

Student Name: Yama Mariama Kanteh

Student Number:2428898

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Lecturer: Mark Kane

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Person-centred care is widely recognised as a foundational element of high-quality healthcare. It is a term used to describe care which is responsive to an individual's personal circumstances, values, needs and preferences by adhering to cut through the processes and systems to provide care which is specific to the patient's individual requirements.¹ Person-centred care is a vital principle of health and social care as it recognises the needs and preferences of individuals and having health and social care professionals take the time to understand the individual they are taking care of, adding to that element of care to health and social care. Bronfenbrenner's bioecological theory of human development is a strong theoretical framework that supports this approach. This theory zooms into the interactions between individuals and the various environmental systems that influence their lives. This essay looks at Bronfenbrenner's bioecological theory, and how it links to support health and social care policy and practice. It also talks about problems with putting it into practice and gives suggestions for how to make it work better to support person-centred care.

Bronfenbrenner's bioecological perspective on human development is an ideal framework for understanding how individuals negotiate the dynamic environment and their own identities in international and intercultural settings.² He formed this theory in response to reductionist approaches that solely focused on individual factors, hence where he argued that human development cannot be understood and examined in isolation but within a broader environmental context.

¹ Skills for Health (2025). *Person Centred Care Meaning & Implications*. [online] Skills for Health. Available at: <https://www.skillsforhealth.org.uk/article/person-centred-care-meaning-implications/>.

²Tong, P. and An, I.S. (2024). Review of studies applying Bronfenbrenner's bioecological theory in international and intercultural education research. *Frontiers in Psychology*, [online] 14(14), pp.1–17. doi:<https://doi.org/10.3389/fpsyg.2023.1233925>.

Bronfenbrenner [1977] identified four nested systems influencing the growth and behaviour of an individual. Firstly, we have the microsystem which refers to the immediate environment that the individual is in like school and family. Secondly, we have the mesosystem which refers to the connections and links between separate microsystems. For example, this is exhibited through parents and teachers communicating to each other regarding a child's progress or parents of peers getting to become more acquainted with one another for the better build of their children's bond. There is also the exosystem, which is different to the previous types of systems Bronfenbrenner has established is that this system looks at external factors that can influence an individual throughout their life. For instance, the influence of media can have an impact on how parents may choose to bring up their child and shape their view of the world and worldly topics. And lastly, the macrosystem looks at cultural elements on large scale and how that can shape a child's upbringing. Cultural norms and social conditions being ingrained in the child's process of socialisation which varies between different cultures. For instance, a societal norm may be to promote independence at a young age as the life phase of childhood may be categorised at different ages compared to other societies, making individuals with this upbringing be more self-reliant and independent than other places within the globe that have their own culture that promotes otherwise. Bronfenbrenner later added a fifth system which is the chronosystem, which takes into consideration the changes an individual may go through over time, this may be exhibited within the current growing dependence of technology that impacts how individuals socialise with one another, how they gain access to information and how cultures are changing in accordance to this technological shift.³ Bronfenbrenner believed that these systems are what one has to look at to understand the changes individuals may face throughout periods of their life that influence their way of living.⁴

The theory later reworked and Bronfenbrenner [1994] introduced the bioecological model. This model zooms into the effect and impact having interactions with the systems identified earlier can have on the development of an individual over time⁵. According to Satchell et al

³ Guy-Evans, O. (2025). *Bronfenbrenner's Ecological Systems Theory*. [online] Simply Psychology. Available at: <https://www.simplypsychology.org/Bronfenbrenner.html>.

⁴ Crawford, M. (2020). *Ecological Systems Theory: Exploring the Development of the Theoretical Framework as Conceived by...* [online] ResearchGate. Available at: https://www.researchgate.net/publication/354193756_Ecological_Systems_Theory_Exploring_the_Development_of_the_Theoretical_Framework_as_Conceived_by_Bronfenbrenner_Article_Details.

⁵ Scribd. (n.d.). *Bronfenbrenner - 1994 - Ecological Models of Human Development | PDF*. [online] Available at: <https://www.scribd.com/document/661300036/Bronfenbrenner-1994-Ecological-models-of-human-development-1>.

