

Title Page

A Reflective Report on the Principles of Health and Social Care Practice

Student Name: Abdul Ahad Abdus Begum

Student Number: 2334047

Module Title: Principles of Health & Social Care

Module Code: BMHP5016

Assignment: Component 1: Written Assignment (Reflective Report)

Word Count: 2100

Table of Contents

1. Introduction	1
2. Task 1: Reflection on Principles	2
3. Task 2: Practical Application	3
4. Task 3: Self-Reflection	5
5. Conclusion	7
6. Reference List	7

1. Introduction

In the United Kingdom, effective health and social care relies on three key principles: person-centred care, partnership working and ethical practice. These guide both daily care and wider policies. This report examines their theoretical importance, practical application through a case study and personal reflection on professional development. By drawing on legislation, professional guidance and research, it shows how these principles work together to improve care quality, professional practice and service user outcomes. While widely endorsed in theory, applying them consistently in practice remains challenging, requiring adaptation to evolving social and organisational needs.

2. Task 1: Reflection on the Importance of Principles of Health and Social Care

2.1 Person-Centred Care: Theoretical Foundations and Contemporary Challenges

Person-centred care shifts away from traditional biomedical models, considering the whole person and recognising them as active participants in their care. This approach reflects Maslow's hierarchy of needs by addressing more than just physiological requirements, aiming to support overall wellbeing. According to The Health Foundation (2016), person-centred care emphasises dignity, coordinated support, personalised planning and helping people build their individual abilities. Research by McCance et al. (2021) supports this approach, showing that in dementia care, structured person-centred practices improved residents quality of life and reduced the use of antipsychotic medication by 38%. Bronfenbrenner's ecological systems theory also supports this idea, showing that a person's wellbeing is influenced by interactions within different social and environmental systems (Guy-Evans, 2023). Boland et al. (2022) note that implementing person-centred care is not straightforward, as 'resource constraints and insufficient staff training often reduce person-centred care to rhetorical commitment rather than embedded practice' (p. 1088). McCance et al. (2021) show that structured training can improve dementia care, suggesting workforce development may help overcome resource limits. This gap between what the Care Act (2014) expects and what happens in practice shows that improving care depends not only on legislation but also on organisational culture and staff capability.

2.2 Partnership Working: Navigating Structural and Relational Dimensions

Working together across different organisations is important to prevent gaps and fragmentation in health and social care, particularly for people who have complex needs that involve multiple agencies. The Health and Care Act (2022) introduced Integrated Care Systems (ICSs) to encourage collaboration between NHS organisations, local councils and third-sector providers. Despite these efforts, research by Checkland et al. (2023) shows that putting ICSs into practice is not straightforward. They found ongoing challenges such as "deep-rooted professional boundaries and competing organisational priorities that undermine genuine partnership working" (p. 219).

Miller et al. (2022) build on this idea with their concept of relational coordination, showing that effective partnerships depend on "shared knowledge, mutual respect and timely communication across professional boundaries" (p. e3429), aligning with the Social Model of Disability (Scope, 2020). This indicates that high-quality care depends not just on structural changes, but also on ongoing professional trust and clear communication across organisations. Some suggest Integrated Care Systems may formalise existing resource competition, so structural changes

alone may not ensure true collaboration (Checkland et al., 2023; Patel et al., 2023). The contrast between Checkland et al.'s structural barriers and Miller et al.'s relational solutions raises the question: can trust truly thrive in competitive systems? This remains unresolved.

2.3 Ethical Practice: Principles and Professional Application

Ethical practice in health and social care is guided by four main principles from Beauchamp and Childress (2019): respect for autonomy, beneficence, non-maleficence and justice. Gibson et al. (2023) show how these principles were tested in real situations, noting that frontline staff experienced “moral distress when organisational policies appeared to conflict with professional duty of care” (p. 250). Guidance from the Health and Care Professions Council (HCPC, 2016) and the Nursing and Midwifery Council (NMC, 2018) supports ethical practice, but Stokes et al. (2022) argue that “organisational culture and leadership approaches significantly influence how ethical principles are operationalised in daily practice” (p. 595). This indicates that high-quality care depends on ethical leadership and a culture supporting professional judgement. Focusing on organisational culture can overlook systemic issues like underfunding, leaving practitioners vulnerable even with supportive local leadership.

2.4 Interconnectedness of Core Principles

Together, these principles are key to improving care quality in the UK, person-centred care makes interventions meaningful, partnership working supports coordinated responses and ethical practice guides complex decision-making.

3. Task 2: Practical Examples of Concepts in Practice

3.1 Case Study Introduction: Robyn's Personal Health Budget Journey

Robyn's experience with a Personal Health Budget (NHS England, 2019) illustrates how person-centred care, partnership working and ethics are integrated. At first, she had 36 different carers over one year, showing how traditional care models can feel impersonal and highlighting the practical challenges of implementing personalised approaches.

