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Module Title: Principles of Health and Social Care Practice

Module Code: BMHP5016

Assignment Title: Component 1: Written Assignment (Reflective Report)

Introduction

There are three overriding concepts that govern the health and social care provision in the UK: treating the patient as a person, collaboration, and acting ethically. These concepts are not mere theory; they determine the daily services and behaviors of professionals. I examine the importance of these ideas, their functioning in the actual UK context, and how I can apply them later in my life. I rely on theories, such as Maslow's hierarchy of needs, to explain how people's needs are addressed. I also refer to relevant UK legislation, including the Care Act 2014 and the Health and Care Act 2022. I also refer to 2020-2025 research to enforce my arguments. Combining theory, examples, and my personal ideas, this report presents the way these concepts influence the quality of care and my educational process (Alderwick et al., 2024).

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

Person-Centered Care

Person-centered care implies that everyone must understand their needs, values and wishes. The hierarchy of needs by Maslow makes us understand why this is important: individuals must have basic food, safety and stability before they can attend to belonging, respect and personal development. In health care, the former implies curing sickness, and the latter includes fears, dreams, and character (Ingela Jobe et al., 2020).

Studies indicate that to make the person-centered care effective, the practitioners should share the correct values and should be in a favorable environment. A 2022 UK study established that the setting of care and personal beliefs of the provider are very influential in the utilization of person-centered care. This proves that one cannot simply talk about it; the system must permit it.

Person-centered care plays a major role in training in the UK. As an illustration, an examination of postgraduate medical programs in the UK reveals that learning has integrated the concept of person-centered care in the curriculum, which is aimed at enabling future physicians to engage patients in making decisions. This method facilitates the dignity of the patient, trust and better outcomes by customizing treatment to individuals (Smith et al., 2023).

Partnership Working

Partnership working refers to the work because of the collaboration of health workers, social care workers, patients, and families. It is a unified strategy, particularly when the patients have both complicated and chronic needs. According to Bronstein, the interdisciplinary collaboration

model is important in collaboration where both parties respect each other, make joint decisions, and have common goals.

The UK health policy has made integrated care systems (ICSs) a legal and operational choice. The Health and Care Act 2022 provide a legal basis for the inter-NHS and social care collaboration to reduce fragmentation (Post Implementation Review Team, 2025).

Challenges remain. Rapid evidence reviews 2018-2022 found the barriers and enablers to integrated care. Researchers observed that policies are advancing towards the treatment of people and coordinated care, but sometimes they are hampered by practical issues such as funding, communication and culture. It is essential to learn to overcome these challenges.

Ethics

Ethics justifies person-centered care as well as partnership. Ethical decision-making in health and social care is commonly guided by four principles, which include autonomy, beneficence, non-maleficence, and justice. This, in practice, includes giving respect to the right to choose by a patient, doing good, avoiding harm and making sure that there is fairness between the resources.

UK legislation upholds ethical practice: the Care Act 2014 also focuses on wellbeing, safeguarding, and choice. The Health and Care Act 2022 demonstrate the desire to ethically incorporate care in the form of encouraging shared decision-making and responsibility. Recent research in England has established that individuals place importance on dignified treatment (personalization, empathy, voice), and desire systems that are proactive, transparent, and reliable (Beauchamp et al., 2021). These attributes are essential ethical ones: they give individuals a sense of appreciation, care, and attention.

Integration of Principles

There is a correlation between person-centered care, partnership working and ethics. Ethics can help in making decisions that uphold the autonomy of the individual, whereas partnership working facilitates the delivery of person-centered services. The two provide a base upon which high-quality, safe and responsive health and social care in the UK can be offered.

Task 2: Practical Examples of Concepts in Practice

These principles are reflected in practice, as a practical example demonstrates. The patient was a community-based elderly patient with dementia and frequent depression who was attended to by a multidisciplinary team composed of a psychiatrist, community nurse, social worker and GP.

Person-Centered Care Practice

The care plan that the team developed was in accordance with the preferences of the patient, including home visits at a time when she did not have any urgent concerns and some activities like gardening and music. This is in line with Maslow's hierarchy in that it satisfies the needs of the body, safety and psychological needs. These studies demonstrate that these types of wellbeing and engagement increase with such personalized interventions (Moore et al., 2023).

Partnership Working in Practice

The multidisciplinary team also holds frequent meetings to plan care. The family members are actively engaged, and the support network of the patient is reinforced. The results of UK studies reveal that collaborative work that is integrated enhances the continuity of care and minimizes hospital admissions (Ahmadpour et al., 2025).

Ethics in Practice

Ethical considerations direct care when determining the capacity of the patient under the Mental Capacity Act 2005. The patient is respected for making decisions, which affects autonomy; safe care is practiced by adhering to beneficence and non-maleficence; justice is evident in their equal access to services without consideration of social or economic orientation.

Connection of Policy and Guidelines

The practice is in line with the Care Act 2014, the wellbeing and protection, and it corresponds to the NICE guidelines and the CQC standards. Ongoing enhancement may involve employee education, feedback, and online resources to help in communication.