(2021), it is defined as “the understanding of individual’s perceived behavioural opportunities and gives important focus on what the environment might offer an individual in a place”. It zooms into the effects of nurture and upbringing on child development and how those principles they have been brought up on can impact them in their future life. The model revolves around four key elements; Proximal process is the first and most fundamental element in this model as it looks into the interactions between individuals and its immediate environment, this includes family and peers. The other elements breaks down this process encouraging us to serve individual characteristics, the environmental system in which the development occurs in and the time period this change is occurring in. This model took into consideration the traits of individuals, acknowledging personal traits and how that affects how people engage with their surroundings.

This evolution within the Bronfenbrenner’s theory showed how he was trying to relate it to a worldly context, and in terms of health and social care, provides a dynamic and thorough understanding of human development.

Even though Bronfenbrenner’s bioecological theory has had quite an impact on how we view the effects of interactions an individual experiences throughout their life there has also been some criticism challenging the validity of this theory. A popular criticism of this model is that it is very broad and does not depict the lives of interactions people have, challenging its accuracy. It can be rather difficult to measure the institutions and systems that work hand-in-hand with one another without direct links being created and that evidently varies between each individual. Stanford University exclaims that due to its oversimplified nature, it is difficult to see the dynamic, bidirectional interactions across ecological levels.⁶ Tudge et al. (2009) goes into further detail as they highlight how Bronfenbrenner fails to clearly distinguish between his original ecological theory and the refined model, leading to misrepresentation of the model’s complexity and chronological development.⁷ Thus people who rely on the framework of this model may face difficulty doing so in its intended purpose as these systems identified within the model are too broad to accurately use to determine the link between a person and how they engage in different environments.

⁶ Fisher, P. and Lombardi, J. (2025). *The New Ecology of Early Childhood: Revisiting Bronfenbrenner’s Theory in the Context of Contemporary Challenges and Opportunities*. [online] Available at: <https://earlychildhood.stanford.edu/sites/g/files/sbiybj27426/files/media/file/the-new-ecology-of-early-childhood-final.pdf>.

⁷ Tudge, J.R.H., Mokrova, I., Hatfield, B.E. and Karnik, R.B. (2009). Uses and Misuses of Bronfenbrenner’s Bioecological Theory of Human Development. *Journal of Family Theory & Review*, 1(4), pp.198–210. doi:<https://doi.org/10.1111/j.1756-2589.2009.00026.x>.

Another criticism found with Bronfenbrenner's work is that the theory does not delve into power dynamics and disparities within these systems, which can also have an effect on how an individual interacts with their environment. For example, the model did not necessarily look into the structural issues faced within the world such as discrimination and oppression, poverty and uneven distribution of resources, leading to people having to be raised in different environments despite following and adhering to the same social and cultural norms. It was highlighted in a criticism that 'culture is not separate from the individual; it is a product of human activity' (Markus and Kitayama 2009)⁸. The model may not fully account for the nuanced ways culture shapes daily practices and proximal development processes. Critics claim that leaving out factors like this may lead to the questioning to the validity of the research as it oversimplifies complex social issues such as these disparities can have a huge impact on the findings of the research conducted.

These criticisms aim to urge practitioners to adopt a more hands on approach when using this theory and take every aspect of life into consideration as Bronfenbrenner failed to take every aspect into account whilst still persevering the holistic principles of the model.

Bronfenbrenner's bioecological theory has had a significant impact for health and social care policies and practice, especially in encouraging person-centred care within the health and social care sector. This theory encourages a holistic approach that goes above just treating patients but also adding a humanistic element to their care, viewing them as more than just a patient that needs treatment.

In theory, this model promotes professionals to consider interactions patients may have had before encountering them. For instance, constructing a care plan may include the input of family, peers and current institutions they may be in. The Mental Capacity Act highlights how some patients may not be able to help create their own care plan due to their capacity therefore each person's needs and choices will be unique to them. This means that staff must do all they can to help the person convey their personal aspirations and goals, and the support they need. Creating the care plan with the person or their chosen representative will keep the focus on what is important to that individual and will enable their care and support

⁸ Vélez-Agosto, N.M., Soto-Crespo, J.G., Vizcarrondo-Opppenheimer, M., Vega-Molina, S. and Coll, C.G. (2017). Bronfenbrenner's Bioecological Theory Revision: Moving Culture From the Macro Into the Micro. *Perspectives on Psychological Science*, [online] 12(5), pp.900–910. Available at: <https://www.jstor.org/stable/48596957>.

to reflect this⁹ This refers to the purpose of microsystems and mesosystems Bronfenbrenner had evoked within this study.

