

MODULE TITLE: PRINCIPLES OF HEALTH AND SOCIAL
CARE PRACTICE

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REFLECTIVE REPORT: *Reflective Report on Principles of
Health and Social Care Practice in the UK*

STUDENT NAME: DANIELA RIOS RENDON

STUDENT ID: 2429798

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TABLE OF CONTENTS

INTRODUCTION.....	3
TASK 1: REFLECTION ON THE IMPORTANCE OF PRINCIPLES OF HEALTH AND SOCIAL CARE	4
TASK 2: PRACTICAL EXAMPLES OF CONCEPTS IN PRACTICE.....	6
TASK 3: SELF-REFLECTION AS A HEALTH AND SOCIAL CARE PROFESSIONAL	7
REFERENCES.....	10

INTRODUCTION

Person-centred care, partnership working and ethical practice are core principles that define the delivery of effective health and social care in the United Kingdom. Recent reforms, especially the Care Act 2014 and the Health and Care Act 2022 have placed an additional emphasis on integrated and patient-centered systems aimed at enhancing outcomes and decreasing fragmentation.

This report critically examines these principles across three interrelated dimensions. First, it discusses their theoretical and practical importance in improving quality of care. Second, it evaluates the application of these in a real-life example in UK practice. Third, it gives an in-depth personal reflexion of how these principles influence my growth as a health and social care professional. The discussion is critical and reflective and based on contemporary literature and policy so that it is analytically deep and relevant to the practice.

TASK 1: REFLECTION ON THE IMPORTANCE OF PRINCIPLES OF HEALTH AND SOCIAL CARE

Person-centred care is a considerable shift in thinking related to traditional paternalistic models of care provision to a more collaborative and individualised model of care provision. It has its foundation in the humanistic theory especially the Hierarchy of Needs by Maslow, whose physiological, psychological and social needs should be met in order to have a wholesome being. This principle is applied in UK health and social care in the form of shared decision-making, individual care planning, and respecting personal autonomy. Nevertheless, although the Maslow framework offers a convenient conceptual framework, it has been criticised due to its linear and universal assumptions that might not necessarily capture the complex and culturally diverse realities of healthcare practice.

Although person-centred care has become largely related to better patient satisfaction and health outcomes (Santana et al., 2022), its application in the NHS setting is still not an easy task. The practitioners are frequently constrained by structural factors, such as the shortage of workforce or the growing demand of services, which restricts their ability to have meaningful and individualised interactions (West et al., 2022). This points to a serious conflict between policy ideals and practical realities, indicating that person-centred care can, at best, be more of a normative ideal than an always realisable practice. Therefore, its success depends not only on the commitment of professionals but also on the organisational support, and the allocation of resources.

Partnership working is also a key to successful care delivery, especially in a health system that is becoming more and more complex, with multi-morbidity and social determinants of health. The Health and Care Act 2022 formalised Integrated Care Systems (ICS), and the intention of facilitating cross-organisation. Theoretically, partnership working can be explained by the systems theory which pays attention to interdependence of the elements of a system.

However, partnership working cannot be achieved without structural integration, but it should be based on relational aspects like trust, communication, and shared accountability. Recent studies emphasise that inter-professional collaboration is frequently impaired due to professional hierarchies and undefined roles, as well as organisational silos even though it has been the focus of the policy (Baxter et al., 2023). Thus, although partnership working can greatly enhance the quality of care, its success depends not only on the organisational but also on the interpersonal factors.

The practice of ethical decision-making tends to participate in competing priorities, and the principle of autonomy could be in conflict with the duty of protecting obligations or resource shortages. This complication shows that ethical practice is not merely the practice of the

application of the theoretical principles, but it involves contextual judgement, critical reflection, and professional responsibility.

E.g., the patient autonomy might be contradictory to the duty of responsibility especially when the patient is a vulnerable person. According to modern literature, resource limitations and advancing technologies become more and more ethical dilemmas that healthcare professionals have to navigate (Papadaki et al., 2023). This should involve not only the knowledge of the principles of ethics but also critical thinking and judgment.

In conclusion, person-centred care, partnership working, and ethics are all approaches that can enhance the quality of health and social care as they assist in delivering an individualised approach to support, joint working and decision making that is morally right. However, they must be contextually determined, and the practitioners must continuously involve and adjust critically.

TASK 2: PRACTICAL EXAMPLES OF CONCEPTS IN PRACTICE

An especially topical example of the implementation of person-centred care, partnership working, and ethical practice can be traced in UK community mental health services, in particular, multidisciplinary team (MDT) approaches. These environments offer a complex and dynamic environment where various professionals are able to work together to meet the varied and frequently interdependent needs of service users. In this respect, MDTs represent a powerful model to critically analyse the functioning of these principles in practice, especially concerning the need to balance clinical priorities with person-centred holistic outcomes.

The primary element of MDT functioning is the partnership working, as it involves collaboration of psychiatrists, nurses, social workers, and support staff. This is in line with the integrated care agenda that is advanced by the Health and Care Act 2022. Good MDTs facilitate sharing of information, interventions, and comprehensive support of individuals with complex needs. However, barriers such as communication difficulty and lack of roles may make a team effect negative (Ling et al., 2022). This implies that partnership working, although being structurally integrated in the UK policy, is largely dependent on the level of organisation culture and quality of inter-professional relationships.

