

Principles of Health and Social Care Practice

Component 1 – Reflective Report

Student Name: Adama Bangura

Student Number: 2508235

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Abstract

This report examines how person-centred care, partnership working and ethical practice contribute to safe, respectful and effective health and social care. It discusses Maslow's hierarchy of needs, Bronfenbrenner's ecological systems theory and Gibbs' reflective cycle, considering how these models can inform practice as well as their limitations. Robyn's story, published by NHS England, is used to explore the impact of personalised support and coordinated working. The report also considers relevant legislation, including the Care Act 2014, Equality Act 2010 and Data Protection Act 2018. The discussion suggests that good care depends on listening to individuals, recognising their wider circumstances, sharing information appropriately and balancing choice with safeguarding responsibilities. The reflective section identifies communication and confidence as areas for continued development. Recommendations focus on person-centred care planning, clearer communication, staff development and regular review of outcomes.

1. Introduction

Health and social care involves more than meeting a person's physical needs. It also means respecting their rights, listening to their wishes and supporting them to maintain independence and wellbeing. Three important principles are person-centred care, partnership working and ethical practice. These principles are connected: care should reflect what matters to the individual, professionals should work together to provide consistent support, and decisions should be made fairly and responsibly.

This report explores the importance of these principles, considers relevant theories and legislation, and discusses how they can be applied in practice. Robyn's story, published by NHS England, provides a practical example. Following a spinal injury, Robyn required ongoing support with daily living. Her experience of moving towards a personal health budget illustrates how greater choice over care arrangements can support independence and participation in activities that matter to a person (NHS England, n.d.). The report concludes with recommendations and a personal reflection using Gibbs' Reflective Cycle.

2. Task 1: Importance of Principles in Health and Social Care

2.1 Person-centred care

Person-centred care means planning and delivering support around the individual's needs, preferences, values, strengths and desired outcomes. Rather than assuming that the same approach will suit everyone, workers should involve people in decisions and review support when circumstances change. The Care Quality Commission's fundamental standards emphasise that people should receive care that meets their needs and reflects their preferences (CQC, n.d.).

A major strength of this approach is that it can help people feel respected and involved, which may improve trust, confidence and engagement with care. For example, a support plan should record not only a person's health needs but also their routines, communication preferences, cultural needs and personal goals. However, person-centred care can be difficult to deliver when staffing levels are low or workers have limited time. There is also a risk that a plan becomes a form that is completed but not actively used. Regular conversations, accessible information and meaningful reviews can help ensure that the person's voice continues to shape care.

2.2 Maslow's Hierarchy of Needs

Abraham Maslow proposed a theory of human motivation in which needs are commonly represented in five levels: physiological needs, safety needs, love and belonging, esteem, and self-actualisation (Maslow, 1943). Physiological needs include food, water, rest and shelter. Safety relates to protection and security. Love and belonging involve relationships and social connection. Esteem includes self-respect and feeling valued, while self-actualisation concerns developing abilities and pursuing meaningful goals.

The model can help care workers think holistically. For example, a person may receive medication and meals but still experience loneliness, low confidence or a lack of control over daily activities. A care plan informed by Maslow would consider social contact, meaningful activities and opportunities for choice as well as physical safety. This can encourage workers to look beyond immediate tasks and discuss the person's wider wellbeing.

However, the model should be used as a guide rather than a strict rule. People do not always meet needs in a fixed order, and personal values, culture, disability and circumstances affect what matters most to them. A person may prioritise family, faith or a personal goal even when some needs remain unmet. Therefore, professionals should not assume that the hierarchy explains every individual. They should ask the person what is important and use professional judgement alongside the model.

2.3 Bronfenbrenner's Ecological Systems Theory

Urie Bronfenbrenner's ecological systems theory explains that human development and wellbeing are influenced by interacting environments, from close relationships to wider social structures (Bronfenbrenner, 1979). The microsystem includes settings and relationships experienced directly, such as family, friends and care workers. The mesosystem concerns links between these settings, for example communication between family members and a care team. The exosystem includes wider systems that affect a person indirectly, such as a relative's workplace or local service arrangements. The macrosystem includes wider cultural values, laws and social expectations. The chronosystem recognises that life events and changes over time can affect a person's circumstances.

This theory is useful because it encourages professionals to consider the whole context of a person's life. For instance, a person's wellbeing may be affected by the quality of relationships with carers, transport availability, housing, family support and access to community activities. It also shows why partnership working matters: difficulties in one part of a person's environment may affect other parts. Nevertheless, the theory is broad and does not by itself tell workers exactly which intervention to choose. It should therefore be combined with the person's own account, assessment evidence and relevant professional guidance.

