

Person-Centred Care and Partnership Working

A Critical Report

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Abstract

This report aims to examine two fundamental principles of health and social care practice in the UK, these are person-centred care (PCC) and partnership working (PW). Using a community mental health service as the chosen practice setting, the report defines both concepts, exploring their theoretical underlying systems, discussing the ethical structures that support them, and analysing the legislative context in which they function. Key theories for these concepts including Maslow's Hierarchy of Needs, Carl Rogers' person-centred approach, and Bronfenbrenner's Ecological Systems Theory are applied to real-world practice. This report identifies the benefits of both PCC and PW, including improved patient results, greater patient satisfaction, and resources being used efficiently, while also acknowledging the challenges that comes with this, such as pressures from the workforce, communication barriers, and resource constraints. Evidence-based recommendations are made to address identified gaps. The report concludes that PCC and PW are not aspects of health and social care that is optional, but are essential, legally backed, and are an ethical requirement to deliver high-quality health and social care in the UK.

Introduction

The aim of this report is to critically analyse two core principles in UK health and social care practice: person-centred care (PCC) and partnership working (PW). These two principles are widely noticed for being vital to providing high-quality, effective, efficient, and ethical care, and both are preserved in a range of policies and legislation that manages the sector it lies in. As the NHS and larger social care systems continue to deal with increasing demands alongside major resource constraints, understanding how PCC and PW can be effectively placed in practice has never been more integral to health and social care practice.

The chosen practical setting for this report is a community mental health service. This setting has been chosen because it connects individuals with complex and long-term demands and needs, a variety of professional disciplines, and a wide range of statutory and voluntary agencies. By choosing this setting, this report provides realistic context in which to explore both the opportunities and challenges associated with PCC and PW in play in this setting.

This report will first define PCC, going over its benefits and limitations before examining the theoretical frameworks that shape it. It will then explore the ethical principles that guide practice, before moving on to evaluate partnership working in detail. This report will then discuss relevant policy and legislative context, followed by recommendations for improving care, backed by evidence.

Definition of Person-Centred Care

Placing the patients at the core of all decisions based on their health is fundamental for a person-centred care approach. Rather than solely responding to the condition of the patient and treating them based on that, PCC recognises that each person as an individual with needs that are unique, prevents practitioners from applying the same standards to everyone (NHS England, 2024). The Health Foundation (2016) states that PCC, “supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and health care”.

Studies from the likes of Nkhoma et al. (2022) states they “found effectiveness PCC interventions in improving quality of life, self-efficacy, health utilisation and reducing costs of care. In a community mental health setting specifically, a person-centred approach to care has been shown to improve interactions with services, reduce dropout rates, and supports healthy recovery, because individuals feel that the care they are receiving is a reflection of them as an individual, rather than addressing the diagnosing only (NHS England, 2019).

However, PCC also has its limitations. One of the most significant limitations is the challenge of resource constraints it presents. To truly have tailored care for individuals requires time, skilled staff, careful planning and flexible work scheduling (Meranius et al., 2020). Furthermore, PCC can create tension when a service user's individual preferences conflict with the professional's duty of care about safety or risk, presenting ethical dilemmas that require nuance and careful navigation. Despite these challenges being present, the evidence strongly supports PCC as the most effective model for delivering effective, ethical care.

Relevant Theories

There are many theoretical frameworks that provides a well thought out foundation for person-centred care and help to explain why it is such a great approach in health and social care practice.

Theories from the likes of Abraham Maslow's 'Maslow's Hierarchy of needs' makes connections to motivational based psychology that is connected to the basic needs of people before receiving higher levels of care (Booth, 2024). This connects itself to person centred care very strongly, by establishing a level of awareness that detaches itself from physical based care that only addresses the state of the patient due to their diagnosis. Maslow introduces a pyramid with 5 levels that showcase basic needs that humans need, these include: physiological, safety, love and belonging, esteem, and self-actualisation (Rojas, Méndez and Fassler, 2023).

Carl Rogers person centred theory is based on psychotherapy but can easily be recontextualised to apply to PCC and health and social care practice, Carl Rogers' person-centred theory emphasises three core conditions for effective helping relationships: empathy, unconditional positive regard, and congruence (Yao and

Kabir, 2023). These principles connect directly into practice: a community mental health worker that genuinely listens to a service user's perspective, treats them without judgement, and communicates with them honestly creates the kind of therapeutic relationship that supports a healthy recovery and positive engagement.

