

PRINCIPLES OF HEALTH AND SOCIAL CARE PRACTICE

[NAME OF STUDENT: JAQUELINE MARISA SILVA MARQUES

[STUDENT ID:2425635

Table of Contents

Introduction.....	3
Emergence and Development of Ethics of Care.....	3
Relevant Legislation, Policy and Guidelines.....	4
Application of Ethics of Care in Health and Social Care Practice.....	5
Partnership Working and Ethics of Care.....	5
Critical Discussion and Evaluation.....	6
Recommendations for Policy and Practice.....	6
Conclusion.....	7
References.....	8

Introduction

Person-centred care is one of the core practices of health and social care that involves treating people as unique individuals, respecting their preferences and values and needs and enhancing dignity, autonomy and involvement in care decisions (Ekman, 2022). It changes the focus that is on a purely medical or task-based model towards a more holistic and individualised approach. The essay is based on Ethics of Care model, a theoretical framework that puts emphasis on relationships, empathy, and moral responsibility in the delivery of care. It emphasises the role of emotional involvement and context-based decision-making in helping vulnerable groups in a health and social care environment. This essay aims to critically review the evolution and formation of the Ethics of Care model, its main criticism and counterarguments. It will also examine its usage in the health and social care policy and practice, appraise pertinent law and partnership working and finally give evidence-based suggestions on how to enhance the delivery of care.

Emergence and Development of Ethics of Care

The Ethics of Care was developed in the 1980s by feminist ethical theory as a counter to the conventional moral systems which tended to be dominated by abstract ideals of justice and autonomy. One of its major contributors is Carol Gilligan, who criticised the moral development theory proposed by Lawrence Kohlberg, claiming that it was male oriented and gave importance to rules and justice rather than relationships and care (SILVA, 2023). Gilligan suggested that empathy, responsibility and interpersonal relation are also deeply entrenched in the moral reasoning and are more apparent in the ethical decision making of women. Joan Tronto subsequently broadened this view by highlighting the idea of care as a wider political and social duty and not a domestic or personal practice. Ethics of Care consists of the fundamental principles of relationships, empathy, compassion and responsibility. As opposed to rule-based theories of ethics, it encourages ethical decision-making that is extremely context-specific, as it understands that needs of individuals differ based on their situation. It also portrays human fragility and interdependent nature and implies that everyone needs to be taken care of at various life stages, which means that care is a natural part of society, not a voluntary practice.

The model has played a major role in health and social care in the transformation of the purely medical model towards a more person-centred approach (Barnes et al., 2022). This has changed the significance of emotional and relational factors of care to realise that effective support should cater to the psychological and social needs in addition to physical health.

Consequently, Ethics of Care is now a strong part of professional values including dignity, respect, independence, and empowerment. The model, however, has received a number of criticisms. Often, it is stated that it is subjective and inconsistent since the choice made under empathy and context can differ among the practitioners (Warner et al., 2024). Emotional bias is also a possibility, and it can influence the professional judgement. It can also be incompatible with legal and standardised systems that demand standard procedures. Another reason that might be pointed out by some critics is the possible gender bias since care ethics was traditionally connected with the role of women in care giving. To address these criticisms, contemporary understandings of Ethics of Care have tried to combine emotional sensitivity and professional practices and laws. Safeguarding policies and structured decision-making processes are now combined with it in health and social care practice (Kay, 2024). This makes care compassionate and person-centred yet accountable, consistent and professionally judgement.

Relevant Legislation, Policy and Guidelines

The Ethics of Care model finds a very solid support in major legislation and policy frameworks of the UK health and social care policies and practices that advance dignity, respect and person-centred care (Fang and Tanaka, 2022). Amongst the most prominent is the Care Act 2014 that provides a statutory framework of adult social care. It brings about the principle of wellbeing, which demands professionals to place the focus on individual needs, independence, safeguarding, and personalised care planning, which are closely related to Ethics of Care. The Mental Capacity Act 2005 facilitates ethical practice as well by encouraging autonomy and ensuring that people are assisted to make their own decisions wherever feasible. In situations where the individual is incapable it offers a legal framework of the best-interest decision making, protection without unreasonable limitation of the rights. Equality Act 2010 strengthens fairness by encouraging anti-discriminatory approach and providing equal access to services irrespective of the protected characteristics (Stokes and Woodhams, 2022).