2.4 Partnership working

Partnership working is when service users, families where appropriate, health professionals, social care workers and other relevant organisations communicate and cooperate towards agreed outcomes. It may involve joint assessments, care planning, referrals, shared reviews and appropriate information sharing. NHS England's guidance on working in partnership with people and communities stresses the importance of involving people in decisions that affect them (NHS England, 2022).

Good partnership working can reduce gaps in support, avoid duplicated assessments and help workers understand different aspects of a person's needs. For example, a social worker, nurse and personal assistant may each notice different issues, and sharing relevant information can lead to a more complete support plan. Service users should be treated as partners rather than passive recipients of decisions.

Partnership working can also be challenging. Professionals may use different systems, have competing priorities or disagree about the best approach. Information cannot simply be shared without considering confidentiality, consent and lawful grounds. Clear responsibilities, agreed communication methods, accurate records and regular reviews can reduce these problems. Effective collaboration means listening to each other while keeping the person's wishes and safety central.

2.5 Ethical practice

Ethical practice means using professional values and sound judgement to make decisions that respect people's rights, dignity and wellbeing. Important ethical principles include autonomy, beneficence, non-maleficence, justice and confidentiality. Autonomy means supporting a person's right to make informed choices. Beneficence means acting to promote wellbeing, while non-maleficence means avoiding or minimising harm. Justice involves fairness, and confidentiality requires personal information to be protected and shared only when there is an appropriate reason.

These principles support trust and help workers make decisions when needs or wishes conflict. For example, a person may choose to take a reasonable risk that a worker would not choose for themselves. The worker should explain relevant risks, explore safer options and follow applicable safeguarding and capacity procedures rather than automatically removing the person's choice. Ethical practice does not mean agreeing to every request; it means making decisions that are proportionate, lawful, transparent and respectful.

There can be tensions between autonomy and safeguarding, or between confidentiality and the need to share information to prevent serious harm. Staff should follow workplace policies, relevant law and professional guidance, record their reasoning and seek advice when a decision is difficult. Ethical practice is strongest when workers can explain why a decision was made and show how the person was involved.

2.6 Applying the principles together

The three principles support each other. Person-centred care identifies the outcomes that matter to the individual; partnership working brings together the people and services needed to support those outcomes; and ethical practice helps ensure that decisions respect rights, dignity and safety. Maslow's model can prompt workers to consider a broad range of needs, while Bronfenbrenner's theory highlights how relationships and wider circumstances influence wellbeing. Neither theory

replaces individual assessment. Used critically, they can help professionals ask better questions, communicate more effectively and avoid reducing a person to a diagnosis or a list of tasks.

2.7 The six C's

- 1.) Care –**
Providing the correct ongoing service to the service user/patients throughout every stage of their life.
- 2.) Compassion –**
Showing Kindness through the care that is provided.
- 3.) Competence –**
Being able to cooperate with those around whilst still being knowledgeable of the job.
- 4.) Communication –**
Working together as a team within the industry and being able to comply whilst being understanding of the people around you.
- 5.) Courage –**
The strength that a person has when working and being able to embrace news of working.
- 6.) Commitment –**
Being committed to the improvement of the patients and always trying to improve their care.

3. Task 2: Practical Example – Robyn's Story

Robyn's story, published by NHS England, illustrates how care arrangements can affect independence and quality of life. Following a spinal injury, Robyn became tetraplegic and required 24-hour support. Initially, an agency arranged her personal assistants, but frequent changes of staff affected continuity and made it harder for her to take part in activities that mattered to her, including visiting her ponies (NHS England, n.d.).

3.1 Person-centred care in Robyn's experience

Robyn gained greater control when she moved towards a personal health budget and was able to employ personal assistants directly. This helped her choose people who understood her needs and lifestyle. Her support could then reflect her wider goals, rather than focusing only on physical care and safety. The reported outcomes included returning to work, taking part in competitive carriage driving and enjoying a more active social life. This shows how person-centred care can support identity, confidence and participation as well as physical needs.

The case also shows why a care plan should be developed with the person and reviewed when it no longer reflects their priorities. A plan may cover essential tasks but still be inadequate if it overlooks relationships, interests or independence. Personalisation also requires practical support: employing staff can create responsibilities around recruitment, payroll and cover. Choice is therefore most effective when accompanied by clear advice and reliable backup arrangements.