The bioecological theory also delves into the importance of contemporary social issues faced with individual's attitudes towards health such as housing, employment and social support. For instance, the Care Act 2014 is a UK law that sets out the rights and responsibilities of local authorities, care providers, and service users in relation to care and support¹⁰. The Care Act is one of many policies that are put in place to make issues like these do not affect how one receives health and social care align with the macrosystem highlighted within the study as it takes factors like these into account, destigmatising such barriers within the health and social care field.

Lastly, there is the complication that the theory is used superficially, without fully understanding complexities that an individual can go through. This can lead to professionals subconsciously following a systematic or 'checklist' approach where patients are responded to in a way of efficiency rather than the holistic, person-centred approach which Bronfenbrenner aimed for with his model¹¹.

To effectively use Bronfenbrenner's theory in health and social care, recommendations can be made.

Firstly, emphasis should be placed on the importance of multidisciplinary work across sectors involved in making sure person-centred care is provided to patients. NHS England emphasises the importance of working in partnership with people and communities to create genuine and authentic relationships that are critical for personalised care.¹² Policies should aim to support unionisation between health, social care, educational and communal sectors and services to ensure individuals receive balanced and engaging support. The Health and Care Act 2022 is an example of this goal as it is a piece of legislation that aims to make the NHS system less bureaucratic and corporation-like and more integrated and inclusive in

⁹ Social Care Institute for Excellence (2024). *MCA: Care planning, Involvement and person-centred Care*. [online] Social Care Institute for Excellence. Available at: <https://www.scie.org.uk/mca/practice/care-planning/person-centred-care/>.

¹⁰ Care Act (2014). Care Act 2014. [online] Legislation.gov.uk. Available at: <https://www.legislation.gov.uk/ukpga/2014/23/contents>.

¹¹ GOV.UK (2022). *NHS continuing healthcare decision support tool guidance*. [online] GOV.UK. Available at: <https://www.gov.uk/government/publications/nhs-continuing-healthcare-decision-support-tool/nhs-continuing-healthcare-decision-support-tool-guidance>.

¹² NHS England (2023). *Working in Partnership with People and communities: Statutory Guidance*. [online] NHS England. Available at: <https://www.england.nhs.uk/long-read/working-in-partnership-with-people-and-communities-statutory-guidance/>.

response to COVID-19 and the challenges faced by that era as there was a growing dependence of communities to ensure lockdown was carried out safely and people were not forced to feel alienated during this time of isolation.¹³

More sufficient funds is vital to enable person-centred care. With the cuts in NHS funding, it has forced many professionals to prioritise providing care rather than taking time to provide person-centred care as one of the consequences of these cuts is shortage in NHS staffing. The NHS currently has 106,000 vacancies within the workforce, including 27,000 positions specifically in nursing roles¹⁴. With the right amount of staffing, time, money and resources practitioners will be able to provide person-centred care without the weight of the NHS system burdening them. The NHS Long Term Workforce Plan is a policy being put in place to address these challenges by increasing recruitment and retention efforts with the aim of reducing staff shortages and lessening the pressure of the system.¹⁵

Bronfenbrenner 's bioecological theory provides a useful insight into understanding the complex interactions between individuals and their environments they were nurtured in. This is an essential component to understand how to approach providing person-centred care. It eloquently highlights the importance of interlinked systems and holistic progression aligning with modern day policies and practice priorities.

However, the theory's lack of depth makes it rather challenging to apply this theory to individuals facing complex disparities within their life. Whilst it has governed policies and pushed for more inclusive approaches, theoretical limitations inhibits the theory's complete application within health and social care.

By taking in more integrated, better funded and critically acclaimed approaches, health and social care systems can better use the theory to promote better person-centred care. Leading to more engaging, inclusive and effective services that takes all complexities of an individual's life into consideration.

¹³Health and Care Act (2022). *Health and Care Act 2022*. [online] Legislation.gov.uk. Available at: <https://www.legislation.gov.uk/ukpga/2022/31/contents>.

¹⁴ Dixon-Woods, M., Summers, C., Morgan, M. and Patel, K. (2024). The future of the NHS depends on its workforce. *BMJ*, [online] 384(384). Available at: <https://www.bmj.com/content/384/bmj-2024-079474>.

¹⁵ NHS England (2023a). *NHS Long Term Workforce Plan*. [online] [www.england.nhs.uk](https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/). Available at: <https://www.england.nhs.uk/publication/nhs-long-term-workforce-plan/>.

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