

Programme: BSc (Hons) Health and Social Care

Student Name: Sandra Maria De Sousa Castro Monteiro

Student ID number: 2430136

Module: Principles of Health and Social Care Practice

Module Code: BMHP5016

Lecturer: Dr Itse Olaoye (Module Leader) / Lou Wells

Assignment Title: Component 2 – Written Assignment (Essay)

Person-centred care has become a central principle of contemporary health and social care, emphasising the importance of recognising individuals' needs, relationships, preferences and wider circumstances rather than focusing solely on illness or service provision. Bronfenbrenner's Bioecological Theory of Human Development provides a valuable theoretical perspective for understanding this approach because it conceptualises human development and wellbeing as emerging through reciprocal interactions between individuals and interconnected biological, relational, organisational and societal environments. This essay critically examines the emergence and development of Bronfenbrenner's ecological and later bioecological perspectives, including scholarly critiques and subsequent theoretical refinements. It then evaluates their application to person-centred health and social care through shared decision-making, empowerment, integrated and multidisciplinary working, and consideration of wider social determinants and equality. The essay argues that the theory provides a strong holistic foundation for person-centred practice, while recognising limitations associated with its complexity and practical application. Finally, recommendations are proposed for strengthening its contribution to policy and practice.

Bronfenbrenner's most significant contribution to developmental theory was his rejection of reductionist explanations that isolated individuals from the social environments in which they lived. During the mid-twentieth century, developmental psychology was dominated by laboratory-based research that prioritised experimental control, often at the expense of ecological validity. Bronfenbrenner (1977, p.513) challenged this approach through his criticism of developmental research as “the science of strange behaviour of children in strange situations with strange adults”, arguing that meaningful explanations required studying individuals within everyday social contexts. This represented an epistemological shift towards understanding development as a dynamic and reciprocal process shaped by interactions between people and their environments (Bronfenbrenner, 1979). Tudge et al. (2009) argue that this shift relocated attention from isolated psychological variables towards reciprocal relationships connecting individuals with families, communities and wider social environments. Rosa and Tudge (2013) further explain that Bronfenbrenner's later bioecological writings refined rather than abandoned this ecological perspective by clarifying the mechanisms through which these relationships influence development. This relational understanding provides an important conceptual foundation for person-centred health and social care, where individuals are understood as active participants whose wellbeing is shaped by biological, familial, social and environmental influences.

Bronfenbrenner operationalised this perspective through Ecological Systems Theory, conceptualising development as occurring through interconnected contexts: the microsystem, mesosystem, exosystem and macrosystem (Bronfenbrenner, 1979). Their significance lies not simply in their classification, but in the interactions between them. Relationships within the microsystem, including family, peers, educators and professionals, are influenced by connections between settings within the mesosystem, while organisational, political and socioeconomic structures represented by the exosystem and macrosystem shape opportunities and constraints in everyday life. This challenged deterministic explanations by recognising that developmental outcomes emerge through interactions between multiple contexts rather than single causes (Bronfenbrenner, 1979; Rosa and Tudge, 2013). Rosa and Tudge (2013) similarly emphasise that the systems should not be treated as static or independent categories. Tudge et al. (2009) warn that subsequent applications often reduced the theory to a descriptive model of environmental layers while overlooking the reciprocal interactions at its centre. Thus, the framework is better understood as a theory of relationships than a taxonomy of environments. This distinction is important for person-centred care because assessment must extend beyond presenting conditions to consider relationships, social networks, community resources and structural influences shaping health and wellbeing.

Although Ecological Systems Theory demonstrated where developmental influences originate, Bronfenbrenner increasingly recognised that it did not fully explain how those influences produced developmental change. His work with Ceci (1994) therefore developed the Bioecological Theory and Process–Person–Context–Time (PPCT) model, refining rather than replacing the ecological framework. Central to this revision were proximal processes: regular, reciprocal interactions between individuals and the people, objects and symbols in their immediate environments that drive development over time. Their effects depend on individual characteristics, environmental conditions and historical time (Bronfenbrenner and Ceci, 1994). Bronfenbrenner (1999) consequently positioned individuals as active participants who both shape and are shaped by their contexts. Tudge et al. (2009) and Rosa and Tudge (2013) interpret this development as the culmination of Bronfenbrenner's attempt to place reciprocal processes at the centre of explanation. The resulting framework integrates biological characteristics, environmental influences and developmental change, strengthening its relevance to person-centred care. Rather than merely identifying the circumstances surrounding an individual, it directs attention to the quality of ongoing relationships through which health and wellbeing are experienced.

The growing sophistication of the Bioecological Theory was accompanied by scholarly scrutiny, particularly concerning its interpretation and application. Tudge et al. (2009) argue that researchers frequently adopted individual ecological systems while neglecting the PPCT model and proximal processes, generating conceptual confusion about what constitutes a genuinely bioecological approach. This criticism highlights the difficulty of operationalising a framework spanning multiple levels rather than demonstrating a fundamental weakness in the theory. Rosa and Tudge (2013) similarly argue that Bronfenbrenner's later writings clarified these ambiguities by repositioning reciprocal developmental processes at the centre of the framework.