Mental health environments are especially characterized by ethical issues, and issues like consent, capacity, and confidentiality are quite common. In particular, information sharing decisions must strike a balance between patient confidentiality and the safety of the people and other individuals. The Care Act 2014 offers a legal framework of protecting the interventions to make sure that ethical decisions are based on both the ethical and legal frameworks.

Nonetheless, there are a number of challenges regardless of these strengths. The organisational pressures may emphasise efficiency over the holistic care and the opportunities of the personalised interventions may be restricted by the lack of the resources. To address these issues, it has been proposed that these can be enhanced such as more digital integration, ongoing professional training, and greater engagement of service users in service design (Greenhalgh et al., 2023).

This example demonstrates that the patient-centred approach, partnership approach, and ethics may have a beneficial impact on the quality of care but their use in practice remains systemic, organisational, and relational, and it is necessary to assess and modify it constantly.

TASK 3: SELF-REFLECTION AS A HEALTH AND SOCIAL CARE PROFESSIONAL

When looking back at my experience as a health and social care practitioner, I acknowledge that person-centred care, partnership working and ethical practice are not theoretical concepts but rather frameworks, which underpin successful day-to-day practice. With the Reflective Cycle of Gibbs as my guiding framework, I have critically considered how these principles have and will continue to shape my current approach to care and how these principles will shape my future professional growth. I have been able to transcend the descriptive knowledge to a more critical sense of my strengths, weaknesses and areas of development through this reflection.

Person-centred care has greatly affected my perception of professional responsibility. I have learned to value the fact that caring does not just mean being clinically competent but also being able to interact with people as individuals with their own values, beliefs, and tastes. This, in practise, indicates active listening, empathy and engaging the individuals in decision making regarding their care. I have noticed that when people feel that they are heard and respected, they are more inclined to access services and follow interventions. Although I am determined to be person-centred, I understand that in a real-life scenario I might sometimes be drawn to the completion of the task, rather than the interaction with the patient, especially in the high-stress condition. This brings into question how well I am always providing truly person-centred care, as opposed to task-oriented care that is influenced by organisational needs. This weakness must be recognized in an attempt to make a more responsible and thoughtful practice.

However, I also realise that person-centred care adoption may never be easy. Profession and workload requirements might restrict the chance of meaningful communication. Considering this, I understand that I have to focus more on the communication and how to incorporate person-centred practices even in a limited setting. This may be little steps but significant such as ensuring that there is a clear explanation and that there is feedback to ask the service users. My strategy towards teamwork and collaboration has been influenced by partnership working. I realize that there is no one professional who can address all the needs of an individual, especially in complicated cases. Successful cooperation presupposes openness, the high level of respect to the expertise of other people, and readiness to distribute responsibility. A team approach, which I have been working in offers superior quality of care as it offers diversity of opinion and holistic care.

Nevertheless, I also have learned some aspects of how I can enhance my collaborative practice. At times I will lack the confidence in making contributions to discussions, particularly in a multidisciplinary environment. This raises the need to develop on assertiveness and communication skills so that I can be in a position to influence the decision-making process in

the team in a satisfactory way. Critical to this weakness will be learning opportunities with other professionals and asking other people to give feedback.

Ethical practice is, possibly, the most challenging aspect of the professional development, since it is concerned with relatively complex and even unclear cases. I know that some of the key areas of responsibility are confidentiality, respect of autonomy and fairness. Nevertheless, I have also realized that ethical dilemmas seldom have a black and white answer. As an example, the cases of protecting people can be the case of safeguarding where there is need to protect people against harm and also need to respect the autonomy of people.

Considering this, I realise the need to enhance my ethical competence by engaging in lifelong learning and reflection. The knowledge of the legislation, e.g. the Care Act 2014 and the Health and Care Act 2022, gives a clue on how to make decisions, but professional judgement is a significant aspect. I will be cultivating my moral consciousness through case studies, discussions, and reference to practitioners with experience. As an illustration, compromising respect and autonomy of patients with the necessity to promote safety in protecting situations is a matter of careful judgement and professional responsibility. I understand that I am still working on developing my knowledge of the ethical frameworks, and I might not necessarily be sure of myself when making a complex ethical decision on my own. This emphasizes the role of continuous learning, supervision and reflective practice in enhancing my ethical competence.

The fact that my empathy, willing to learn, and professional value following is my strong points in that matter and a good base of effective practice. The qualities are correlated with the notions of person-centred care and ethics practice that will help me to establish positive relationships with service users and colleagues.

However, I also have to confess that there are certain areas which I can improve. These are developing confidence in my decision-making, increasing my knowledge of applicable legislation, and developing my skills in handling complicated situations. To solve these areas, there will be the need to approach the development of the profession proactively.

I will apply continuous professional development as a training, reflective practice, and mentorship to aid in my development. Moreover, I would enjoy being accommodative and receptive to suggestions and feedbacks since the professional development process is a lifetime process. In particular, I am attempting to familiarize myself with the legislation that can be applied, i.e., the Care Act 2014 and the Health and Care Act 2022, to ensure that my practice is not only based on the law but also ethical. I will also seek to apply a theoretical knowledge to practice where I understand that professional competence is nurtured through a blend of theory and practice.

This reflection has brought to light the fact that being a good health and social care professional goes beyond learning, and involves continuous self-assessment, critical thinking and a

promise of continuous improvement. It is through a proactive approach to the values of person-centred care, partnership working, and ethics that I will endeavour to become a competent and also reflective, responsive, and attuned practitioner to the changing needs of UK health and social care.

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