

ASSIGNMENT TITLE: Reflective Report

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Task 1: Reflection on the Importance of Principles of Health and Social Care (500 words)

The health and social care system in the UK is built on three main principles:

1. Person-centred care

2. Partnership working

3. Ethical practice

These ideas help to ensure that people are treated with respect and that care supports their dignity and independence.

Person-centred care (PCC) means focusing on the individual's needs rather than the organisation's or staff's convenience. It involves seeing the person as an individual with their own preferences, history and rights, not just as a patient or service user. This approach comes from humanistic psychology, especially the work of *Carl Rogers*, who believed that empathy, honesty and unconditional respect are essential for a person's growth and well-being. In practice, person-centred care means listening carefully to the person, involving them in every decision about their care and respecting their choices even when they differ from professional opinions or what we may call general opinions.

This approach builds trust and helps people feel valued and understood.

Partnership working (PW): This means different people and organisations working together to provide the best care. This includes teamwork among professionals, such as nurses, social workers, doctors and therapists as well as cooperation between the care team, the service user and their family. Good partnership helps to prevent confusion in care, especially when multiple services are involved. It ensures that everyone shares information, responsibilities and decisions. This idea links with the philosopher *Martin Buber's* view of relationships where he believes that people should meet each other as equals ("I-Thou") rather than as objects or roles ("I-It"). In health and social care, this means building genuine, respectful relationships between professionals and those they care for.

Ethical practice: This provides a deep foundation for all health and social care work. Ethics guide professionals in doing what is right, fair and respectful. There are Four key ethical principles which are:

1. Autonomy
2. Beneficence
3. Non-maleficence
4. Justice

a) Autonomy (Respecting Choice)

Autonomy asserts that patients have the right to self-determination. This means competent adults can refuse treatment, even if it is life-saving. This principle ensures that the patient is viewed as a partner in care, not just a recipient.

b). Beneficence (Doing Good)

Beneficence is the moral obligation to act for the benefit of others. Healthcare professionals must strive to prevent harm and actively promote well-being.

C) Non-Maleficence (Avoiding Harm)

This principle requires practitioners to avoid inflicting injury or unnecessary risk on patients. This involves refraining from administering harmful treatments, carefully assessing the risks of any intervention (e.g: side effects of medication or surgery) among others

D). Justice (Treating Fairly)

Justice in healthcare primarily focuses on fairness and equity in the distribution of healthcare resources and burdens. It dictates that patients with similar needs should be treated similarly, fair, non-discriminatory and no individual should receive unfair discrimination based on their socioeconomic status or disability.

Altogether, they all create a framework that ensures care is compassionate, fair and effective. These principles not only improve individual outcomes but also strengthen trust and integrity across the entire health and social care system.

Task 2 - Practical Examples of Concepts in Practice

A clear example of how person-centred care, partnership working and ethics come together can be seen in a UK community health setting. This example is based on a common NHS case,

but names and details are changed. It involves an older man living alone with Type 2 diabetes, supported by a community health team. The team includes a GP, community nurse, dietitian, social worker and his daughter who acts as his informal carer. The aim was to keep him safe at home and prevent repeated hospital admissions.

Person-centred care:

The team started by visiting him at home to understand his daily life instead of assuming what he needed. They asked simple questions like:

“What meals do you enjoy?”, “What is hard for you at home?”, “What worries you about your health?”

Using his answers, they created a care plan that suited him. For example, he preferred Nigerian home-style meals, so the dietitian used those foods when giving advice, rather than suggesting meals he wouldn’t eat. He also found morning clinic visits difficult because of mobility issues, so appointments were moved to afternoons. The nurse helped him set reminders on his phone because he often forgot his tablets.

The most important thing was that his choices were respected. Even when the doctor suggested more frequent monitoring, he said he wanted fewer home visits. The team accepted this and adjusted the plan. This approach follows the **Care Act 2014**, which says people should be involved in decisions about their care. It also supports dignity and autonomy, two key values in UK practice.

Partnership working:

Because diabetes management involves more than one professional, the team worked closely together. The GP managed medicines, the dietitian supported food choices, the nurse checked blood sugar levels and the social worker looked into home help and benefits. His daughter would join the meetings and was shown how to read the glucose monitor.

The team shared updates through a joint weekly phone call. This avoided confusion and repeated assessments. When his sugar levels dropped suddenly one week, the nurse contacted the GP immediately and the treatment plan was updated within a day. This kind of joined-up working is encouraged under the **Health and Care Act 2022**, which promotes integrated care systems (ICS) across the NHS.

Ethical practice:

Ethics shaped their decisions throughout. Sometimes the patient struggled to understand all the information, so the team followed the **Mental Capacity Act 2005**. They checked his ability to make decisions, used very simple explanations, and involved his daughter when needed.

They respected his autonomy, in case he refused a change in medication, the GP explained risks but did not force him. They also upheld confidentiality by only sharing information with professionals involved in his care, following the **NMC and HCPC Codes of Conduct**.

How these principles improve care:

Using person-centred care meant the patient felt heard and was more willing to follow the plan. Partnership working reduced mistakes and saved time because everyone knew their role. Ethical practice made the process safe, fair, and respectful.

Although challenges like staff shortages and communication delays can occur, simple solutions helped. Such as short weekly updates, one shared care plan and clear documentation.

Overall, this example shows how the three principles work together to create safer, kinder and more effective care in real UK settings.