Vélez-Agosto et al. (2017) extend this debate by arguing that culture should not be confined to the macrosystem but understood as embedded within interactions across ecological levels. This broadens rather than contradicts Bronfenbrenner's proposition by showing how cultural contexts influence proximal processes. Collectively, these debates demonstrate the theory's capacity for critical refinement while retaining its central premise that development emerges through reciprocal interactions between individuals and their environments. This adaptability strengthens its relevance to health and social care, where biological, social, cultural and structural influences on wellbeing are similarly interconnected.

Bronfenbrenner's Bioecological Theory evolved from an ecological description of developmental contexts into a comprehensive explanation of the reciprocal processes through which individuals and their environments shape one another over time. By integrating biological, relational, environmental and temporal influences within a single conceptual framework, it offers a holistic and adaptable understanding of human development that provides a strong foundation for contemporary person-centred health and social care.

Bronfenbrenner's Bioecological Theory provides a compelling theoretical justification for person-centred care because it explains health and wellbeing as products of reciprocal interactions between individuals and the relational, organisational and societal contexts in which they live. This aligns with person-centred practice, which understands individuals through their values, relationships, capabilities and goals rather than diagnosis or care needs alone. The literature on person-centred healthcare identifies person-centredness, participatory approaches, integration and coordination as important dimensions of effective care (Phelan et al., 2020). Through a bioecological lens, these relationships can be understood as proximal processes that create repeated opportunities for reciprocal interaction and sustained engagement. The theory therefore explains why meaningful relationships are not simply desirable characteristics of care but mechanisms through which positive health and care experiences can be achieved.

This emphasis on reciprocal interaction also provides a theoretical explanation for shared decision-making and empowerment, both central to UK health and social care policy. Bronfenbrenner (1999) positions individuals as active participants in shaping their development rather than passive recipients of intervention. Shared decision-making therefore represents a practical expression of this principle, as outcomes depend partly on sustained interaction between individuals and professionals. Rouse and O'Brien (2017) identify mutuality, reciprocity and shared responsibility as characteristics of effective partnerships, closely reflecting proximal processes. Person-centred healthcare literature similarly emphasises participatory approaches and the centrality of the person within care (Phelan et al., 2020). These principles are reflected in the Care Act 2014, which places wellbeing and individual participation at the centre of adult social care, and the NHS Comprehensive Model for Personalised Care, which identifies shared decision-making, personalised care and support planning and supported self-management as core components (NHS England, 2019b). However, workforce pressures, organisational constraints and limited consultation time can restrict genuine participation. Bronfenbrenner's framework therefore indicates that person-centred care depends not only on policy aspirations but on relational conditions that enable meaningful participation.

The theory also helps explain the importance of integrated care and multidisciplinary working. If wellbeing is shaped through interactions across ecological systems, care cannot depend on isolated professional interventions but requires coordinated relationships between health services, social care, families and community organisations. Connections between these settings reflect the mesosystem, where interactions between microsystems influence an individual's experience of care. This principle is reflected in the Health and Care Act 2022 and the establishment of Integrated Care Systems, alongside NHS policy emphasising coordinated care planning, multidisciplinary decision-making and integrated community services (NHS England, 2019a). These developments can therefore be interpreted as organisational expressions of the bioecological proposition that outcomes depend upon interactions within and between systems. Yet implementation remains uneven. Fragmentation and weak coordination can undermine communication and continuity of care (Phelan et al., 2020). Such barriers operate partly through the exosystem, where institutional structures, funding arrangements and policies indirectly shape frontline relationships. The theory consequently shifts analysis beyond individual professional behaviour towards the organisational conditions required to sustain person-centred care.

Bronfenbrenner's framework also highlights the influence of wider social determinants, including housing, education, employment, income and discrimination, on access to services and opportunities to participate in care (Marmot, 2020). These influences reflect the macrosystem and demonstrate why person-centred care cannot be separated from health inequalities. The Care Act 2014 promotes wellbeing through consideration of physical, mental and social needs, while the Equality Act 2010 provides a legal framework for addressing discrimination and promoting equality. Contemporary NHS policy similarly recognises that personalised care must respond to needs arising beyond purely medical circumstances (NHS England, 2019b). Nevertheless, the breadth that gives Bronfenbrenner's theory its holistic value can make it difficult to operationalise in practice, particularly when practitioners must prioritise competing influences within limited time and resources. It is also primarily an explanatory framework rather than a prescriptive model for clinical decision-making. Its greatest contribution therefore lies in systems thinking: enabling practitioners and policymakers to recognise how biological, interpersonal, organisational and societal influences interact to shape person-centred care and health outcomes.

