



MODULE: PRINCIPLES OF HEALTH AND SOCIAL CARE PRACTICE

Component 1: Written Assignment (Reflective Report)



Module Code: BMHP5016

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Reflection on the Principles of Health and Social Care Practice

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Introduction

This reflection will examine how person-centred care, partnership working and ethical practice impacts health and social care. It will first explore these principles in relation to Joan's case study and look at the role they play in all aspects of understanding individual needs and improving care. It will then examine the application of these principles in my future practice, with reference to relevant legislation and ethical theories. The reflection will also highlight my strengths and areas for learning. Finally, it will identify a plan of action to build my knowledge and skills in providing safe, effective, and compassionate care.

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

1.1 Person-centred care

Person-centred care involves seeing people as more than a recipient of decisions about their care, but as participants in it. It takes into account their preferences, values, situation and aspirations, recognising dignity, autonomy and wellbeing. The NHS Constitution for England highlights the importance of care being based on a person's needs and preferences, and that they are engaged in decisions about their care (Heenan, 2013). This can deepen trust, motivate participation and enhance the appropriateness of care. Maslow's (1943) hierarchy of needs emphasises the need to satisfy physiological, safety, social and psychological requirements. But the hierarchy must not be used rigidly because people have different priorities for needs (Henwood and Hudson, 2009). Offering choices is therefore not enough for person centred care, as professionals need to share information and give opportunities for participation that are understood. The Care Act 2014 reinforces wellbeing and consideration of individuals' wishes, feelings and beliefs in England (Preston-Shoot & Braye, 2019).

1.2 Partnership working

Partnership working involves collaboration between individuals receiving care, professionals, families and relevant organisations to achieve shared outcomes. Good collaboration helps to ensure continuity of care, effective communication and the prevention of inconsistent or contradictory support (Clarke, 2024). In England, the Health and Care Act 2022 introduced the concept of integrated care boards to improve the statutory framework for integrated plans around NHS services and other services. Ensuring relevant information is shared, responsibilities are clarified and professional expertise respected allows for more coordinated care, and a response to complex needs (Health and Care Act , 2022).

Nevertheless, partnership working is not automatically effective. Mistrust, interprofessional conflict, lack of clarity about roles and organisational dynamics can hinder team working. The sharing of information should also be based on confidentiality and legal requirements. Therefore, effective partnership working requires clear communication, mutual accountability and meaningful involvement of the individual, rather than professionals making decisions on their behalf (Moudatsou, et al., 2020).

1.3 Ethical practice

Ethical practice makes sure that decisions are taken fairly, responsibly and in the best interests of individuals. The four key principles of ethics identified by Beauchamp and Childress (2019) are: autonomy, beneficence, non-maleficence and justice. Autonomy involves respecting choices made by individuals; beneficence means promoting the wellbeing of individuals; non-maleficence means avoiding unnecessary harm; and justice means providing fairness in the provision of care and resources (Ham, 2009a). These concepts enable professionals to navigate complex scenarios and safeguard the rights of individuals. However, ethical responsibilities may conflict. For instance, not intervening when someone declines treatment seems out of line with a professional's obligations to avoid harm to that person (Hayek, 1944). In such scenarios, it is important to assess, communicate and make decisions proportionately, not automatically by professional judgement. Consent, confidentiality, equality and safeguarding have to be a part of practice also. Ethical care involves balancing individual freedom with legitimate professional concerns for safety and wellbeing and making decisions that are justified, respectful and appropriate for the situation (Grover, et al., 2022).

Task 2: Practical Examples of Concepts in Practice

This case study of Joan highlights the difficulties of treating COPD along with an uncontrolled Crohn's. Often, she did not show up for appointments and was poor at following treatment recommendations. An initial Patient Activation Measure (PAM) assessment placed her at level one, indicating very low activation. Her experience demonstrates the need to address individual barriers through personalised, collaborative and ethically informed care (Kahnert, et al., 2023).

2.1 Person-centred care in Joan's experience

Person centred care is seen when looking at what has happened to Joan instead of assuming that she was not willing to engage when she missed their appointments. The weekly meetings helped to identify uncontrolled Crohn's disease as a barrier to leaving home. This comprehensive evaluation made sure that her needs were not limited to COPD (Goodwin et al., 2012). Joan and

the therapy team created an action plan and her GP managed her Crohn's disease. As a result, Joan found some independence, started shopping with her daughter and organised her own community pulmonary rehabilitation. However, person-centred care requires ongoing assessment because individuals' needs may change, requiring adjustments to support plans (NHS, 2022).

2.2 Partnership working

Partnership working is represented by the collaboration between Joan and the therapy team and her GP. There was some difficulty with engagement and the GP helped with management of her Crohn's. This partnership was not a one-to-one project for each condition, but for connected health issues. Joan's participation in identifying problems and deciding on an action plan reinforces the importance of having individuals participate in decisions regarding their care (Renjith, et al., 2021). Collaboration must, however, be built on clear communication, information sharing, and defined responsibilities. The case illustrates cooperation, but does not give much detail on formal communication arrangements. So continued co-ordination and regular reviews will remain significant to supporting the delivery of effective and responsive care (NMC, 2023).

2.3 Ethical practice and evaluation of outcomes

Ethical practice is seen in attempts to gain an understanding of the problems Joan is experiencing and to help her take part in managing her health. This respects autonomy and promotes wellbeing. It is also important to refrain from making judgments about missed appointments, as this could compromise a person's dignity and foster the wrong type of support (Engle, et al., 2019). Joan's Patient Activation Measure score rose by more than 40% after seven months. She then proceeded to attend nine of ten outpatient appointments, down from six of nine, and her emergency admissions dropped from two to one. The results indicate better interaction but do not prove that the interaction was the only reason for such improvements (Miller, et al., 2021).