The Bronfenbrenner's Ecological Systems Theory provides a further useful framework. The environment is heavily responsible for shaping the way in which service users respond to the care they receive, this can mean relationships, the communities they are a part of, or even broader societal/cultural systems that are in place (Sadownik, 2023). For a community mental health practitioner, applying this theory would consider the individual's family dynamics, housing situation, employment situation, and any community ties they must understand the context in which they live.

When applied correctly, these three theories demonstrate that PCC is not simply an act of being kind or compassionate, but a theoretically ingrained academic approach with a strong evidence base. When applied in a community mental health setting, they support practitioners in delivering care that is holistic, relational, and aware.

Ethical Fundamentals

Ethics in the context of health and social care is crucial to the principles that are responsible for advising the decisions of professionals and their behaviour. There are four core principles that are crucial for health and social care practice, also linking themselves to PCC and PW, those include: autonomy, beneficence, non-maleficence, and justice.

The framework of autonomy is that all patients have a right to have informed decisions about what goes on with their medical status. Autonomy ensures that the patients are the final decision makers in what goes on with their healthcare and life, this is the core of what PCC is all about. In the context of a community mental health setting, this principle is important, since in these kinds of settings, it is easy for professionals to take initiative and disregard the patient's wishes. However, this has changed with legislations from the Mental Capacity Act (2005) stating that, "a person must be assumed to have capacity unless it is established that he lacks

capacity". This act means that despite being diagnosed with mental illnesses, service users still have a right to refuse medication, or choose the method of support they want, and professionals must allow them to have that choice.

The second principle is beneficence, requires that practitioners act in the best possible interest of patients, defined as 'the principle of doing good and providing care to others' (Berglund, 2007:12). With PCC at its core, this is an ethical principle that allows for quality care for patients. In a community mental health setting, an example of beneficence may be a patient with schizophrenia is noticeably skinnier and during home visits, the house is messy. Despite this the patient insists that they are fine, putting beneficence in practice, the staff schedules more regular house visits than usual to closely monitor the patient. The GP is notified to track the patients sudden weight loss, and wellbeing teams employed to assess the patient's existing mental condition. This easily puts the patient's best interest at heart, without stripping them of their autonomy, just simple attentiveness and initiative, showing good PCC practice and PW by the collaborative efforts of the wellbeing team, mental health staff, and GP.

Non-maleficence, is built on the idea of avoiding any harm to patients, requiring practitioners to take careful and conscious steps to avoid hurting patients in anyway (Suhaani Sathish, 2025). This is a principle that easily gets offended due to the fragile definition of it, when balancing this principle with beneficence, it is easy to compromise one for the other. For example, in a community mental health setting there is a patient with bipolar disorder, and the mental health staff team is trying to include them in group therapy programme. However, this serves as a trigger for the patient's anxiety, a member of staff suggests that they be introduced to a new group. The patients care coordinator is contacted and after brief meeting, they suggest that the patient remains on an individual plan to support them. This sits at the heart of PCC, by focusing on how the group programme makes the patient feel, instead of insisting they keep pushing that strategy. The programme itself is not a negative, it just isn't something right for the patient and again showing good PW by having the mental health staff and care coordinator discuss the next actions.

The final principle is justice, the one that aims to ensure the care given to patients is always fair, and free from discrimination (OpenLearn Create, 2024). There are tailored legislations that enforce this principle in health and social care services, The Equality Act 2010 prohibits any discrimination on these protected characteristics age, race, sex, religion, disability, pregnancy, marriage and civil partnership, sexual orientation, and gender reassignment (GOV.UK, 2010). Justice in a community mental health setting can look like this. A staff member at the mental health facility notices that an older patient aged 74 with severe anxiety has been on medication for 3 years and their care plan shows little to no improvement in their condition. A brief meeting with the patient is arranged and they profess that they once requested therapy but wrongly was told that someone at their age won't respond well to therapy as it receives better with more younger and modern patients. The patients care coordinator is contacted to confirm the patients' requests, then gets in touch with a psychological therapist and arranges some sessions for the patient. This example shows blatant ageism and goes against PCC, by ignoring the needs of the patient and focusing strictly on the physical aspect of her condition by prescribing medication alone.

