



BMHP5016
Principals of health and social care

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Acknowledgement of the use of AI tools (read the statements below and delete/amend as appropriate)

I confirm that I have **not** used any AI tools in the research and creation of this assignment. I confirm that I have not presented any AI generated materials as my own work.

Person centered care is an important approach within health and social care practice. It focuses on the care of the individual creating a space where care is responsive to an individual's personal

circumstances. Person centered care recognizes and supports that individuals can be different and have different needs, health problems, beliefs and preferences that should be evaluated and respected when providing care (Skills for Health, 2025). This system and structure ensure that care is more than just delivering a health service or clinical routines it's also having a holistic and humanistic approach focused on the service user's needs.

This approach can be deeply understood through Maslow's Hierarchy of Needs. Maslow's hierarchy of needs is a motivational theory in psychology that includes a 5-tier model of human needs. Maslow introduced that lower needs must be satisfied before higher ones, the 5 tier models are physiological needs, safety needs, love and belongings, esteem needs and self-actualization (Skills for Health, 2025). Though standard medical interventions are important for fulfilling basic safety and physiological needs, such as managing symptoms or dressing wounds. A person-centered approach focuses on higher tier human needs. By giving service users, a voice in their own care plans, service providers support their personal autonomy and self-worth (Skills for Health, 2025). The direct involvement of service users has been shown to improve adherence, lower stress for the service user, and encourage better outcome. When professionals' communication flows smoothly, accidents are reduced, care transitions become safer, and the service user has a safe experience that is consistent and not confusing.

Individual needs normally need to be catered to by multiple parties no single professional can deliver a high complex service on their own that is why partnership is important creating care pathways between hospitals, voluntary charities and local authority social services. Multidisciplinary teams are very helpful when it comes to facilitating collaboration between professionals; they deconstruct the thought that teams must be in the same location to communicate effectively. Teams don't have to be located in the same place to work successfully; there are other alternatives such as virtual meetings (Miller, 2022).

Ethical practice provides the moral compass for these partnerships and is guided by the four principals of biomedical ethics which are autonomy, beneficence, non-maleficence, and justice. Autonomy means respecting an individual's right to make their own choices, beneficence requires acting in their best interest, non-maleficence demands doing no harm, and justice ensures that care resources are distributed regardless of any circumstances (UKCEN, 2024). In daily practice these four principals often overlap each other, for an example when a service user with full mental capacity decides to refuse a beneficial treatment, causing a direct tension between their personal autonomy and the professional's job to act beneficently. When resolving these situations, ethical reasoning is needed to ensure that the care provided remains legal, morally justifiable, and fully aligned with professional codes of conduct. In England support workers and carers in London this ethical duty is codified within the code of conduct for healthcare support workers and adult's social workers which demands that the service providers act in the best interest of service users whilst also upholding rights (Skills for Health & Skills for Care, 2023).

An example of how these concepts function is imagining a scenario with an integrated 83-year-old woman known as service user "pink" who lives alone with moderate dementia and a chronic obstructive pulmonary disease. Following a fall, she had while she was out grocery shopping, she was admitted to an acute NHS hospital ward in line with the care act of 2014 (Care act, 2014)

which emphasizes that individuals with wellbeing must be guided in every care decision, the discharge planning team looked beyond the immediate physical injury. Instead of organizing a premature move to a residential care facility which would help with things such as physical safety but would probably damage their sense of identity and independence. The team prioritized Pinks wish to return home, creating a plan dedicated to her personal routine and remaining strengths under regulation 9 of the health and social care act 2008 regulated activities regulation 2014 (Care Quality Commission, 2025).

An integrated community plan was established under the framework of the health and care act 2022 (Care Quality Commission, 2025), which requires health and social care workers to collaborate to improve outcomes. NHS occupational therapists evaluated the home environment and installed grab rails and motion sensor lighting to reduce further fall risks. Local authority social workers set up domiciliary care packages with a community agency to assist with daily morning routines and meal preparation. To acknowledge social isolation and practical needs, a local charity provided a weekly befriending volunteer to help with shopping. This approach meets Pinks physical needs while protecting her social wellbeing. An ethical challenge emerged during this process when service user pink initially refused to allow a key safe to be installed outside her house; she felt as if her privacy was being violated. Rather than ignoring her feelings and pushing past her objections, the multidisciplinary team followed the mental capacity act 2005 (Health search Authority, 2021). A formal assessment confirmed that pink had the capacity to make this decision for herself, Pink understood the purpose of the safe but was deeply worried it would make them a target for local crime instead of making her do something that pink did not want to do her family and her social worker had a conversation with her to make her feel seen and eventually they all agreed to place the key safe in a highly discreet, hidden location. This balanced her safety with her right to self-determination, reducing their anxiety while securing clinical safety.