Task 3: Self-Reflection as a Health and Social Care Professional

Working in health and social care has made me understand that this job is not just about giving medicine or following routines. It is about people, their stories and how I can support them to live with dignity and comfort. Through my experience and learning, I have realised that the best care starts with self-awareness knowing my own strengths, weaknesses, values and emotions. In this study, I will talk about what I have learned from practice, how I apply person-centred care, partnership working and ethics and how I plan to keep growing as a professional.

Understanding Myself and My Role

When I started my training, I thought good care only meant doing tasks well, taking observations, writing notes and following instructions. But as I met more service users, I realised that care is also emotional. People want to feel seen and heard. Some days, a few kind words or sitting quietly beside someone meant more than the medical routine.

I have learned that I am naturally patient and good at listening, which helps when people are anxious or confused. But I also noticed that I sometimes struggle to speak up during team meetings, especially when senior staff are present. I now understand that being confident in sharing my thoughts can help the team make better decisions. I plan to work on my communication skills and remind myself that my opinion also counts because I spend time directly with service users.

Applying Person-Centred Care

Person-centred care means putting the person first in every decision. I try to see each service user as a full human being, not just a diagnosis. For example, I once supported an elderly

woman with dementia who often refused to eat. Instead of forcing her, I took time to ask what she enjoyed. I found out she loved the smell of local porridge and she liked to take long walks. So we included it in her meal plan and would seldomly walk her for a few minutes. Slowly, she began to eat and respond to us better. This taught me that small personal details can make a big difference.

I also learned that sometimes the system makes it hard to be fully person-centred, maybe because of time pressure or staff shortage. Still, I try my best to treat everyone as an individual. Even saying their name properly or asking about their family shows respect. When people feel respected, they trust you more and cooperate better.

Partnership Working in Practice

In health and social care, you cannot work alone. Partnership means joining hands with other professionals, the service user and their family. I have seen how teamwork makes care stronger. For instance, I once joined a care review for a stroke patient. The nurse, physiotherapist and family member would share their updates. Because everyone contributed, the plan covered both medical recovery and emotional support at home.

From this, I learned that partnership needs good communication. If people do not share information clearly, the service user can suffer. I try to be open and honest with colleagues. When I am unsure about something, I ask questions instead of assuming. I also try to include family members because they know the person best. Even a short conversation with a relative can help me understand what the person needs.

Sometimes, working in a team can be challenging because people have different opinions. I have learned to stay calm, listen first and then share my point respectfully. Partnership is not about who is right, but about what helps the person most.

Ethical Practice and Professional Values

Ethics guide every action in care. The main values I hold are respect, honesty, confidentiality and fairness. I always remember that every service user has rights (the right to be informed, to choose and to refuse). I try to follow the principle of **autonomy** by asking for consent before doing anything.

For example, I once supported a man who refused a medical procedure. The doctor wanted to persuade him quickly, but I reminded the team that he had the right to make that decision once he fully understood the consequences. After a calm explanation, he agreed later on his own. That experience taught me the importance of patience and respecting autonomy.

Another ethical challenge I faced was confidentiality. A family member once asked me about a patient's private issue. I wanted to be kind,(and from where I am originally from, a lot of people tend to pry which is somewhat normal) but I knew it was not my place to share details without consent. I politely explained that the information was confidential and that the nurse

in charge could update them properly. This built trust because the patient later thanked me for respecting their privacy.

I also believe in *justice*, treating everyone fairly, regardless of background. Working in diverse environments, I have met people of different races, religions and economic levels. I remind myself that bias or assumptions can harm care quality. Every person deserves equal respect.

Challenges and How I Manage Them

Health and social care work can be emotionally heavy. Sometimes you see suffering or death, and it affects you deeply. I have learned to manage my emotions by talking to supervisors, writing reflections, and practising self-care. I take short walks, pray, and rest when needed. If I do not take care of myself, I cannot take care of others.

Another challenge is time pressure. With many patients and paperwork, it is easy to rush. But I have realised that even a few minutes of full attention can make a difference. Quality is better than quantity. I now plan my work better, focus on priorities and stay organised.

Communication barriers are another issue, especially with patients who have hearing problems or speak little English. I learned to use body language, pictures, or interpreters when possible. Sometimes, a warm smile and tone can speak more than words.

Continuous Learning and Future Goals

Reflecting on my growth, I see that I am becoming more confident, compassionate and self-aware. I want to continue developing through short courses, reading policy updates, and seeking feedback from supervisors. I also plan to improve my leadership and decision-making skills so I can support new staff or students in the future.

I have learned that reflection is a habit, not a one-time exercise. After every shift or situation, I try to ask myself: *What went well? What could I do better? What did I learn?* This helps me grow and provide safer care next time.

In the future, I hope to specialise in community health because I enjoy helping people stay well at home. I believe that prevention and early support reduce hospital visits and improve quality of life.

Conclusion

This reflection has helped me understand who I am as a health and social care worker.

Person-centred care reminds me to see the individual first. **Partnership working** teaches me the value of teamwork and shared goals. **Ethics** guide me to make fair and respectful decisions. Even when challenges arise, I know that patience, empathy and communication can solve most problems.

I am proud of how far I have come, but I also know that learning never stops. Health and social care is about both skill and heart and I want to keep improving in both. My aim is to

provide care that is not only professional but also human, where every person I support feels valued, respected and understood.

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