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Module name: Principles of Health and Social Care Practice

Component: 1

Module code: BMHP5016

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Introduction:

Contemporary UK health and social care continues to face significant challenges, including workforce shortages, rising complexity of need and increasing ethical pressures. These issues highlight the importance of approaches that promote dignity, autonomy and collaborative working to ensure high-quality, coordinated support. Person-centred care and partnership working have therefore become central to national policy and professional practice, emphasising the need to involve individuals as active participants in decisions about their care while strengthening collaboration across services and disciplines. Recent research also suggests that person-centred approaches may play a role in improving staff wellbeing and job satisfaction, although evidence remains mixed across different care settings (Cornelio, 2026).

Task 1:**Understanding Person-Centred Care, Partnership Working and Ethics in Contemporary UK Social Care**

Ethical pressures, overwhelming workloads and low job satisfaction continue to challenge the recruitment and retention of health and social care professionals. These pressures highlight the importance of partnership working, where professionals collaborate across disciplines, organisations and with service users themselves to deliver coordinated, holistic care. Effective partnership working not only improves outcomes for individuals but also distributes responsibility, reduces professional isolation and supports ethical decision-making in complex situations. Person-centred care, grounded in these ethical values and collaborative practices, is therefore seen as a potential way to enhance both care quality and staff wellbeing. However research exploring the impact of person-centred approaches on workers' health and job satisfaction has produced mixed findings, with most studies focusing on residential care settings. This inconsistency suggests a need for stronger evidence across a wider range of healthcare environments. The PCC Work project aims to address this gap by examining how person-centred care in hospitals, primary care and municipal care services influences the work related health and job satisfaction of health and social care professionals (Cornelio, 2026).

Partnership Working and Its Role in Ethical, High-Quality Care

Partnership working involves coordinated collaboration between professionals, organisations, service users and their families to ensure that care is seamless, holistic and responsive to individual needs. In UK health and social care, many people require support that spans multiple sectors including health services, social care, housing, mental health and community organisations making integrated working essential for safe and effective practice. National statutory guidance emphasises that partnership is

central to delivering personalised, joined up care and improving outcomes for individuals and communities. (CQC, 2022)

Several core features underpin effective partnership working:

Shared decision making, where professionals and service users work together to plan and review care, supporting autonomy and person-centred practice.

Interdisciplinary collaboration, bringing together the expertise of nurses, social workers, doctors, therapists and voluntary sector partners to provide coordinated support.

Ethical and lawful information sharing, ensuring that communication between agencies protects confidentiality while enabling continuity of care.

Mutual respect across professional boundaries, which strengthens communication, reduces conflict and supports effective teamwork.

Partnership working is also an ethical requirement within UK health and social care frameworks. The Care Quality Commission highlights that collaboration across agencies helps ensure that care is integrated, reduces inequalities and provides a seamless experience for individuals and carers. (NHS England, 2023)

Bowlby's Theory and Its Relevance to Person-Centred Care

John Bowlby's attachment theory provides a valuable foundation for understanding the emotional motivations that shape human relationships, making it highly relevant to person-centred care in UK health and social care. Bowlby emphasised that secure attachment bonds particularly between a child and caregiver are essential for psychological stability and wellbeing. This focus on emotional security aligns closely with person-centred care, which prioritises recognising and responding to individuals' relational and emotional needs within care settings. At the same time, the ethical pressures, heavy workloads and low job satisfaction experienced by health and social care professionals make it increasingly difficult to recruit and retain staff. Person-centred care (PCC), grounded in ethical principles and collaborative practice, is viewed as a potential way to enhance both care quality and staff wellbeing by fostering supportive, trust-based relationships that mirror the "secure base" described by Bowlby. This relational approach is deeply rooted in ethical principles such as dignity, autonomy and justice, all of which underpin UK health and social care legislation and professional codes of conduct. However, research on the impact of PCC on workers' health and job satisfaction has produced mixed findings, with most studies focused on residential care environments. This highlights the need for more robust evidence across a wider range of healthcare settings. The PCC@Work project aims to address this gap by examining how PCC in hospitals, primary care and

municipal care services influences the work-related health and job satisfaction of health and social care professionals (Bowlby, 1988).