Evaluation of Partnership Working

Partnership working describes the collaboration between practitioners, health organisations and service users for a common goal (Frost and Practice, 2005). an integral practice for health and social care settings to uphold to ensure that patients receive the best possible care. The Legislation.gov.uk (2014) demands that “a local authority must co- operate with each of its relevant partners, and each relevant partner must co-operate with the authority”.

Partnership working offers a more holistic approach to providing care, with the collaborative effort of a variety of agencies, practitioners and healthcare organisations, service users receive a level of care that is well thought out, abundant in resources and is more attentive to their needs (Course and Williams, 2025). With more services and professionals in collaboration with each other, the communication between them is faster, efficient, and is more streamlined to enhance the care for patients. This improved communication means that there are

significantly less gaps in sharing information, ultimately keeping decision making between all parties involved consistent and concrete (Evans, 2026).

Despite its role in providing holistic care to patients and making sure that a variety of parties can work together to fulfil their needs, PW still has its challenges. Even though communication when done right can be extremely efficient and thorough, there are still many ways that it can go wrong, for example in the modern day where the need for technological competence is at an all-time high, certain staff members for these different organisations may find it difficult to use modern technology effectively. This may lead to significant gaps in information being shared, or even the wrong information being delivered between organisations and practitioners (Care Learning, 2025). Another challenge with a practice like PW, is the potential for a lack of coordination. Dealing with many practitioners and organisations, all with different backgrounds can easily lead way to confusion and mismanagement. Good PW allows for clear goals for the care of a patient, and good coordination allows these collaborative efforts to work for the patient. A lack of coordination means that the goals for the care of a patient are no longer clear and ultimately hinders the level of care provided (Amell, 2025).

Policy and Legislation

There are a range of policies and legislations that are enforced to maintain and support principles of PCC and PW in health and social care practice. These laws have shaped and guided the ways in which health and social care services provide care, ensuring that they are applied in everyday practice.

The Health and Care Act 2022 as stated by NHS England (2023), is “designed to enable a more joined up, collaborative system”. Establishing Integrated Care Systems (ICS) that support the practice of PCC by placing patients at the centre of care. This system places legal duty on these healthcare organisations to work together to deliver healthcare services, also supporting partnership working practices in the process. Alongside the ICS, there is the Integrated Care Board,

they are responsible for managing the NHS budget and work with healthcare providers associated with the NHS, helping them contribute to strategies implemented by the ICS (NHS England, 2022).

For a community mental health setting, this legislation is necessary for bringing relevant practitioners for that field, this is supported by the Act, with [legislation.gov.uk](https://www.legislation.gov.uk) (2022) stating that they will arrange provision for, “other services or facilities as are required for the diagnosis and treatment of illness”. The implications of legislations like this are significant, since the ICS and the board helps to tie all these healthcare organisations together, general healthcare is significantly less fragmented, meaning that patients will not feel that their quality of care is terrible, unstructured, and disconnected.

The Care Act 2014 makes it imperative to place the wellbeing of a patient at the centre of care, making it law to regard the patient before making decisions for them about their care ([legislation.gov.uk](https://www.legislation.gov.uk), 2014a). Local authorities are required to promote every aspect of an individual's wellbeing they can, this includes their dignity, family dynamics, emotional and mental wellbeing, economic status, etc. This demonstrates a strong link to PCC, with providing a broader range of care with a more holistic approach rather than focusing on the condition/diagnosis itself.

In the context of a community mental health setting, a patient may feel unstable due to a lack of routine and structure in his day, they also may be struggling financially. From this, the Act requires these services to carry out an assessment on the needs of the patient, which cannot be done by the mental health team alone. Under the Act, [legislation](https://www.legislation.gov.uk) (2014b) mentions that “local authority must co-operate with each of its relevant partners, and each relevant partner must co-operate with the authority”. This aligns with PW, ensuring that the collaborative efforts of these services can provide the suitable care for the patient.

The Humans Rights Act 1998 operates under the European Convention to ensure there is greater effects on the rights and freedom of patients receiving care ([legislation.gov.uk](https://www.legislation.gov.uk), 1998a). The maintaining of the rights of patients aligns itself well with PCC, by encouraging local authorities and healthcare organisations to

uphold their autonomy and decisions, the combined efforts of the government, local council, and the police ensure that these legislations align with established human rights, tying itself in with PW (Amnesty International, 2026). This Act can pose to be tricky as practitioners may run into situations where the legislations that they must uphold may clash with each other and must be assessed carefully with multiple disciplinaries to come to a viable conclusion. In a community mental health setting, a patient that may be susceptible to self-harming articles such as Article 2 makes it legal obligation to protect that patient's life, with extensive risk assessments to guarantee their safety (legislation.gov.uk, 1998b). This article must work with Article 5 to reinforce the patients right to liberty to avoid unlawful detention (legislation.gov.uk, 1998b).

