

Student name: Chanelle hay

Student Number:2505019

Module code: BMHP5016

Lecturer Name: Robert Nartowski

PRINCIPLES OF HEALTH AND SOCIAL CARE: REFLECTIVE REPORT

Case Study: Joan's Story

CONTENTS

1. Introduction

2. Task 1: What These Three Principles Actually Mean

3. Task 2: How It Worked for Joan

4. Task 3: My Own Skills and What I Need to Learn

5. Conclusion

6. References

1. **INTRODUCTION**

In this report I'm going to go through the three big ideas that really matter in UK health and social care: person-centered care, partnership working, and acting ethically. I'll explain each one, talk about the laws that back them up, and use Joan's story to show how they make a real difference to someone's life. Then I'll be honest about what I'm good at and where I still need practice, plus a simple plan for how I'll get better. I'll mention things like Maslow's hierarchy and Gibbs' reflection cycle where they help explain things, but I'm going to keep it straightforward. This isn't just about passing an assignment — these are the things I want to remember when I'm actually working in this field one day.

2. TASK 1: WHAT THESE THREE PRINCIPLES ACTUALLY MEAN

Person-Centered Care

To me, person-centered care just means remembering there's a whole person behind every patient or client. It's easy to get caught up in their diagnosis — COPD, diabetes, arthritis — but that's only one part of who they are. Person-centered care means asking: what's their day-to-day life like? What do they enjoy doing? What scares them? What matters most to them? And then building their care around that, not around a checklist.

The Care Act 2014 actually makes this a legal requirement. It says that when making decisions about someone, their wellbeing must be the main consideration, and we have to take their own views, wishes and feelings into account. It's not optional. The NHS Constitution also says patients have the right to be involved in their own care planning.

Maslow's hierarchy helps explain why this works so well. He said people have basic needs — feeling safe, comfortable, listened to — and until those are met, they can't really focus on anything else. It makes sense. If you're in pain, lonely, or feel like no one cares about what you think, how likely are you to stick to a complicated exercise plan or remember to take new medication? Not very. Person-centered care builds trust, and trust is what makes care actually work.

Partnership Working

Partnership working is basically just everyone talking to each other. In the past, different teams often worked on their own little bubbles. The GP would see someone and not tell the community nurse. The hospital would discharge someone, and the care home wouldn't know they were coming. It was messy and frustrating, and the person always ended up suffering for it.

The Health and Care Act 2022 was brought in to fix this. It created Integrated Care Boards, so the NHS, local councils and care services all plan things together. The whole point is that the person gets consistent support, even when lots of different people are involved. It shouldn't feel like they're dealing with ten different organisations — it should feel like one team.

When it works well, it saves everyone time and stress. The person doesn't have to repeat their story five times. Professionals catch problems earlier because they know what everyone else is seeing. And we waste less money on things like repeated hospital visits that could have been avoided. It's better for everyone, but especially the person at the Centre of it all.

Ethical Practice

Ethics sounds like a big fancy word, but really, it's just doing the right thing — even when no one is watching, and even when there's no clear instruction telling you exactly what to do. There are four basic rules we use:

- Let people choose — they have a right to make their own decisions, even if we might choose differently
- Do good — always act in their best interests
- Don't cause harm — physical or emotional

- Be fair — everyone gets the same respect and same chances, no exceptions

These aren't just guidelines — they're part of what we're all professionally bound to do. Laws like the Mental Capacity Act 2005 help us out when someone can't make decisions easily — it says we still have to find out what they would have wanted, not just decide for them. Ethics is what stops us from becoming more complex. It reminds us to pause before we act and ask ourselves: would I be happy treating my own family member this way?

Summary

These three are not separate things — they all rely on each other. You can't say you are being person-centered if you are not sharing information with the rest of the team. And you can't work in partnership if you are not treating everyone fairly and honestly. Together they are what makes care good rather than just adequate.

3. TASK 2: HOW IT WORKED FOR JOAN

What Happened

Joan has COPD, and it was really getting her down. Her physiotherapist suggested pulmonary rehabilitation — classes that help people manage their breathing better. Joan understood why it might help, but she felt overwhelmed and just couldn't face going. She kept missing appointments, wasn't following the advice, and kept ending up in hospital as an emergency. It wasn't good for her, and it was using NHS resources that other people needed too.

Her therapist just gave up though. She used something called a PAM survey, which measures how confident someone feels about managing their own health. Joan scored really low — she did not feel able to do anything to help herself. So instead of telling her what to do, the therapist started just meeting up with her — at the clinic or at home — and talking about what was going on.

Turns out her Crohn's disease wasn't being managed properly. She was in pain and feeling sick, and that's why she couldn't leave the house. It wasn't that she didn't care — she couldn't face going out. Once they realised this, the therapist spoke to Joan's GP, and they got her medication sorted. They made a simple plan together that Joan was happy with.