Task 2:

Practice and Research Demonstrating the Effectiveness of Person-Centred Care

Person-centred care plays a crucial role in improving the quality of support and health outcomes across UK health and social care settings. Evidence from a mixed methods study on dementia and end of life care shows that when practitioners take time to understand each person's values, life history and preferred ways of living, the care delivered becomes more responsive, respectful and effective. For example: staff who explored what mattered most to individuals such as remaining at home, maintaining familiar routines or involving family in decisions were able to design care plans that aligned closely with personal wishes. This approach strengthened trust, reduced anxiety and helped individuals feel more in control of their care. The study also found that personalised planning reduced unnecessary hospital admissions by ensuring that care teams, families and community services worked together around the person's stated priorities. By focusing on relationships, communication and shared decision-making, person-centred care created a more supportive environment for people with complex needs, leading to better emotional wellbeing, smoother transitions between services and greater satisfaction with care (Wu et al., 2024).

Structured Intervention Areas for Person-Centred Dementia Care Practice

An example of effective person-centred care in UK health and social care comes from care homes in the South West of England, where a multiple-case study examined how this approach was implemented from the viewpoints of residents, families and professionals. Study showed that person-centred care is deeply relational relying on partnership, mutual respect and shared understanding within complex care environments. Staff supported residents by adapting to transitions, placing individuals at the centre of decision-making, creating a homely and comforting atmosphere and working collaboratively across service boundaries. They also focused on empowering care teams and responding to complex care situations with ethical sensitivity, demonstrating how a people-centred approach can strengthen care quality and overall wellbeing. This study proposes an exploratory case study to examine how a national organisation partners with people who have lived experience within Scotland's mental health improvement programmes. Quality improvement is a major strategy for strengthening health and social care and Healthcare Improvement Scotland (HIS) established the Improvement Hub in 2016 to lead national programmes using a range of improvement approaches. Although

partnership working with people with lived experience is recognised as essential, there is limited understanding of how this is enacted in national settings. To address this gap, the study focuses on the Personality Disorder (PD) Improvement Programme and explores how partnership working is described, how it is practised and which factors influence it. Using multiple qualitative data sources, the research aims to deepen understanding of how lived-experience involvement is integrated into national improvement work. Conducted as part of a clinical doctorate at University of Stirling, study completed data collection in October 2023, with findings expected in January 2025 and is anticipated to inform future improvement-focused interventions across public services (Robertson et al., 2024).

Task 3:

Critical Reflection Using Rolfe's Model

Understanding of person-centred care was still developing, and studying its principles helped me recognise the importance of viewing each individual as an active partner in their own care rather than a passive recipient of services. At that time, the concepts of partnership working, shared decision-making, respect for lived experience and holistic support highlighted the need to build meaningful relationships with people who use services. These principles emphasised the value of active listening, adapting care to personal preferences and working collaboratively across professional boundaries. Reflecting on my practice during that period, I can now see that although I aimed to be compassionate and respectful, organisational pressures, time constraints and routine driven tasks often limited my ability to fully engage with individuals in a genuinely person-centred way.

This early understanding made me more aware of the gap between my intentions and the consistency of my practice. I realised that truly person-centred care required more than empathy; it demanded stronger communication skills, confidence in negotiating care decisions and a willingness to share power with people who had lived experience. I also recognised that I sometimes relied too heavily on professional judgement rather than co-creating solutions with individuals and their families. Reflecting on this period has highlighted the need to strengthen my skills in collaborative working, particularly when supporting people with complex needs or navigating multi-agency environments. It also increased my awareness of cultural humility, as person-centred care must be sensitive to diverse backgrounds, identities and experiences. Recent work by Robertson et al. (2024) reinforces the importance of partnership with people who have lived experience,

demonstrating how reflective, collaborative approaches can strengthen service quality and improve outcomes.

In response to these insights, I identified several actions that were necessary to improve my practice. I committed to developing my communication skills through training focused on active listening, trauma-informed conversations and shared decision-making. I sought opportunities to work more closely with people with lived experience, such as participating in co-production groups and service-user forums, to deepen my understanding of their perspectives. I also began reflecting more regularly on my interactions with individuals, using structured approaches to identify strengths and areas for growth. Strengthening my knowledge of national frameworks such as the Care Act 2014, NICE person-centred care guidance and local partnership policies became a priority to ensure my practice aligned with current standards. Finally, I worked on managing time and workload more effectively so that meaningful engagement could be prioritised over task focused care. These steps laid the foundation for ongoing personal and professional development and supported my progression towards delivering more consistent, authentic and effective person-centred care. (Rolfe, Freshwater and Jasper 2024)