Moreover, the Human Rights Act 1998 protects such fundamental rights as dignity, respect, and family life, which are pivotal in care ethics. This approach is further enhanced by the NHS Constitution (2009, updated) which places the values of compassion, respect and patient-centred care at the heart of healthcare services. Taken together, these frameworks demonstrate a definite change to individualised, holistic care that is more about individual needs and less about organisational efficiency (Wong et al., 2022). However, in spite of these

advantages, there are difficulties. The need to have more bureaucracy, documentation, and targets by the organisation may restrict the ability of professionals to provide flexible and relational care. This puts strain on policy compliance and person-centred practice in that administrative obligations at times may override emotional interaction.

Application of Ethics of Care in Health and Social Care Practice

Ethics of Care model is extensively used in health and social care, specifically in nursing, social work, elderly care, and disability support services (McAuliffe, 2023). It is also closely associated with the person-centred care planning, in which the individuals actively participate in the decision-making concerning their treatment and support. This is to provide care that extends the clinical needs to emotional, psychological, and social wellbeing. According to professionals using this model, emotional support is the key to successful clinical intervention, and they consider empathy and understanding as critical components of quality care. Ethics of Care in hospital settings occurs in nurse-patient relationships because the core elements of recovery revolve around trust, communication and compassion (Nguyen, 2026). Nurses are required to address not just the physical disease, but also emotional distress like anxiety and fear. The model fosters dignity, respect and continuity of relations in residential care facilities especially in the homes providing elder care services, to allow the residents feel appreciated and safe. It promotes autonomy in community and home care services, providing individualised care according to the needs of the people.

Some of the advantages associated with the model are a better patient satisfaction, increased confidence between the service users and the professionals and better dignity and respect. It also encourages a comprehensive care approach to care about the physical and emotional needs, which enhances the overall wellbeing and outcomes. In practice, however, there are difficulties. The health and social care systems may restrict time and heavy workload which may hinder meaningful interaction with service users (Heponiemi et al., 2022). Employee shortages also impact on quality and consistency of care. Moreover, practitioners tend to be unable to reconcile emotional involvement and administrative work and adherence to policy, which can limit the consistent use of Ethics of Care in practice.

Partnership Working and Ethics of Care

Partnership working is a partnership form of working where various professionals, services and organisations collaborate to provide coordinated and effective health and social care (England,

2022). This encompasses collaboration among health care providers, social care agencies and voluntary organisations to make sure that people get holistic and personalised support as per their needs. Partnership working is vital in the Ethics of Care model because it reinforces person-centred and relational care. It is frequently enacted in the multidisciplinary teams (MDTs) that include physicians, nurses, social workers, and therapists to integrate their skills in order to deliver thorough care. The model also promotes joint decision-making and service users and their families are actively engaged in the process of planning care based on their values, preferences, and emotional needs (Lynch et al., 2022).

Key advantages are the ability to get a more comprehensive view of patient needs, enhanced service coordination and enhanced protection due to effective information sharing. However, the lack of effectiveness can be diminished by several difficulties, including ineffective communication among services, mismatch of professional priorities, and the possibility of disjointed care. Hence, effective communication systems and principles are imperative to make the partnership working in practice effective.

Critical Discussion and Evaluation

The Ethics of Care model proves to be very efficient in enhancing empathy, compassion and person centred values in health and social care practice (Albuquerque, 2023). It promotes the idea that service users are individuals with their own emotional, social, and physical requirements and reinforces trust and enhances care experiences. However, despite these advantages, the model has a number of limitations in its application to practice. Among other things, one problem is that Ethics of Care may be incompatible with legal frameworks and institutional policies, which demand standard procedures and uniformity in decision-making. This can lessen the ability to react to specific situations. Also, due to the high level of judgement and empathy involved in the model, there is the possibility of inconsistency among the practitioners, which may result in disparate care results. Thus, it takes a middle ground. Professional responsibility and legal accountability should be combined with emotional and relational care to enhance effective practice (Lamph et al., 2023). This guarantees that care is compassionate and person-centred and at the same time safe, consistent and in line with organisational and legal standards.

Recommendations for Policy and Practice

In a move to enhance the use of the Ethics of Care model in health and social care, various policy-based and practical recommendations are possible. To begin with, more staff training in ethical decision-making and person-centred care should be implemented because they will help professionals to reconcile emotional, ethical and legal obligations in practice. This would increase the confidence in using care ethics in complicated cases. Second, to enable the professionals to establish meaningful relationships with service users, the improvement of staffing levels in health and social care services is necessary. Proper staffing would decrease workload stress and promote more caring care practices (Doleman et al., 2023).

Moreover, the integration of Ethics of Care principles and the current legislation should be strengthened to make sure that the requirements of policies are consistent with the practices of relational care. Interdisciplinary communication systems should be also encouraged to enhance the coordination process between professionals and services (Senyapar, 2025). In addition, promotion of reflective practice in the staff can facilitate self-awareness and moral judgement in the situations of care. Lastly, the administrative load would be decreased through the utilisation of technology, which would enable the professionals to dedicate additional time to direct contact with patients, enhance the quality of person-centred care and the overall service delivery.