Seven months later, her PAM score was up by over 40%. She was going to rehab, do her shopping, and only had one emergency admission instead of two. Small changes, huge difference.

Person-Centered Care for Joan

Anyone could have written Joan off as "non-attender" or "non-compliant". But her therapist did not jump to conclusions. She asked questions. She listened. That is person-centered care in action.

Using Maslow's idea: Joan's basic physical needs were not met. She was in pain every day. You can't expect someone in that position to care about breathing exercises. Once her pain was under control, she naturally started engaging again. The Care Act 2014 is all about seeing the whole picture, and that's exactly what happened here.

Partnership Working for Joan

The therapist could not fix this alone. She is a physiotherapist — she can't change someone's Crohn's medication. She needed the GP. Once they spoke to each other and both understood the full picture, everything fell into place. That is exactly what the Health and Care Act 2022 is trying to

make happen more often. And Joan was not just a patient in the middle — she helped find the problem and agreed with the plan. She was part of the partnership, too.

Ethical Practice for Joan

The most ethical thing the therapist did was not judge Joan. It would have been so easy to mark her down as uncooperative and move on. Instead, she respected Joan for doing her best in an awkward situation. She respected Joan's right to make her own choices, but she also kept showing up and offering support. She shared information with the GP appropriately, which shows she balanced confidentiality with keeping Joan safe. It was all just decent, kind, professional behavior — which is what ethics boils down to.

Summary

Joan's story is such a good example because nothing complicated happened. There was no miracle treatment. Someone just listened, someone else helped with the medication, and they treated her with respect. That's all it took. It proves these principles aren't textbook theory — they actually work.

4. TASK 3: MY OWN SKILLS AND WHAT I NEED TO LEARN

How I'm Looking at My Own Progress

I'm using Gibbs' Reflective Cycle to think about this. Basically, it's just a way of asking myself: what happened, how did I feel about it, what went well, what didn't, and what would I do differently next time. It's simple but it works. Being honest with myself is the hardest part, but it's also the most important thing. I'm not going to pretend I know everything — I definitely don't. But I know what I'm good at, and I know what I need to work on.

What I'm Already Comfortable With

Looking back at college and my placements so far, there are things I feel confident about:

- I enjoy talking to people. I know that sounds basic, but I really do. I like hearing people's stories and understanding what their life is like outside of where I see them. On placement people have told me I'm easy to talk to, and that means a lot to me. I think that's the foundation of person-centered care — if someone feels comfortable with you, everything else becomes easier.
- I know my limits. I'm not too proud to say, "I don't know that, but I'll find out for you". I'd never guess at something important just to sound like I know what I'm talking about. If I'm unsure about anything, I ask my supervisor. I think that's really important for keeping people safe.
- I take privacy and respect seriously. I understand why we keep information private, why we treat everyone the same, and why we don't make assumptions about people. These values feel common sense to me, but I know they're also professional standards I must stick to. I'm careful about what I say and who I say it to.

Where I Need to Improve

Being honest, there's plenty I still need to get better at:

- I don't know the laws in detail yet. I know the Care Act 2014 exists and what it's for, but I couldn't recite sections or quote specific rules. If someone asked me exactly what their legal rights were, I'd have to go look it up. I know the general idea, but I need to actually learn the details, so I feel confident explaining them.

- I haven't seen a big team working much yet. On placement, I've mostly been around one team. I've seen doctors and social workers come in, but I haven't been part of those conversations. I sometimes wonder: what information should we share? What stays private? Who do I tell if I'm worried? I don't want to overstep, but I also don't want to stay quiet when something needs to say. I need to see how different teams actually work together in real situations.

- Hard decisions would still make me nervous. I know the four ethical principles in an assignment, but real life is messier. What if someone refuses to help they clearly need? What if family members disagree with each other? I'd panic a bit about getting it wrong. I know I'd go to my supervisor, but I want to be better at spotting the issues myself first rather than just reacting.

- I sometimes do too much for people. Watching Joan's story made me realise this. When I see someone struggling, my instinct is to jump in and fix it. But that doesn't help them in the long run. Joan got better because she felt confident enough to do things herself. I need to learn to step back a bit and let people lead more, even if it takes longer. Empowerment is something I need to actually practice, not just read about.

How I'll Carry These Principles Forward

Joan's story has really stuck with me because it shows what difference just doing the basics well can make. This is how I want to work:

- Person-centered care means I'll always start with "what do you think?" before I say what I think. I'll remember that what seems obvious to me might not be possible for them. Everyone's life is different, and their goals matter more than my checklist.

- Partnership working means I won't be afraid to speak up if I notice something — but I'll also really listen when other people speak. I'll make sure I know who does what, so I can point to people in the right direction. And I'll always remember the person and their family are the most important people on the team.