3.2 Partnership working in Robyn's experience

Robyn's arrangements involved professionals and support services, including a personal health budget nurse, social care and continuing healthcare teams, and the local Personal Budget Support Service. Their contribution helped assess needs and support the planning and organisation of care. This reflects the importance of coordinated work across services rather than expecting one professional or agency to meet every need.

The process was not entirely smooth. The personal health budget process took time and Robyn experienced periods when communication about progress was limited. This illustrates that partnership working depends on more than having several organisations involved: responsibilities, timelines and communication must also be clear. A named contact, agreed review dates and accessible updates could help reduce uncertainty for service users.

3.3 Ethical practice in Robyn's experience

Robyn's increased control over her support demonstrates respect for autonomy and dignity. Her experience also highlights the ethical importance of listening to the person's own account of what makes life meaningful. Professionals should not assume that a care arrangement is successful simply because essential tasks are completed. At the same time, any personalised arrangement needs to consider safe recruitment, continuity, contingency plans and the person's right to make informed choices.

Overall, Robyn's story demonstrates that quality care should address the whole person. Person-centred support helped her pursue goals, partnership working helped organise the required services, and ethical practice required professionals to respect her choices while considering safety. The case also highlights practical limitations: personalisation may take time and require additional administrative support. These challenges should be addressed through better communication and support, rather than used as a reason to disregard individual preferences.

3.4 The six C's

- 7.) Care**
- 8.) Compassion**
- 9.) Competence**
- 10.) Communication**
- 11.) Courage**
- 12.) Commitment**

4. Task 3: Self-Reflection Using Gibbs' Reflective Cycle

Gibbs' Reflective Cycle was developed by Graham Gibbs and provides six stages for learning from an experience: description, feelings, evaluation, analysis, conclusion and action plan (Gibbs, 1988). Description sets out what happened; feelings considers emotional responses; evaluation identifies what went well and what did not; analysis explores why events unfolded as they did; conclusion identifies learning; and the action plan sets out how to improve future practice. The cycle can help turn experience into specific learning, although reflection is only useful when it is honest and leads to action.

4.1 Description

During my learning about health and social care, I have developed a better understanding of why people should be treated fairly according to their individual needs. Fair treatment does not always mean giving everyone exactly the same amount of help. Some people may need more time, explanation or support than others. I have also considered the importance of communicating respectfully when a colleague is new to a role and is finding a situation difficult. This helped me think about how support, patience and clear communication can affect both staff and the person receiving care.

4.2 Feelings

I felt appreciated when my manager responded positively to the way I considered a colleague's experience. I also recognised that working with people who are more experienced or senior can sometimes make me feel nervous and less confident. These feelings matter because a lack of confidence may make it harder to ask questions or share a concern. I want to develop the confidence to communicate professionally while remaining open to learning from others.

4.3 Evaluation

A positive part of this learning was recognising that people have different needs and that listening can prevent assumptions. Taking time to understand a person's circumstances can help them feel respected and can make support more suitable. However, I also recognise that listening to understand is different from listening only to prepare a response. If I focus too much on what I want to say, I may miss important information. This is an area I need to keep improving.

4.4 Analysis

This reflection links to person-centred care because fair support depends on understanding each individual rather than applying one approach to everyone. It also links to partnership working: colleagues need to share information, ask questions and recognise when another person's perspective may improve a decision. Ethical practice requires me to treat people with dignity, protect confidential information and seek guidance when I am unsure. The experience has shown me that good intentions are important but must be supported by communication skills, professional knowledge and reflection.

Gibbs' model provides a helpful structure because it encourages me to consider not only what happened but also why it mattered and what I should do next. A limitation is that completing the stages can become a routine exercise if I do not identify a specific change in my behaviour. I therefore need to make my action plan realistic and review whether I have made progress.

4.5 Conclusion

I have learned that one of my strengths is being willing to listen and consider other people's needs. An area for development is my confidence when communicating with more senior colleagues or people whose experience is greater than mine. I should not allow nervousness to prevent me from asking appropriate questions or raising concerns about care. I can build confidence through preparation, feedback and practice.

4.6 Action plan

To improve, I will practise active listening by allowing people to finish speaking, asking clarifying questions and checking that I have understood correctly. I will ask for constructive feedback from a manager or experienced colleague and use it to identify one communication skill to practise at a

time. I will continue studying relevant legislation and workplace policies, especially those concerning confidentiality, consent and safeguarding. After relevant situations, I will use Gibbs' stages to reflect on what happened and record one practical lesson for next time. These actions should help me communicate more confidently and provide more person-centred support.

