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BMHP5016 - Principles of Health and Social Care Practice

Component 2: Written Assignment (Essay)

In this essay I will seek to critically discuss the Theories of Human Growth and Development which underpins person centred care. This approach allows for the four principles of person centered care to be met such as, offering people dignity, compassion and respect, offering coordinated and personalised care, support, or treatment, and supporting people to recognise and develop their own strengths and abilities to enable them to live an independent and fulfilling life (Child Outcomes Research Consortium 2016). I will also aim evaluate the usefulness of this theories approach by applying it to realistic scenarios and health and social care social policy and practice

This theory of human growth and development underpins person centred care by offering structured ways to understand how individuals change physically, cognitively, emotionally, and socially across their lifespan. Early foundations emerged from psychoanalytical thinkers such as Freud and then to more socially oriented theorists like Erickson, and later cognitive and behavioural theorists. Their foundations shaped the understanding of the layers of development, moving away from solely biological developments. For example, stage-based theorists like Piaget's cognitive model and Erikson's psychosocial stages propose that development occurs through specific stages (Maryville University). Maryville University summarises that human development theories include cognitive, moral, behaviour, and sociocultural perspectives each explaining how individuals learn adapt, and interact with their environment across the lifespan. A key underlying assumption is that many models, development can be mapped in predictable stages, though timing is likely to vary between individuals. Despite these frameworks being useful in health and social care, as they allow practitioners to anticipate changes and needs, a great limitation is that stage theories overdetermine and there is a cultural bias to Western cultures. For example, Erikson's model has been criticised for focusing heavily on childhood and underrepresenting adult development and the complexities that comes with later life stages (Maryville University). Similarly, Freud's psychosexual theory is often challenged for the lack of empirical evidence and overemphasis on sexuality. In addition, there are also concerns of reductionisms; breaking development into rigid stages may overlook the fluid and continuous nature of human growth. In response

to this, contemporary sociocultural and ecological theories have illuminated the role of the environment, relationships, and culture in shaping development. These approaches argue that development is not universal but is different to everyone based on their contexts., which highlights the importance of social interaction and cultural norms. This shift has been crucial in informing person centred care because it prioritises individuality rather than squeezing into ridged structures.

Human development theories have been widely applied in health and social care policy and practise, particularly in shaping person centred approaches. Policies in the UK, such as the Care Act 2014 placing wellbeing at the core of its care decisions, promote personalised care and safeguarding. Drawing heavily on the understanding that individuals' needs vary depending on their development stage and personal circumstance. For example, attachment theory has informed early years policies by emphasising the importance of secure relationships between children and caregivers, which are essential for emotional stability and trust in later life (Maryville University). In practice, this can be seen in foster care systems and child protection services, where maintaining stable attachments is prioritised. Similarly, cognitive development theory is used in educational and healthcare settings to tailor communication and interventions according to a person's level of understanding, ensuring that care is accessible and appropriate.

Theories of human growth and development align closely with UK health and social care policies by shaping how services recognise changing needs across the lifespan and deliver person-centred care. The Care Act 2014 is a key example, as it is grounded in a holistic understanding of adult development that goes beyond physical health to include emotional wellbeing, social relationships, independence, and personal identity. This reflects developmental theories that emphasise the interaction between psychological and social factors over time. The Act introduces duties such as needs assessments, care planning, and the promotion of individual wellbeing, all of which require practitioners to consider where a person is in their life course and how their needs may evolve. A study on caregiving responsibilities (2021) explores how a lack of intervention, epecially in early childhood has a lasting impact in later

development. The act also promotes personalisation through tools like personal budgets, aligning with the idea that development is not uniform and individuals should have control over decisions affecting their lives. However, applying this in practice can be challenging due to resource limitations and the tendency for services to default to standardised care. Similarly, the NHS Long Term Plan reflects developmental theory by embedding personalised care as a core principle of healthcare delivery. The plan recognises that individuals at various stages of life have distinct health priorities and capacities, which mirrors lifespan development models. It promotes shared decision making, personalised care and support planning, and social prescribing, approaches that acknowledge the importance of social and environmental influences on development, as highlighted in sociocultural theory. For example, a person managing a chronic illness is supported to make choices that fit their lifestyle, cognitive ability, and emotional readiness, rather than being given a one size fits all treatment. This demonstrates how developmental understanding informs practice, although time pressures and workforce constraints can limit the depth of personalisation achieved. The Children Act 1989 provides a strong example of how developmental and attachment theories underpin child focused policy. It establishes that the welfare of the child is primary concern and emphasises the importance of stable, secure relationships for healthy emotional and social development. This aligns with theories that highlight the critical role of early experiences in shaping future outcomes. The Act requires local authorities to safeguard and promote children's welfare through services such as foster care, adoption, and child protection, all of which are informed by an understanding of developmental needs at different ages. For instance, maintaining continuity of care and minimising disruption reflects awareness of attachment theory. However, challenges such as placement instability and limited resources can hinder the full realisation of these principles in practice. Overall, these policies demonstrate how human growth and development theories are embedded within UK health and social care frameworks, guiding professionals to deliver care that is responsive to individuals' evolving needs while also highlighting the practical difficulties of implementing truly person-centred approaches.