Professional Codes of Conduct

Throughout my work, I have linked key theories, professional standards and national legislation to demonstrate how person-centred care is grounded in both ethical and legal responsibilities. Maslow's Hierarchy of Needs provides a useful foundation for understanding why individuals require not only physical safety but also emotional security, belonging, respect and opportunities for autonomy in order to thrive. These needs directly relate to the principles of person-centred care, which emphasise listening to what matters to each individual, adapting support to their preferences and promoting a sense of control and dignity. Professional codes of conduct further reinforce these expectations by requiring practitioners to uphold values such as respect, compassion, safeguarding, accountability and collaborative working. These standards highlight the importance of effective communication, shared decision making and maintaining trusting relationships with people who use services. In addition, national legislation shapes the ethical and practical responsibilities that underpin my reflections and examples. The Care Act 2014 places a statutory duty on practitioners to promote individual wellbeing, prevent needs from escalating and involve people meaningfully in planning their care. Similarly, the Health and Care Act 2022 strengthens the requirement for integrated, partnership-based working across health, social care and community services, ensuring that support is coordinated and responsive to each person's circumstances. These frameworks align closely with the reflective insights I have discussed, particularly the need to

work collaboratively, share power with individuals and recognise the importance of cultural humility when supporting people with diverse backgrounds and complex needs. (Robertson et al. 2024)

Application of Person-Centred Principles in UK Healthcare Practice

Applying person-centred care principles within UK healthcare settings requires practitioners to involve recognising and responding to each individual's unique needs, preferences and lived experiences. These principles guide practitioners to promote dignity, autonomy and meaningful involvement in care decisions, which are essential for improving wellbeing and care outcomes. In practice, this includes active listening, adapting interventions to personal preferences, and working collaboratively with individuals, families and multidisciplinary teams. Reflective models such as Rolfe et al.'s (2024) framework support practitioners to critically evaluate their actions, identify areas for improvement and ensure that care remains ethically sensitive, empowering and responsive to complex situations. Using structured reflection in this way strengthens the quality of care and helps practitioners maintain a consistently people-centred approach in their future professional roles. (UK Government 2022)

Conclusion:

In summary, applying person-centred care principles requires practitioners to recognise each individual's unique needs, values and lived experiences while working collaboratively to promote dignity, autonomy and wellbeing. Reflecting on practice through structured models such as Rolfe et al.'s (2024) framework enables practitioners to identify strengths, address gaps and ensure that care remains ethically sensitive and responsive to complex situations. By integrating reflective practice with professional standards and a commitment to continuous learning, practitioners can contribute to more compassionate, empowering and effective care environments. These insights will guide future professional development by reinforcing the importance of active listening, shared decision making and collaborative working as essential components of high-quality, people-centred care.

References:

Bowlby, J. (1988). A Secure base: Parent-child Attachment and Healthy Human Development. *Choice Reviews Online*, 26(08), pp.26–475026–4750. doi:<https://doi.org/10.5860/choice.26-4750>.

Care Quality Commission (CQC) (2022) Available at: <https://www.cqc.org.uk> (Accessed 28 Mar. 2026).

Cornelio, (2026) *Redirecting*. Available at: https://www.proquest.com/docview/3066880560?pq-origsite=primo_ra&accountid=130472&RAO (Accessed: 1 March 2026).

Mohr et al. (2021) Key Intervention Categories to Provide Person-Centered Dementia Care: A Systematic Review of Person-Centered Interventions. *Journal of Alzheimer's Disease*, 84(1), pp.1–24. doi:<https://doi.org/10.3233/jad-210647>.

NHS England (2022) *Working in partnership with people and communities: Statutory guidance*. Available at: <https://www.england.nhs.uk> (Accessed 28 Mar. 2026).

Robertson et al. (2024) Title: How does a national organisation work in partnership with people who have lived experience in mental health improvement programmes: protocol for an exploratory case study. (Preprint). *JMIR Research Protocols*, 13(1929-0748), pp.e51779–e51779. doi:<https://doi.org/10.2196/51779>. (Accessed: 13 April 2026)

Rolfe et al. (2001) Critical reflection for nursing and the helping professions: a user's guide. Basingstoke: Palgrave Macmillan. Available at: <https://www.worldcat.org/title/46984997> (Accessed: 14 April 2026)

UK Government (2022) *Health and Care Act 2022*. London: The Stationery Office. Available at: <https://www.legislation.gov.uk/ukpga/2022/31/contents> (legislation.gov.uk in Bing) (Accessed: 14 April 2026).

Wu et al. (2024) A mixed-methods study', *BMC Palliative Care*, 23(1). Available at: <https://bmcpalliatcare.biomedcentral.com/articles/10.1186/s12904-024-01495-3> (Accessed: 12 April 2026).