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

3.1 Description

Gibbs' Reflective Cycle (1988) provides a structured approach to examining experiences, identifying lessons and planning improvements. I will use Joan's case study to think about the impact of person-centred care, partnership working and ethical practice on my future role as a health and social care worker. Joan had trouble controlling her chronic obstructive pulmonary disease (COPD) and also had Crohn's disease, making it hard for her to keep up with her appointments (Clarke, 2024). Regular meetings with the therapy team helped to pinpoint her

challenges and her GP assisted in managing the Crohn's disease. A joint action plan was put in place and Joan's engagement with her care improved as a result. This case highlights the importance of understanding individual circumstances rather than making assumptions about behaviour (Engle, et al., 2019).

3.2 Feelings

Reflecting on Joan's experience has encouraged me to consider how I might respond when an individual repeatedly misses appointments or struggles to follow advice. I might initially feel concerned about their wellbeing and the possible consequences of disengagement. However, I recognise that frustration or judgement could prevent me from understanding the reasons behind their difficulties (Grover, et al., 2022). Joan's circumstances have taught me patience, empathy and open-mindedness. Listening and learning, I think, are strengths that I can develop. However, I need to be more confident in my communication with people with more complex needs and to react appropriately with others when their circumstances impact their care (Health and Care Act , 2022).

3.3 Evaluation

An important strength of the approach in Joan's case was that professionals explored the barriers affecting her engagement before deciding how to support her. Collaboration between the therapy team, Joan and her GP helped address her needs more holistically. Developing an action plan with Joan also supported her participation in decisions about her care. However, this approach may be difficult to maintain when services face time constraints, staffing pressures or communication challenges (Kahnert, et al., 2023). In my future practice, I will have to listen carefully, yet be aware of my professional duties and potential liability. I also need to keep in mind that there may be more than one intervention which contributes to better outcomes. Joan's experience highlights the importance of collaborative support, but ongoing assessment and review is needed for effective care (Miller, et al., 2021).

3.4 Analysis

Person centred care is about respecting a person's preferences, needs, values and circumstances. The Care Act 2014 emphasises wellbeing and personal control in care and support in England. In everyday practice I would use this concept by listening to people, communicating clearly and encouraging them to be part of their own care planning (Moudatsou, et al., 2020). For instance, if they were not able to make appointments, I would first try to find out why and think about what kind of support is needed, instead of assuming that they are not willing

to work with me. Another theory that highlights physical, psychological and social wellbeing is Maslow's (1943) hierarchy of needs, which suggests that people have different priorities for their needs. So, care needs to be tailored to the individual, not assumptions (NHS, 2022).

Partnership working is essential when individuals require support from different professionals or services. The Health and Care Act 2022 facilitate integration between health and care services in England. In practice, I would communicate relevant information with colleagues, contribute to shared care planning within my role and clarify responsibilities when necessary. I would also recommend people to state their preferences in the discussions. But collaboration relies on good communication, proper information exchange and respecting confidentiality. I would adhere to organisational procedures and seek advice when in doubt, as poor communication can result in fragmented or unsafe care (NMC, 2023).

Ethical practice is used as a guide to decision making with respect to people's rights, wellbeing and safety. Beauchamp and Childress (2019) identify autonomy, beneficence, non-maleficence and justice as important ethical principles. These include respecting choices, supporting wellbeing, preventing harm and ensuring fairness. In the future I will honour people's right to voice their opinion in any decisions made and will be honest about any potential dangers. In the event of a disagreement or ethical issue, I would review the circumstances of the individual involved, implement relevant policies and seek advice from an appropriate senior colleague. It would keep me from making assumptions or decisions that I'm not capable of making (Preston-Shoot & Braye, 2019).

3.5 Conclusion

This reflection has given me a clearer sense of how much more there is involved in effective health and social care than just following procedures. It requires being able to appreciate personal situations, to respect autonomy and to work cooperatively to deliver the support that is appropriate. Joan's experience highlights the need for professionals to explore barriers to engagement, not judge behaviour. I recognise and appreciate empathy, willingness to learn as my strengths and communication, confidence in ethical decision making and collaborative working as areas I need to develop. I will be able to identify areas of weakness, review my choices and boost the quality of support I give through regular reflection (Renjith, et al., 2021).

3.6 Action Plan

To strengthen my practice, I will develop my communication and listening skills by studying relevant guidance, observing experienced professionals where opportunities arise and seeking

constructive feedback. I will further develop my knowledge of person-centred care, partnership working and ethical responsibilities through the analysis of relevant laws, professional standards and literature (Clarke, 2024). I will also learn to identify potential barriers to engagement and how support can be tailored to the individual. When faced with uncertainty, I will seek appropriate supervision rather than act beyond my competence. Lastly, I will reflect on learning experiences, document areas for improvement, and regularly evaluate my progress using Gibbs' Reflective Cycle. These actions will support my development towards safe, respectful, compassionate and effective practice (Engle, et al., 2019).

Conclusion

In conclusion, this reflection has illustrated the importance of person-centred care, partnership working and ethical practice for effective health and social care. The case of Joan illustrates how essential it is to get to know individual barriers and involve people in decisions and co-ordinate support to address their needs. Empathy and showing a willingness to learn are strengths that I have identified, but communication, teamwork and ethical decision making are areas that need to be developed. Through seeking feedback, reading relevant legislation, and applying Gibbs' Reflective Cycle I want to build my knowledge and skills and practice safe, respectful, and compassionate care in my professional practice.

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