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Module name: Principles of Health and Social Care Practice

Module code: BMHP5016

Component 2: Written Assignment / Person-Centered Model

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The Person-Centered Model in Health and Social Care: A Critical Evaluation of Theory, Development, Application and Policy

Introduction

Contemporary health and social care systems operate within increasingly complex social, economic, and demographic contexts, requiring approaches that prioritize both effectiveness and compassion. The person-centered model, originally developed by Rogers (1951), represents a shift from traditional paternalistic care towards a more collaborative and individualized framework. It emphasizes autonomy, dignity, and respect, positioning individuals as active participants rather than passive recipients of care.

Person-centered care is now embedded within UK policy frameworks, including NHS England's personalized care agenda, it means tailoring healthcare services to honor what matters most to each patient (NHS England, 2023). However, despite its widespread

adoption, the model remains contested in both theory and practice. This essay critically evaluates the person-centered model by examining its theoretical foundations, development, and application within health and social care. It also explores its relationship with the social model of disability and the ethics of care, before assessing key limitations and offering recommendations for improvement.

Theoretical Foundations of the Person-Centred Model

The Person-Centered Model is grounded in Rogers' humanistic psychology, which emphasizes the client-counselor partnership. Rogers (1957) identified three core conditions—congruence, warm acceptance, and empathic understanding—as indispensable and sufficient for facilitating personal growth. These conditions create an environment of trust and acceptance, enabling individuals to explore their experiences and develop greater self-awareness.

Integral framework is the actualization drive, which refers to the innate capacity for growth, autonomy, and self-directed change (Rogers, 1961). This perspective underpins the model's emphasis on empowerment and personal agency. However, it has been criticized for its idealistic assumptions, as it may underestimate the impact of structural inequalities, trauma, and social constraints on individuals' ability to self-actualize (Tudor, 2022).

Furthermore, the model's focus on individual experience has been challenged for insufficiently addressing power imbalances within care relationships. Mitchell, Cribb and Entwistle (2022) argue that its conceptual ambiguity can limit its application in complex healthcare systems. This suggests that while the person-centered model provides a strong ethical foundation, its theoretical assumptions require contextual adaptation to remain effective in practice.

The Social Model of Disability and Ethics of Care

The Social Model of Disability (SMD) reframes disability as a product of societal barriers rather than individual impairment. It remains central to challenging discrimination and promoting equality (Tostes and Cury, 2021). However, its rigid distinction between impairment and disability has been criticized for oversimplifying lived experience.

In contrast, the Ethics of Care emphasizes relational interdependence, empathy, and moral responsibility within care interactions. It highlights how suffering can be co-constructed through relationships between patients and professionals, particularly in cases of invisible disabilities (Christopoulos and Peter, 2025). This perspective challenges the notion that

suffering is solely individual, drawing attention to emotional and epistemic dimensions of care.

Integrating these approaches strengthens person-centered care by addressing both structural and relational dimensions. This synthesis enhances its ability to respond to inequality while remaining sensitive to individual lived experience.

Development and Evolution of the Person-Centred Model

Since its emergence in the 1950s, the person-centered model has expanded beyond psychotherapy into wider health and social care contexts. In the UK, this shift is reflected in legislation such as the Care Act 2014, which promotes active involvement in care decisions. NHS England's personalized care framework further reinforces this approach through shared decision-making and individualized care planning (NHS England, 2023).

However, this expansion has contributed to conceptual ambiguity. Mitchell et al. (2022) argue that person-centered care is often used as a broad and inconsistently defined concept, leading to variation in practice. This raises concerns that it may function more as a policy ideal than a consistently applied approach.

Technological developments have also influenced its evolution. While digital tools offer opportunities for personalized care, they may also exacerbate inequalities for individuals with limited access or digital literacy. This highlights the need for critical evaluation to ensure inclusivity.

Critiques and Challenges in Implementation

Despite its widespread acceptance, the person-centered model faces several significant challenges. Its conceptual vagueness limits its measurability and consistency in practice (Mitchell et al., 2022).

Rogers' relationship with psychiatry highlights tensions between relational and medicalized approaches. While he prioritized empathy over diagnosis, modern healthcare systems often emphasize clinical frameworks, creating potential conflicts in care delivery (Oberreiter, 2025).

The model has also been criticized for its individualistic focus. By prioritizing autonomy, it may overlook broader social and structural influences on health, limiting its capacity to address inequality. Furthermore, the assumption that all individuals can actively participate in decision-making is problematic. For those with cognitive impairments or complex needs, meaningful participation requires additional support, creating a tension between autonomy and protection.