In my own daily practice as a carer, these core principles are not abstract ideals but active commitments that guide my hands on work on every single shift, under the health and social care act 2008 regulated activities regulation 2014 (TRIX Online, 2022), I hold a clear responsibility to ensure that the daily support i provide is responsive to the background, culture and choices of each individual. When i start my care visits i look past the care plans and daily task list to apply carl rogers core condition of person-centered theory (counselling Tutor, 2025), focusing heavily on empathy, congruence, and unconditional positive regard. For example, when assisting service users with intimate personal care or support with meals, especially those who have difficulties communicating or distress to dementia, i refuse to rush them, i listen actively, i monitor verbal and nonverbal signs of discomfort, and give them the space to guide the pace of their morning, fulfilling the code of conduct for health care support workers and adult social care workers in England, which demands we treat people with dignity and respect at all times. When working alongside other healthcare professionals, i actively foster a collaborative environment, recognize that my close, day to day observation as a carer are a vital piece of a larger puzzle. Because i spend the most direct time with service users i am often the first to notice subtle changes in their physical or mental health. When communicating these changes to district nurses, social workers, GPs, or family members, i utilize the situation, background, assessment, and recommendation framework. This structured approach ensures that my

feedback is direct, precise, and safe, bridging the gap between direct care and clinical oversight to ensure that the service user receives prompt, integrated support before their condition deteriorates. Applying Gibbs reflective cycle to my own practice has allowed me to identify both my personal strengths and my areas for development as a carer. Gibbs reflective cycle offers a framework for examining experiences and allows people to learn and plan from things that either went well or didn't go well it covers 6 stages which are description of the experience, feelings and thoughts about the experience, evaluation of the experience good and bad, analysis to make sense of the situation, conclusion about what you learned and what you could have done differently and action plan for how you would deal with similar situations in the future or any changes for the future (The university of Edinburgh,2024). My greatest strength is my ability to practice active listening and empathy, which allows me to build fast trusting relationships with my service users and their families during vulnerable times, addressing their emotional and esteem needs. I also possess a good practical understanding of the mental capacity act 2005 which helps me recognize when a service user needs support to make a daily choice and ensures i always opt for the last least restrictive choices to persevere their independence during tasks like dressing or meal selection. Furthermore, my strong commitment to team communication helps ensure that my daily care logs and handovers are accurate and oriented.

However, i have also recognized areas where i must improve i can find it difficult to navigate highly complex ethical dilemmas which sometimes leads to moral distress. This happens when severe systemic pressure such as staffing vacancies or limited call times conflict directly with my ability to deliver uncompromised, person-centered care. Balancing the ethical principle of justice, making sure i attend to all my assigned service users on time against the beneficence and deep attention owed to an individual who is highly distressed can feel overwhelming and complicate my decision making. Additionally, i need to improve my assertiveness during multi agency reviews. In fast paced multidisciplinary discussions, i sometimes hesitate to challenge the assumptions of senior leaders or social workers regarding a service user's capabilities even when my daily observation as their carer indicates that a proposed plan does not fully respect their actual choices or physical capacity. I feel as if i need to build more confidence to act as a strong advocate for my service users under professional pressure. To systematically address these issues, i have created a personal development plan using the SMART framework. My first goal is to improve my ethical decision making and better manage moral distress. Specifically, i will attend advanced professional training sessions focused on managing ethical conflicts in adult social care and actively engage in my organisation's reflective supervision or team review sessions. I will measure my progress by maintaining a reflective journal or diary to document and analyze at least three complex ethical situations i face on shift. My goals are entirely achievable through one-to-one mentorship with my care manager over the next six months.it is highly relevant because it gives me the tools to remain objective and ethically resilient under daily operational pressures, and success will mean a higher self-assessed confidence score when handling complex consent and support issues.

My second goal is to strengthen my advocacy and communication within the wider multidisciplinary team i will complete a certified course in professional communication and

assertiveness for care staff practicing structured advocacy models like the Probe, Alert, Challenge, Emergency tool during handovers. I will measure this by taking the lead in presenting a service of users with direct feedback and preferences in at least three care package reviews or multidisciplinary meetings over the next nine months. This is achievable through my employers internal training resources and with the guidance of my care coordinator. It is directly relevant to my role as amplifying my voice as a carer allows me to protect vulnerable individuals who cannot speak for themselves, keeping their care aligned with care act 2014 success will be achieved when i can present and documents a service users personal choices during a major review meeting with confidence. By working toward these goals i will develop from a carer who simply understands the values of person-centered care, partnership and ethics into an active leader who defends them daily on the front lines. This commitment to continuous reflection ensures that my practice remains safe, legally compliant, compassionate, and focused on delivering the highest standard of daily care within the UK adult social care system.

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