Despite these applications, significant issues arise when translating theory into practice. One problem is the risk of stereotyping individuals based on developmental stages. For instance, assuming that all older adults experience cognitive decline may lead to paternalistic care, undermining autonomy and independence. Another issue is the gap between theory and real-world complexity. Service users often present with overlapping needs influenced by trauma, disability, or socio-economic disadvantage, which cannot be fully explained by developmental models. For example, individuals with learning disabilities may not fit neatly into Piaget's stages, challenging practitioners to adapt their approaches beyond theoretical frameworks. Additionally, resource constraints in health and social care systems can limit the implementation of truly person centred care. High caseloads and staffing shortages may result in standardised care plans that fail to reflect individual developmental needs. Examples in the field include elderly care settings where routines prioritise efficiency over personal preference, or mental health services where treatment models may not fully account for cultural differences in development and behaviour. These challenges highlight the tension between theoretical ideals and practical realities in policy implementation.

To address these challenges, several recommendations can be made for improving the application of human development theories in health and social care. Firstly, policies should emphasise flexibility rather than strictly following stage-based models. Practitioners should be trained to use developmental theories as guiding frameworks rather than prescriptive rules, allowing for individual variation and to work with complexity. This includes recognising that development is influenced by cultural, social, and environmental factors, as highlighted by sociocultural theory. Secondly, there should be greater investment in workforce training to ensure that professionals understand both the strengths and limitations of different theories. This would enable more critical and reflective practice, reducing the risk of stereotyping or misapplication. Thirdly, person centred care should be strengthened through coproduction, where service users actively participate in decisions about their care. This aligns with the idea that individuals are experts in their own experiences and should not be defined solely by developmental norms. Policies should also address

structural barriers such as funding constraints and staff shortages, which hinder the delivery of personalised care. For example, increasing staff-to-patient ratios in care homes could allow more time for tailored support that reflects each individual's developmental stage and preferences. Finally, integrating interdisciplinary approaches by combining psychological and social to biological perspectives, it can provide a more holistic understanding of development. This would ensure that care practices are not only evidence-based but also adaptable to the diverse needs of service users.

In conclusion, theories of human growth and development provide a crucial foundation for person-centred care in health and social care settings. While early stage-based models such as those proposed by Piaget, Erikson, and Freud have significantly shaped understanding, they have also been criticised for their rigidity, cultural bias, and limited applicability to real-world complexity. Contemporary approaches have responded by emphasising the role of environment, relationships, and individual differences, aligning more closely with the principles of person-centred care. Although these theories have informed policy and practice, challenges remain in their application, particularly in avoiding stereotyping and addressing systemic constraints. By adopting more flexible, inclusive, and holistic approaches, health and social care systems can better utilise developmental theories to support individuals in a way that truly respects their unique needs and experiences. Importantly, the integration of developmental theory within these policies supports the achievement of the four key principles of person-centred care. By recognising individuals as unique and evolving, services are better equipped to offer dignity, compassion, and respect, ensuring that care is not only clinically effective but also ethically grounded. Understanding developmental differences also enables the delivery of coordinated and personalised care, as interventions can be tailored to an individual's stage of life, cognitive ability, and social context. Furthermore, drawing on strengths based approaches rooted in developmental theory allows practitioners to support individuals in recognising and developing their own abilities, promoting independence and a more fulfilling life. Ultimately, the alignment between human development theory and person centred principles strengthens health and social

care practice, ensuring that individuals are supported in a way that reflects both their current needs and their potential for growth.

Bibliography:

Care Act. "Care Act 2014." Legislation.gov.uk, 2014,

www.legislation.gov.uk/ukpga/2014/23/contents. Accessed Apr. 2026.

Child Outcomes Research Consortium. Setting the Standard for Personalised Care a Guide for Commissioners of Mental Health Support for Children and Young People PERSON-CENTRED CARE in CHILDREN and YOUNG PEOPLE'S MENTAL HEALTH SERVICES. 2016.

Gee, D.G. and Cohodes, E.M. (2021). Caregiving Influences on Development: a Sensitive Period for Biological Embedding of Predictability and Safety Cues. *Current Directions in Psychological Science*, [online] 30(5), pp.376–383. Available at: <https://pubmed.ncbi.nlm.nih.gov/34675455/> [Accessed Aug. 2026].

Maryville University. "Stages of Human Development: What It Is & Why It's

Important." Maryville Online, [online.maryville.edu/online-](http://online.maryville.edu/online-bachelorsdegrees/human-development-and-family-studies/resources/stages-of-humandevelopment/#theories)

[bachelorsdegrees/human-development-and-family-studies/resources/stages-](http://online.maryville.edu/online-bachelorsdegrees/human-development-and-family-studies/resources/stages-of-humandevelopment/#theories)
[of-humandevelopment/#theories](http://online.maryville.edu/online-bachelorsdegrees/human-development-and-family-studies/resources/stages-of-humandevelopment/#theories). Accessed Apr. 2026.

NHS England. "NHS Long Term Plan." NHS, 2019, [www.england.nhs.uk/long-](http://www.england.nhs.uk/long-termplan/)
[termplan/](http://www.england.nhs.uk/long-termplan/). Accessed Apr. 2026.