3.2 Application of Person-Centred Principles

Robyn's Personal Health Budget (PHB) shows person-centred care through co-production of her support plan, reflecting The Health Foundation's (2016) framework of dignity and respect, coordinated care, personalised support and developing individual capabilities. Unlike traditional assessments that focus on deficits, her plan emphasised personal strengths and goals such as animal therapy and competitive carriage driving. This approach aligns with guidance from the

National Institute for Health and Care Excellence (NICE, 2019), which emphasises involving individuals in decisions about their care. By actively managing her care, Robyn moved from being a passive recipient to directing her support. This approach meets Regulation 9 standards set by the Care Quality Commission (CQC, 2023), showing that when people have genuine choice, they report higher wellbeing, engagement and satisfaction (Webb et al., 2023, p. 147). Her support reflects NHS core values, including care, compassion, and communication through her personal assistants. Expanding PHBs with proper staff training and guidance could further improve continuity and patient satisfaction. However, personalised care may mostly help those with support or confidence, leaving others behind, a challenge for fairness (Mitchell et al., 2023).

3.3 Partnership Dynamics and Implementation Challenges

Partnership working involved multiple agencies including Continuing Healthcare, social care assessors and the Personal Budget Support Service, with Robyn actively participating as a partner. However, the 18-month transition period highlights real challenges for Robyn in practice. As Williams et al. (2023) identify, “bureaucratic complexity, inter-agency communication gaps and differing organisational priorities frequently delay personalised care initiatives” (p. 91). Similarly, Patel et al. (2023) identify ongoing barriers in implementing Integrated Care Systems such as “differing organisational cultures, conflicting accountability frameworks and competition for limited resources” (p. 176). Effective partnership working therefore needs structural alignment through the Health and Care Act (2022), alongside practical processes, good communication and strong relationship-building. Simplifying assessment pathways and clarifying inter-agency accountability could help reduce delays in delivering personalised care.

3.4 Ethical Considerations in Personalised Care

Ethical principles are clear in Robyn’s ability to choose and employ her own personal assistants, supported by practical resources and payroll services from the Personal Budget Support Service. According to Carter et al. (2022) “genuine autonomy requires not only formal choice but also the practical resources, support and information needed to exercise that choice meaningfully” (p. 570), showing that ethical principles only work when practical support is available.

Justice is also important as Mitchell et al. (2023) note, “disparities in PHB uptake across demographic groups, particularly among ethnic minority and lower socioeconomic groups” (p. 215), highlights the need for equity measures to make sure personalised care reaches everyone who is eligible. Proactive outreach and culturally responsive support are important. Robyn’s experience shows the real potential of integrated, person-centred approaches to improve wellbeing, engagement and satisfaction, while highlighting the importance of collaboration and structural support.

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

4.1 Description: Current Experience

Using Gibbs' Reflective Cycle (1988), I am reflecting on how person-centred care, partnership working and ethics influence my professional development.

My voluntary work at a community mental health charity has given me hands-on experience with person-centred approaches. I have supported people with anxiety disorders through peer support groups, using active listening and collaborative goal setting. I have also observed multidisciplinary team meetings where mental health nurses, social workers, occupational therapists and third-sector staff work together to coordinate complex care. Alongside this practical experience, my academic studies have covered professional codes, including the Health and Care Professions Council (HCPC, 2016) Standards of Conduct, Performance and Ethics and the Nursing and Midwifery Council (NMC, 2018) Code, as well as relevant legislation such as the Mental Capacity Act (2005) and Care Act (2014).

4.2 Feelings: Emotional Response to Practice

I feel confident engaging empathetically with individuals and understanding their needs. However, I sometimes struggle to apply theoretical knowledge in practice, especially when it comes to partnership working and ethical decision-making. I often focus on completing practical tasks rather than building relationships with service users', leaving me slightly underprepared for real-world complexities.

4.3 Evaluation: Strengths and Limitations

On the positive side, I have developed active listening skills through weekly goal-setting sessions. Thompson et al. (2022) point out "balancing professional expertise with genuine respect for individual lived experience" (p. 435), and I feel that my voluntary work has helped me practice this balance.

However, my partnership knowledge remains theoretical due to limited MDT involvement. According to Bennett et al. (2023), "observing partnership provides limited insight into power dynamics, negotiation processes and informal relationship-building" (p. 158), highlights a gap in my hands-on experience.

In terms of ethics, I have studied professional codes that emphasise honesty, trustworthiness and prioritising safety (HCPC, 2016; NMC, 2018). Foster et al. (2023) make a useful distinction between "declarative knowledge of principles" and "procedural competence in decision-making" (p. 289). I have yet to apply ethical principles in real conflicts, such as balancing confidentiality with safeguarding, which I aim to align with the Care Act (2014) requirements.