5. Relevant Legislation and Its Application

5.1 Care Act 2014

The Care Act 2014 provides a legal framework for adult social care in England and places wellbeing at the centre of local authority care and support functions. It includes duties concerning assessment, eligible needs, care and support planning, and safeguarding adults at risk (UK Government, 2014). In practice, this supports a holistic approach that considers dignity, relationships, control over daily life and participation, rather than looking only at physical needs. Workers should contribute accurate information to assessments and care plans and follow safeguarding procedures when concerns arise. The Act does not mean that every requested service must automatically be provided; decisions must follow the relevant legal framework and individual assessment.

5.2 Equality Act 2010

The Equality Act 2010 protects people from discrimination and sets out duties relating to protected characteristics. In care settings, it supports fair access to services and requires relevant organisations to consider reasonable adjustments for disabled people where the law applies (UK Government, 2010). For example, a service may need to provide information in an accessible format or adapt communication so that a person can participate in decisions. Staff should avoid stereotypes and consider each person's circumstances. Applying the Act in practice helps reduce barriers, although workers may need training and management support to recognise indirect discrimination and make appropriate adjustments.

5.3 Data Protection Act 2018

The Data Protection Act 2018 works alongside the UK data protection framework and regulates how personal data is processed. Health and social care information can be particularly sensitive, so workers should record information accurately, keep it secure and only access or share it for appropriate purposes and on a lawful basis (UK Government, 2018). For example, a care worker should use approved systems rather than discuss a service user's private information in a public area. Confidentiality is important, but it does not mean information can never be shared: relevant information may need to be shared lawfully to provide care or address a safeguarding risk. Staff should follow organisational procedures and seek advice if uncertain.

5.4 Human Rights Act 1998

The Human Rights Act 1998 gives further effect in UK law to rights under the European Convention on Human Rights. In care settings, rights such as respect for private and family life, freedom from inhuman or degrading treatment, and the right to liberty and security may be relevant depending on the circumstances (UK Government, 1998). These rights support dignity, privacy and proportionate decision-making. Professionals should consider whether restrictions are lawful and necessary, and should not use blanket rules where an individual assessment is required. The Act's application can be complex, so workers should follow policy and obtain specialist guidance when needed.

Taken together, these laws show that good practice requires more than kindness. Workers must respect individual choice, provide fair access, protect personal information and act appropriately

when safety or rights are at risk. Legislation should be applied to the specific facts of a situation, supported by training, accurate records and supervision.

6. Recommendations

1. Involve service users in care planning. Workers should ask what matters most to each person, record their preferences and review plans when needs or goals change. This can make support more relevant and strengthen independence.
2. Improve communication between professionals. Teams should agree who is responsible for each action, use clear and timely updates, and arrange reviews where needs are complex. Information should be shared securely and only where there is an appropriate lawful basis.
3. Strengthen staff knowledge of ethics and legislation. Regular training and supervision should cover consent, confidentiality, equality, safeguarding and person-centred decision-making. Staff should be encouraged to ask for guidance when a situation is outside their competence.
4. Make partnership working meaningful. Service users should be included in meetings and decisions in ways they can understand and access. Family members or advocates should be involved where appropriate, taking account of the person's wishes, consent and legal circumstances.
5. Review outcomes, not just completed tasks. Services should consider whether support helps people feel safe, maintain relationships, pursue interests and achieve their personal goals. Feedback from service users can identify gaps that routine records may not show.
6. Develop reflective practice. Workers should use a structured model such as Gibbs' Reflective Cycle after significant experiences, identify a realistic action and review whether it has improved their practice. Reflection should lead to learning rather than simply describe an event.

7. Conclusion

This report has examined person-centred care, partnership working and ethical practice and shown how they contribute to safe and respectful health and social care. Maslow's hierarchy of needs encourages attention to different aspects of wellbeing, while Bronfenbrenner's ecological systems theory highlights the influence of relationships and wider circumstances. Both models can support practice, but neither should replace listening to the individual or making an informed assessment. Robyn's story demonstrates how personalised support and coordinated working can improve independence, while also showing the need for clear communication and practical assistance. The legislation discussed provides important protections relating to wellbeing, equality, privacy and human rights. My reflection has highlighted the importance of listening and identified confidence in professional communication as an area for development. Continued learning, effective teamwork and regular review can help ensure that care remains individualised, lawful and responsive to people's needs.

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