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

Being a future practitioner in health and social care, I am strongly aware that the concept of person-centered care, working in partnership and ethics will be my guiding and shaping principles on every single day of work. In my opinion, the concept of knowing each new person I work with, not as a patient or service user, but as an individual person with illness and needs, hopes, and experiences, is one of the keys to the real success of care. It is through the application of Maslow's Hierarchy of Needs that I will make sure that I first secure my

necessities like safety and health before I proceed to achieve higher-order needs like belonging, esteem and self-actualization. Having the cooperation of colleagues in other fields, family members, and community networks will be crucial in offering the continuity of care that is well coordinated. Ethical reflection will serve as my moral compass: I will always ask myself whether I am doing things in a respectful, fair, legal and professional manner.

Present Competencies and Strengths

I have already come to my future job with several strengths. To start with, I am inherently empathetic: I am a good listener, and I attempt to hear what people are saying or what concerns them. This aids in the approach to person-centered care, as I will be able to look beyond the physical symptoms and relate to emotional and social issues. Second, I do not have weak points with communication: I am able to make the issues of health and social care simple and understandable, which makes service users and their families feel that they are engaged and comprehended. Third, I appreciate collaboration: I like to work with various professionals, and I know that good care may be based on successful cooperation. Lastly, I have heard of ethical concerns: I consider the good and the bad, and I am accountable for my choices when they involve the welfare or rights of someone.

Areas for Improvement

Although these strengths exist, I am also aware that I have several areas to be developed. Conflict resolution in multidisciplinary teams is one of the areas. The most well-intentioned teams are not always in agreement: a choice regarding care plans, the distribution of resources, or priorities can be a cause of tension. I should build the ability and courage to approach such conflicts constructively so that the disagreements do not negatively affect the quality of care. Second, I will need to enhance my knowledge regarding complicated ethical questions. The morally simple cases will be those that occur in everyday situations; however, there will be a time when the right course of action is not clear, e.g., the issue of weighing the autonomy and safety of the person or limited resources. I wish I could be better prepared to make such decisions. Third, I would like to improve my reflective practice habit. Although I think informally, I do not have an organized routine of doing so in a meaningful way. Fourth, I will have to enhance my knowledge of policy and legislation, especially the UK social care law, such as the Care Act 2014 and other recent reforms (e.g., Health and Care Act 2022), to make sure that my practice is informed, legal, and compliant with existing standards.

Personal Development Plan

I intend to remedy the following areas by undertaking CPD workshops on collaboration and ethics, having experienced professionals as mentors, attending multidisciplinary meetings, and keeping a reflective journal through Gibbs' model. I will additionally participate in the existing UK policy, such as the Health and Care Act of 2022 and the Care Act of 2014, ensuring the evidence-based and lawful nature of my practice (Tuqiri et al., 2025).

Theory and Policy Application.

The theory, policy, and research are deeply ingrained in my reflection and development plan. This means that using the hierarchical needs as formulated by Maslow, I will be able to prioritize safety and security in care planning, so that even in circumstances where limited resources are available, I will not ignore the basic needs before proceeding to address the aspiration and psychological well-being. My use of Gibbs Reflective Cycle will systematically convert experiences into learning as I will see not only what transpired but also how I reacted emotionally, what was successful, what was not and how I can be better the next time (Harmon, 2024).

Morally, I will conform my actions to professional codes of conduct (e.g., social work, nursing) based on respect, autonomy, accountability, and justice. This is particularly critical as far as the Care Act 2014 is concerned: according to recent studies, individuals appreciate procedural fairness in the needs assessment procedures, which involve such characteristics as empathy, voice, responsibility, dependability, and transparency (Leishman et al., 2025). Focusing on these qualifiers of processes in my practice will allow me to add to a more dignified and responsive care.

Partnering, I will also rely on the CICADA study results, which revealed that participatory, co-research practices would assist in creating more inclusive, person-centered care of historically marginalized populations (CICADA team, 2025). In practice, I can apply the same participatory frameworks in empowering service users with diverse backgrounds to ensure that care is not done to the service users but with them.

Vision for the Future

In the future, I see myself as a practitioner who is not only a policy follower but is also going to try to influence the policies by my actions and relations with the service users. I would like to become the type of professional who listens, reflects, learns, and adapts and place dignity and fairness at the core of my practice. In the long term, I hope to head or be a part of service improvement initiatives (i.e., service user advisory groups, quality improvement teams) in which

I use my reflective experience and knowledge of policies to create improved, more ethical systems of care.

Conclusion:

This report has taken a critical look at three principles underpinning the UK health and social care, namely, person-centered care, partnership working, and ethics. I have used theory, research and policy to demonstrate how the concepts can help deliver high-quality, humane and equitable care. The viable case of a community mental health service highlights the way in which these principles are not abstract- they are used to make practical choices which have a real impact on real individuals.

I have also been able to gain self-awareness to determine my strengths (empathy, communication, teamwork) and the areas I need to improve upon (conflict resolution, ethical sophistication, policy knowledge). My development plan is a clear way of the things I intend to do to grow professionally. Finally, I will ensure to incorporate these principles in all my practice. In this manner, I would like to make a positive contribution to the UK health and social care system and assist people in a respectful, collaborative, and moral manner.

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