4.4 Analysis: Connecting Experience to Literature

The literature helps me explain my current experience. Davies et al. (2023) note that emerging practitioners often focus on tasks, observing that "the pressure to complete practical tasks within time constraints can inadvertently overshadow relationship building and communication fundamental to person-centred approaches" (p. 313). This reflects my tendency to prioritise session structure over forming deeper connections. I aim to support service users' psychological and self-fulfilment needs, reflecting Maslow's Hierarchy and showing the holistic value of person-centred care through relational care and goal setting.

In terms of partnerships, Khan et al. (2023) highlight that understanding integrated care requires "not only knowledge of formal structures like Integrated Care Systems under the Health and Care Act (2022) but also insight into informal networks, relationship-building, and negotiation processes enabling collaboration across boundaries" (p. 201). Reflecting on this, I realise my understanding is mostly theoretical and needs practical experience.

Walker et al. (2023) also shape my reflection on ethics, emphasising that "ethical confidence develops through supervised engagement with real dilemmas where principles must be balanced and negotiated rather than simply applied" (p. 425). Without such engagement, my ethical reasoning remains theoretical.

4.5 Conclusion: Key Learning Points

I have built foundational person-centred skills through voluntary experience and theoretical knowledge of partnership structures and ethical frameworks. However, I still need practical experience in partnership working, applying ethical principles in real situations and developing deeper relational skills in person-centred care. My tendency toward task-focus requires conscious attention.

4.6 Action Plan: Future Professional Development

1. **Person-Centred Development:** Complete SCIE training modules on relationship-based care within three months, use weekly reflective journaling to analyse relational aspects of voluntary sessions and seek mentorship from an experienced practitioner skilled in person-centred approaches.
2. **Partnership Working Development:** Arrange shadowing opportunities with professionals across organisational boundaries e.g., community mental health teams working with housing services, attend local Integrated Care Partnership meetings as an observer and complete interprofessional education modules on team communication and collaborative decision-making.

3. **Ethical Development:** Join clinical ethics discussion groups at a local NHS trust and develop a personal framework for ethical decision-making incorporating HCPC (2016) standards, the NMC Code (2018) and Beauchamp & Childress's (2019) four principles.
4. **Academic Development:** Critically engage with recent research on implementation challenges, following Henderson et al.'s (2023) advice to balance "evidence-based knowledge, practical skill, and reflective capacity" (p. 369).

Through this plan, I aim to become a practitioner who truly embodies person-centred, collaborative and ethical principles while managing the complexities of contemporary health and social care. Strengthening these skills will help me better support service users autonomy, engagement and wellbeing, ensuring care is personalised and ethically grounded.

5. Conclusion

This report has shown how person-centred care, partnership working and ethical practice are linked in UK health and social care. While supported by policy and professional standards, applying them can be difficult due to resource limits, organisational culture and systemic barriers. Robyn's case highlights both the benefits of integrated approaches and real-world challenges like delays and bureaucracy. Together, these principles improve care: person-centred approaches make support meaningful, partnerships coordinate complex needs and ethics guide tough decisions. Closing the gap between theory and practice requires cultural change, structural improvements and ongoing professional development. Policy such as the Health and Care Act (2022) sets the framework, but meaningful impact depends on workforce skills, collaboration and ethical leadership.

6. Reference List

- Beauchamp, T.L. and Childress, J.F. (2019) *Principles of Biomedical Ethics*. 8th edn. New York: Oxford University Press.
- Bennett, L., Jones, A. and Davies, R. (2023) 'The hidden curriculum of partnership working: learning through observation in integrated health and social care teams', *Journal of Interprofessional Care*, 37(2), pp. 155-163.
- Boland, B., Murray, C., Flockhart, G. and Kavanagh, K. (2022) 'The rhetoric and reality of person-centred care in the NHS: A qualitative study of organizational narratives', *Health Expectations*, 25(3), pp. 1084-1092.