- Ethical practice means I'll treat people how I'd want my own family treated. If something feels wrong, I'll say something. If I'm unsure, I'll ask. I won't cut corners just because it's easier or faster. Being professional means doing the right thing even when no one is checking.

What I Need To Get Better At	What Exactly I'll Do	When I Aim To Do It By	How I'll Know It's Working	Who Can Help Me
Knowing the laws properly	Read simple summaries of the Care Act 2014, Health and Care Act 2022, and Mental Capacity Act 2005. Write down the key points on one sheet I can keep referring to. Do the free NHS online learning modules on each one.	Within 6 months	I can explain the main points without looking them up every time. My supervisor says I sound more confident talking about them.	My tutor, my placement supervisor, NHS e-Learning website

Understanding how different team's work	On my next placement, I'll ask people what their job actually involves and how we work together. I'll ask my supervisor what information it's okay to share and what stays private. I'll sit in handovers or meetings when I'm invited. I'll look up what local services are available and what they do.	Right now, all through my course	I know who to contact when different problems come up. I'm not nervous about speaking to people from other teams.	My placement supervisor, the team I'm working with, college resources
Feeling more confident with difficult situations	In college we can practice tricky scenarios in role-play — I'm going to join in more. When we do case studies like Joan's, I'll write down what I think I'd do and why. I'll keep a note of where to find our professional guidelines, so I'm not scrambling when I need them.	Over the next year	When we talk through a problem in class, I can explain what I'd do and why. I spot ethical issues before they get complicated.	My teachers, my classmates, my supervisor on placement
Helping people do things for themselves	I'll try asking "what do you think you could try first?" instead of jumping in to help. At the end of each shift, I'll just think: did I do things for them or with them? I'll ask my supervisor if they think I'm getting better at stepping back.	Every time I'm on placement	People I'm supporting seem more confident doing things themselves. My supervisor mentions it as something I'm doing well.	My supervisor, the people I support, my own notes and reflection

Why This All Matters

It's easy to think "I'm just a student; I haven't made big decisions yet". But every day I make small ones. Do I ask that person how their day was, or do I just get the job done? Do I pass on that one little thing I noticed, or do I assume someone else will? Do I believe people like Joan when they say they're struggling, or do I just see a missed appointment? Those small decisions are what these principles are actually made of. I've got a lot to learn, but I know what kind of worker I want to be — and that's a good starting point.

5. CONCLUSION

Person-centered care is seeing the person beyond their illness. Partnership working is making sure everyone supporting them is on the same page. Ethical practice is treating them with the same respect and honesty we want for ourselves. Joan's story shows that when you put all three together, you don't need fancy solutions — you just need to listen, communicate, and care. My reflection shows I've got the right attitude, but I need to build my knowledge of the law and get more experience working across different teams. My plan sets out exactly how I'll do that. Becoming good at this job isn't about being perfect — it's about always trying to do better. These three principles will be my guide every step of the way.

6. References

Care Quality Commission (2023) Person-centered care: what it is and why it matters. Available at: www.cqc.org.uk/guidance-providers/our-principles/person-centred-care-what-it-and-why-it-matters (Accessed: 15 October 2026)

Department of Health and Social Care (2023) The NHS Constitution for England. London: The Stationery Office. Available at: www.gov.uk/government/publications/the-nhs-constitution-for-england (Accessed: 14 October 2026)

Department of Health and Social Care (2021) Working together for better care: a framework for partnership. London: DHSC. Available at: www.gov.uk/government/publications/working-together-for-better-care (Accessed: 15 October 2026)

Great Britain (2005) Mental Capacity Act 2005. London: The Stationery Office. Available at: www.legislation.gov.uk/ukpga/2005/9/contents/enacted (Accessed: 14 October 2026)

Great Britain (2014) Care Act 2014. London: The Stationery Office. Available at: www.legislation.gov.uk/ukpga/2014/23/contents/enacted (Accessed: 14 October 2026)

Great Britain (2022) Health and Care Act 2022. London: The Stationery Office. Available at: www.legislation.gov.uk/ukpga/2022/31/contents/enacted (Accessed: 14 October 2026)

Gibbs, G. (1988). Learning by doing: a guide to teaching and learning methods. Oxford: Further Education Unit.

Maslow, A.H. (1943) 'A Theory of Human Motivation', *Psychological Review*, 50(4), pp. 370–396.

NHS England (no date) Joan's Story. Available at: [paste your Moodle link here] (Accessed: 14 October 2026)

Nursing and Midwifery Council (2018) The Code: Professional standards of practice and behaviour. London: NMC. Available at: www.nmc.org.uk/standards/code/ (Accessed: 15 October 2026)

Social Work England (2020) Professional Standards. Sheffield: Social Work in England. Available at: www.socialworkengland.org.uk/standards/professional-standards/ (Accessed: 15 October 2026)