Capacity Act 2005 that encourages the support for individuals to make decisions for themselves and maintain a sense of control over their lives (Legislation.gov.uk , 2022).

Now, despite the good that came from the situation, and while Robyn got what she wanted in the end, the professionals in this case did fall short. Even though she did receive help from her PBH and PBSS teams, this process took a long 18 months to see anything come to fruition. NHS England (n.d) states that "Robyn found the PHB process quite daunting", which is not a feeling any service user should have about these practices listening to her complaints about her needs. During this waiting period she also never receive any active updates, not even a support group of other PHB holders that could have offered Robyn advice to help her understand what is like to manage and employ personal assistants. Robyn ended up rewriting her own care and support plan since she believed the original plan did not reflect the type of care she needs as an individual, a clear showcase of a health and social care system that does not work the way it should.

Applying these principles were vital to ensuring Robyn got the happy outcome she deserves. From 36 personal assistants that could not provide her with the right care she required, to now having 2 personal assistants she employed herself, full time and live-ins. The CQC (2023) states that "we regulate health and adult social care, we work together with the public, systems and providers of care to protect people, and to promote and improve the quality of care", this is a good end to Robyn's story and is a key example of the possibility of care when these principles are implemented.

Task 3: Self-Reflection

For self-reflection and how these principles can be explored in my professional life and future opportunities in the health and social care space, I will be using Gibb's Reflective Cycle (The University of Edinburgh, 2024). Gibb's model cycles through six stages: description, feelings, evaluation, analysis, conclusion, and action plan.

Description: I had the opportunity to observe and actively participate in the care of individuals that have a range of different support needs. A situation that stuck with me though was an individual who has the same routine care plan. It was clear that the decisions on what their daily activities and supporting needs are where largely made by the staff. It was clear to me that the service user does not get asked if they want to participate in those activities.

Feelings: I couldn't help but feel uneasy by the lack of autonomy, and the feelings of partial guilt for not saying anything since it was my 3rd day, I didn't feel confident enough in this new environment. I wrestled with thoughts that told me I should act, however I am heavily inexperienced, and maybe the situation is more complicated than I currently know. But looking at from a surface level I could shake the idea that the principles I have been learning about are not being implemented right now, but I am more secure in my beliefs and the presence of these principles in any health and social care settings.

Evaluation: The work environment overall was great as I sit and reflect, the staff were great collaboratively, so great that they even integrated me into their schedule almost seamlessly. Generally, the needs of the service users were met, and they were attentive to the care plans and routines that were established for the patients. However, I never really encountered staff having meaningful conversations with the patients and I could slowly tell that while the staff work diligently, the place is devoid of person-centred principles, I also didn't see family or friends being involved in the reviewing processes of care and support plans for the patients.

Analysis: The lack of a person-centred approach to care, only makes me believe that the other principles are probably not being strongly implemented either, the person-centred approach allows for a better understanding of the patient as an individual, and large part of that is understanding the environment they are/were a part of prior to being in a health and

social care facility. This means that there is a strong chance that partnership working isn't too prominent in this space either and while basic needs are met, I still get this sense of isolation with the patients. Since the practitioners seemingly make all the decisions for the patients, ethics are out of the question here, and the individuals lack a level of autonomy over their day to day.

Conclusion: After this experience, the importance of these principles in a health and social care setting are cemented and should be considered the standard for practice. There exist real consequences for inadequate care for patients, not just for them, but their families too. I feel that a more conscious approach to care, allows us to look at patients as individuals and not just another person that's needs medical assistance.

Action plan: After reflection, it is clear that I should work on my confidence to call out inadequate care when I see it. Maintain ethical frameworks so that I can embody these principles that makes the health and social care setting a better place for service users. I need more exposure to reflective opportunities that allow me to see good and bad examples of these principles in this space, especially case studies like Robyn's situation. Committing to building more experience in professional fields to expose myself to the day to day of these healthcare settings, especially the ones that adhere to ethical frameworks that highlight high quality care and support.

Conclusion

The exploration of the three key principles for a health and social care setting has shown the sheer importance of creating a healthy space for patients to be seen, heard, and understood to ensure the highest quality of care. By using theories and key legislations in collaboration with the principles we now understand why they are fundamental to achieving quality care in practice. The case study of Robyn gave us a compelling example of what can be achieved when these principles are applied correctly, the step up from her basic needs being met, to having her actual individual voice heard and getting what she wanted in the end.

The personal reflection section allowed for a new perspective, on self-awareness when it comes to practise, seeing patients for the individuals that they are and being able to recognise when their needs aren't truly being met. The reflection in itself is important for

anyone wanting to enter this professional space and striving to be better and understanding how we can best support service users.

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