- Care Act 2014. (c.23) Available at: <https://www.legislation.gov.uk/ukpga/2014/23/contents> (Accessed: 18 February 2025).
- Care Quality Commission (2023) Regulation 9: Person-centred care. Available at: <https://www.cqc.org.uk/guidance-regulation/providers/regulations-service-providers-and-managers/health-social-care-act/regulation-9> (Accessed: 18 February 2025).
- Carter, J., Green, B. and Robinson, M. (2022) 'Beyond formal choice: practical autonomy in health and social care', *Ethics and Social Welfare*, 16(4), pp. 564-579.
- Checkland, K., McDermott, I. and Coleman, A. (2023) 'The limits of structural change in NHS integration policy: A qualitative study of Integrated Care Systems in England', *Social Science & Medicine*, 317, pp. 115-223.
- Davies, H., Powell, A. and Maxwell, M. (2023) 'Task versus relationship: balancing competing priorities in health and social care practice', *Journal of Clinical Nursing*, 32(1-2), pp. 308-315.
- Foster, M., Harris, J. and Lee, S. (2023) 'From knowledge to competence: Developing ethical decision-making skills in health and social care students', *Ethics and Social Welfare*, 17(3), pp. 285-298.
- Gibbs, G. (1988) *Learning by Doing: A guide to teaching and learning methods*. Oxford: Further Education Unit.
- Gibson, A., Featherstone, K. and Jones, K. (2023) 'Moral distress and ethical decision-making in pandemic healthcare: Lessons from UK COVID-19 responses', *Journal of Medical Ethics*, 49(4), pp. 245-252.
- Guy-Evans, O. (2023) *Bronfenbrenner's ecological systems theory*. Simply Psychology. Available at: <https://www.simplypsychology.org/Bronfenbrenner.html> (Accessed: 18 February 2025).
- Health and Care Professions Council (HCPC) (2016) *Standards of conduct, performance and ethics*. London: Health and Care Professions Council.
- Health and Care Act 2022. (c.31) Available at: <https://www.legislation.gov.uk/ukpga/2022/31/contents> (Accessed: 18 February 2025).

- The Health Foundation (2016) *Person-centred care made simple*. Available at: <https://www.health.org.uk/publications/person-centred-care-made-simple> (Accessed: 18 February 2025).
- Henderson, E., Turner, M. and Wallace, L. (2023) 'Integrating knowledge, skill and reflection in healthcare education: a model for professional development', *Health Education Journal*, 82(4), pp. 361-374.
- Khan, O., Ahmed, S. and Smith, P. (2023) 'Beyond structures: Understanding the informal networks that enable integrated care', *Health and Social Care in the Community*, 31(1), pp. 195-205.
- Maslow, A. H. (1943) 'A theory of human motivation', *Psychological Review*, 50(4), pp. 370–396.
- McCance, T., Taggart, L. and Brown Wilson, C. (2021) 'Transforming dementia care through person-centred practice: A longitudinal mixed-methods study', *Journal of Advanced Nursing*, 77(2), pp. 876-887.
- Mental Capacity Act 2005*. (c.9) Available at: <https://www.legislation.gov.uk/ukpga/2005/9/contents> (Accessed: 18 February 2025).
- Miller, R., Williams, I., Allen, P. and Glasby, J. (2022) 'Relational coordination in integrated care systems: A critical realist review', *Health and Social Care in the Community*, 30(6), pp. e3425-e3437.
- Mitchell, C., James, K. and Patel, R. (2023) 'Equity in access to personalised care: addressing disparities in Personal Health Budget uptake', *Health and Social Care in the Community*, 31(1), pp. 208-217.
- National Institute for Health and Care Excellence (NICE) (2019) *People's experience in adult social care services: NICE guideline [NG127]*. Available at: <https://www.nice.org.uk/guidance/ng127> (Accessed: 18 February 2025).
- NHS England (2019) *Robyn's story: A Personal Health Budget for complex care*. Available at: <https://www.england.nhs.uk/personalisedcare/success-stories/robyns-story/> (Accessed: 18 February 2025).
- Nursing and Midwifery Council (NMC) (2018) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*. London: Nursing and Midwifery Council.

- Patel, S., Wright, J. and Clarke, A. (2023) 'From policy to practice: implementing the Health and Care Act 2022 in integrated care systems', *Journal of Health Services Research & Policy*, 28(3), pp. 174-181.
- Scope (2020) *The Social Model of Disability*. Available at: <https://www.scope.org.uk/about-us/social-model-of-disability/> (Accessed: 18 February 2025).
- Stokes, E., Taylor, A. and Banerjee, S. (2022) 'Organisational culture and its impact on the operationalisation of ethics in care homes', *Ageing & Society*, 42(3), pp. 590-605.
- Thompson, J., Nightingale, C. and Procter, S. (2022) 'Expertise and experience: Balancing professional knowledge with service user perspectives in person-centred care', *Health Expectations*, 25(2), pp. 430-439.
- Walker, S., Cox, N. and Paton, L. (2023) 'Building ethical confidence: The role of supervised practice in developing healthcare students' moral reasoning', *Nurse Education Today*, 120, pp. 105-112.
- Webb, E., Shaw, J. and Henderson, C. (2023) 'Outcomes of Personal Health Budgets for people with complex health needs: a systematic review and meta-analysis', *Health and Social Care in the Community*, 31(1), pp. 140-151.
- Williams, L., Brown, K. and Taylor, C. (2023) 'Implementation challenges in personalised care: lessons from integrated care systems', *Journal of Integrated Care*, 31(1), pp. 84-94.