Conclusion

To sum up, the model of Ethics of Care has evolved as a significant theoretical framework that has originated in the feminist ethics and has made a huge impact on the current health and social care practice. It is important in encouraging person-centred care, focusing on empathy, relationships and individualised support. Core legislation including the Care Act 2014, Mental Capacity Act 2005, and Human Rights Act 1998 are very supportive of the model as they strengthen the concept of dignity, respect and empowerment in care provision. However, although Ethics of Care has obvious advantages in enhancing patient experience and holistic care, it also has drawbacks like inconsistency and the possible contradiction with organisational and legal frameworks. As such, the key is to adopt a balanced strategy combining ethical care with legal compliance, and effective collaboration working. On the whole, the Ethics of Care is still a very useful concept in contemporary health and social care practice especially in the promotion of caring and person-centred service provision.

References

- Albuquerque, A., 2023. Empathic care as a command of a new clinical bioethics. *Nursing and Care Open Access Journal*, 9(2), pp.95-100.
- Barnes, G.L., Haghiran, M.Z. and Tracy, D.K., 2022. Contemporary perceptions and meanings of 'the medical model' amongst NHS mental health inpatient clinicians. *International journal of mental health nursing*, 31(3), pp.567-575.
- Doleman, G., De Leo, A. and Bloxsome, D., 2023. The impact of pandemics on healthcare providers' workloads: A scoping review. *Journal of advanced nursing*, 79(12), pp.4434-4454.
- Ekman, I., 2022. Practising the ethics of person-centred care balancing ethical conviction and moral obligations. *Nursing philosophy*, 23(3), p.e12382.
- England, N.H.S., 2022. Working in partnership with people and communities: statutory guidance. *Care DoHS*.
- Fang, C. and Tanaka, M., 2022. An exploration of person-centred approach in end-of-life care policies in England and Japan. *BMC Palliative Care*, 21(1), p.68.
- Heponiemi, T., Kaihlanen, A.M., Kouvonen, A., Leemann, L., Taipale, S. and Gluschkoff, K., 2022. The role of age and digital competence on the use of online health and social care services: a cross-sectional population-based survey. *Digital health*, 8, p.20552076221074485.
- Kay, J., 2024. *Safeguarding adults: The impact emotional and unconscious factors have on decision making* (Doctoral dissertation, Tavistock and Portman NHS Foundation Trust/University of East London).
- Lamph, G., Nowland, R., Boland, P., Pearson, J., Connell, C., Jones, V., Wildbore, E., L Christian, D., Harris, C., Ramsden, J. and Gardner, K., 2023. Relational practice in health, education, criminal justice, and social care: a scoping review. *Systematic Reviews*, 12(1), p.194.
- Lynch, B., Ryan, A.A., O'Neill, M. and Penney, S., 2022. The factors that influence care home residents' and families' engagement with decision-making about their care and support: an integrative review of the literature. *BMC geriatrics*, 22(1), p.873.

- McAuliffe, D., 2023. An ethic of care: Contributions to social work practice. In *Social work theory and ethics: Ideas in practice* (pp. 349-366). Singapore: Springer Nature Singapore.
- Nguyen, R., 2026. The Nurse–Patient Relationship as a Moral Encounter: Advancing Nursing Science Through Caring Theory and Relational Ontology. *Nursing Science Quarterly*, p.08943184251414341.
- Senyapar, H.N.D., 2025. Interdisciplinary Collaboration in Social Work Management: Models, Barriers, and Strategies for Integrated Sustainable Service Delivery. *Technium Soc. Sci. J.*, 76, p.186.
- SILVA, M.E.F.D., 2023. Gender in Psychology of Moral Development: the state of the art (1982-2019). *Boletim-Academia Paulista de Psicologia*, 43(105), pp.168-180.
- Stokes, M.I.C.H.E.L.L.E. and Woodhams, C.A.R.O.L., 2022. Equality, diversity and inclusion. *Human Resource Management: People and Organisations*, 199.
- Warner, C.H., Fortin, M. and Melkonian, T., 2024. When are we more ethical? A review and categorization of the factors influencing dual-process ethical decision-making. *Journal of Business Ethics*, 189(4), pp.843-882.
- Wong, E., Mavondo, F., Horvat, L., McKinlay, L. and Fisher, J., 2022. Healthcare professionals' perspective on delivering personalised and holistic care: using the Theoretical Domains Framework. *BMC health services research*, 22(1), p.281.