To strengthen the application of Bronfenbrenner's Bioecological Theory within person-centred health and social care, policy and practice should focus on strengthening the ecological conditions that enable meaningful participation and coordinated care. First, organisations should provide professionals with sufficient time, training and resources to support genuine shared decision-making and personalised care planning, ensuring that empowerment extends beyond formal consultation to meaningful involvement in decisions. Second, Integrated Care Systems should strengthen communication and information-sharing between health, social care and community services through clearly defined multidisciplinary responsibilities and coordinated care planning. This would strengthen mesosystem connections and reduce fragmentation between services. Third, practitioners and policymakers should adopt a broader assessment of individuals' circumstances by considering social determinants such as housing, employment, education, discrimination and family support alongside clinical needs. This would enable services to identify ecological barriers that may otherwise remain outside conventional assessments and contribute to health inequalities. Finally, implementation should recognise the limitations of the Bioecological Theory as an explanatory rather than prescriptive model. Its greatest practical value lies in informing systems-level thinking rather than providing a fixed method of care. Consequently, organisations should use the framework alongside professional

judgement, evidence-based practice and relevant legislation to ensure that person-centred approaches remain both theoretically informed and responsive to individual circumstances.

Bronfenbrenner's Bioecological Theory provides a valuable conceptual foundation for understanding and strengthening person-centred health and social care. Its development from Ecological Systems Theory to the PPCT framework demonstrated an increasing recognition that individuals are active participants whose wellbeing is shaped through reciprocal processes operating across interconnected environments. Although scholarly critiques have highlighted difficulties in interpreting and operationalising the theory, subsequent refinements have strengthened its explanatory value and extended its relevance across diverse social and cultural contexts. Its application to UK health and social care demonstrates particular value in explaining the importance of shared decision-making, empowerment, integrated and multidisciplinary working, and attention to wider social determinants of health. However, its breadth also limits its use as a prescriptive practice model. Overall, the theory is most valuable when used to encourage systems thinking, enabling practitioners and policymakers to recognise that sustainable person-centred care depends not only on individual professional relationships but also on the organisational and societal conditions in which those relationships occur.

References

Bronfenbrenner, U. (1977) 'Toward an experimental ecology of human development', *American Psychologist*, 32(7), pp. 513–531. doi: 10.1037/0003-066X.32.7.513.

Bronfenbrenner, U. (1979) *The Ecology of Human Development: Experiments by Nature and Design*. Cambridge, MA: Harvard University Press.

Bronfenbrenner, U. (1999) 'Environments in developmental perspective: Theoretical and operational models', in Friedman, S.L. and Wachs, T.D. (eds.) *Measuring Environment Across the Life Span: Emerging Methods and Concepts*. Washington, DC: American Psychological Association, pp. 3–28.

Bronfenbrenner, U. and Ceci, S.J. (1994) 'Nature-nurture reconceptualized in developmental perspective: A bioecological model', *Psychological Review*, 101(4), pp. 568–586. doi: 10.1037/0033-295X.101.4.568.

Care Act 2014. c.23. London: The Stationery Office.

Equality Act 2010. c.15. London: The Stationery Office.

Health and Care Act 2022. c.31. London: The Stationery Office.

Marmot, M. (2020) 'Health equity in England: The Marmot review 10 years on', *BMJ*, 368, m693. doi: 10.1136/bmj.m693.

NHS England (2019a) *The NHS Long Term Plan*. London: NHS England.

NHS England (2019b) *Universal Personalised Care: Implementing the Comprehensive Model*. London: NHS England.

Phelan, A., McCormack, B., Dewing, J., Brown, D., Cardiff, S., Cook, N.F., Dickson, C.A.W., Kmetec, S., Lorber, M., Magowan, R., McCance, T., Skovdahl, K., Štiglic, G. and van Lieshout, F. (2020) 'Review of developments in person-centred healthcare', *International Practice Development Journal*, 10(Suppl 3), pp. 1–29. doi: 10.19043/ipdj.10Suppl2.003.

Rosa, E.M. and Tudge, J. (2013) 'Urie Bronfenbrenner's theory of human development: Its evolution from ecology to bioecology', *Journal of Family Theory & Review*, 5(4), pp. 243–258. doi: 10.1111/jftr.12022.

Rouse, E. and O'Brien, D. (2017) 'Mutuality and reciprocity in parent–teacher relationships: Understanding the nature of partnerships in early childhood education and care provision', *Australasian Journal of Early Childhood*, 42(2), pp. 45–52. doi: 10.23965/AJEC.42.2.06.

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: 10.1111/j.1756-2589.2009.00026.x.

Vélez-Agosto, N.M., Soto-Crespo, J.G., Vizcarrondo-Opppenheimer, M., Vega-Molina, S. and García Coll, C. (2017) 'Bronfenbrenner's bioecological theory revision: Moving culture from the macro into the micro', *Perspectives on Psychological Science*, 12(5), pp. 900–910. doi: 10.1177/1745691617704397.