The prevention of discrimination and the promotion of equal opportunity and equal care for individuals not just in healthcare services, but the broader society is due to The Equality Act 2010 (GOV.UK, 2013). Common targets of discrimination include age, religion, sexual orientation, race/ethnicity, etc, and by protecting individuals from these distinct groups, we can create a safe environment for said individuals in society and healthcare services. A simple example of this in a community mental health setting would be if assessments were made for a foreign patient that speaks little no English. Ensuring that staff members get the appropriate assistance to combat this so that the patient can understand what is going on with their assessment aligns with PCC, adhering to their needs and to PW as interpreters and translation services in order for written or printed documents to be given to the patient (Bansal, 2013).

Recommendations

A possible recommendation to improve the implementation of PCC and PW in healthcare, is coordination.

As mentioned in this report, coordination issues between healthcare organisations and practitioners can easily present itself when shared goals are not aligned. The

failure to coordinate creates these trickled down issues of broken communication, failure to share the same goals, and ultimately the vision of PCC and PW is ruined (Mamire Tafadzwa, 2025).

The recommendation here is to develop means in which all parties involved in delivering care, first is communication between organisations, practitioners, and patients. Research from Roselund et al. (2024) shows that with a lack of coordination, some professionals end up wanting, “only essential facts and others actively searched for information and wanted as much information as possible”. This ends up with the patients' needs and preferences being overlooked, since they are not the focus, just their condition. In response to this, patients must take initiative, with Roselund et al. (2024) mentioning how they are left “with the responsibility to both inform and coordinate”. In the context of a community mental health setting, this problem appears as a patient and the mental health team having a detailed care plan with all their needs and preferences on it, however the patient must see the A&E in a crisis. Unfortunately, the A&E does not have access to the care plan, meaning that the patient must be the person to do it, and during a crisis, this isn't ideal and severe details may be missed. This is incredibly harmful to the patient and a bad look on the coordination and communication efforts of the healthcare service. During this crisis, being a mental health patient and being forced to retell assumingly traumatic stories about themselves to give A&E staff the rough picture of who they are and what they need surely does negative things for their dignity. This opposes aspects of PCC that aims to respect and honour a patient's dignity, and for PW, the lack of consistent records may work against the favour of the patient, as they may receive medical advice from the A&E that may conflict with what the community mental health services know about the patient.

To combat this, it is recommended to have digitalised care plans that can be shared between relevant authorities very easily, NHS England (n.d.) states that “all clinical teams in an ICB (integrated care board) will have appropriate and secure access to a complete view of a person's health and social care record”. This ensures that all parties involved share the same knowledge on the patient, maintaining good practice in the principles of PCC and PW.

Conclusion

With this report, person centred care and partnership working, two core principles that help build the foundations of health and social care were able to be examined. The contents of this report have critically analysed how these principles encourage these healthcare services to be more effective and efficient in the services they provide. The introduction of theoretical frameworks that work to help justify why PCC is necessary for healthcare practitioners to implement in everyday care, like Maslow's hierarchy, Carl Rodger's person-centred approach, and showing that focusing on the needs of a person, rather than the physical (their diagnosis) yields better outcomes for the person's wellbeing and satisfaction with care.

This report evaluated the effectiveness of partnership working and its ability to provide quality care to patients. This principle requires the collaboration of several organisations and authorities to ensure patients' needs are met, which cannot be done by one healthcare service alone. PW succeeds in delivering holistic care, allowing patients to feel seen and attended to, however can see failure when organisations fail to cooperate with each other, and to coordinate, resulting in poor communication and differing goals for patients.

These principles are supported by ethical principles like autonomy and justice and policies and legislations that prioritise delivering the best possible care to patients, these include the Health and Care Act 2022, the Care Act 2014, and the Equality Act 2010. All offering a complex and thought-out approach on possible scenarios that may concur. These policies work to reinforce the idea that these principles aren't something to aspire for but serve as academic and practical necessities in the deliverance of care.

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