Practical constraints further hinder implementation. Workforce shortages, time pressures, and limited resources restrict practitioners' ability to deliver personalized care. The Care Quality Commission (2025) identifies a persistent gap between policy and practice, with efficiency often prioritized over relational care.

Additionally, the emotional demands placed on professionals can contribute to burnout, particularly in under-resourced settings. Collectively, these challenges highlight a fundamental tension between the model's humanistic ideals and the realities of contemporary healthcare systems.

Application in Health and Social Care Policy and Practice

Person-centered care is a central component of UK health and social care policy, underpinning frameworks that prioritize dignity, respect, and individual choice (Care Quality Commission, 2025). It is implemented through practices such as personalized care planning, shared decision-making, and holistic assessment.

These approaches have been associated with improved outcomes, particularly for individuals with chronic disease (NHS England, 2023). The integration of the social model of disability has supported more inclusive practices, while the ethics of care has strengthened relational aspects of care delivery.

However, implementation remains uneven. Organizational culture, resource limitations, and systemic inequalities continue to restrict its effectiveness. This indicates that while person-centered care is well established in policy, its translation into practice is inconsistent and context dependent.

Recommendations for Policy and Practice

To enhance the effectiveness of person-centered care, several improvements are required. Investment in staff training is essential to support the development of relational and communication skills (Higgerson et al., 2019).

Organizations must also provide adequate resources, including staffing, time, and leadership support, to enable meaningful implementation (Edgar et al., 2020). Promoting genuine coproduction is equally important, ensuring that service users are actively involved in shaping care.

Integrating the social model of disability can help address structural barriers and improve equity. Additionally, clearer evaluation frameworks are needed to enhance accountability while maintaining flexibility.

These recommendations demonstrate that effective person-centered care requires both individual and systemic change. Without addressing structural constraints, its implementation risks remaining aspirational rather than transformative.

Conclusion

The person-centered model represents a significant shift towards more compassionate and individualized care. Its integration with the social interpretation of disability and the ethics of care provides a comprehensive framework that addresses both structural and relational dimensions of health and social care.

However, conceptual ambiguity, practical constraints, and systemic inequalities continue to limit its effectiveness. Addressing these challenges requires coordinated efforts across policy, practice, and organizational levels.

Ultimately, while person-centered care remains a vital framework, its success depends on its ability to move beyond policy rhetoric and be consistently embedded in practice. Sustained critical engagement and structural reform are essential to ensure it meets the abilities and life experiences.

References:

Care Quality Commission (2025) *State of health and adult social care in England: 2024 to 2025*. [online] Available at: <https://www.gov.uk/government/publications/state-of-health-andadult-social-care-in-england-2024-to-2025> (Accessed: 27 April 2026).

Christopoulos, T. and Peter, E. (2025) 'An ethics of care, relational suffering, and contested invisible disability', *Journal of Bioethical Inquiry*, 22(3). Doi: <https://doi.org/10.1007/s11673-024-10416-1>

Department of Health and Social Care (2021) *People at the heart of care: adult social care reform white paper*. [online] Available at: <https://www.gov.uk/government/publications/people-at-the-heart-of-care-adult-social-carereform-white-paper> (Accessed: 28 April 2026).

Edgar, D., Wilson, V. and Moroney, T. (2020) 'Which is it, person-centered culture, practice or care? It matters', *International Practice Development Journal*, 10(1), pp. 1–17. Doi: <https://doi.org/10.19043/ipdj.101.008>

Higgerson, J., Ewing, G., Rowland, C. and Grande, G. (2019) 'O-21 recommendations for comprehensive, person-centered carer support: UK survey of current provision', *BMJ*

Supportive & Palliative Care, 9(4). doi: <https://doi.org/10.1136/bmjspcare-2019-huknc.21>

Mitchell, P., Cribb, A. and Entwistle, V. (2022) 'Vagueness and variety in person-centered care', *Wellcome Open Research*, 7, p. 170. Doi: <https://doi.org/10.12688/wellcomeopenres.17970.1>

NHS England (2022) *Personalized care*. [online] Available at: <https://www.england.nhs.uk/personalisedcare/> (Accessed: 29 April 2026).

NHS England (2023) *2023/24 priorities and operational planning guidance*. [online] Available at: <https://www.england.nhs.uk/wp-content/uploads/2022/12/PRN00021-23-24-priorities-andoperational-planning-guidance-v1.1.pdf> (Accessed: 29 April 2026).

Oberreiter, D. (2025) 'Carl Rogers and psychiatry', *Person-Centered & Experiential Psychotherapies*, 25(1), pp. 1–19. doi: <https://doi.org/10.1080/14779757.2025.2529198>

Palmer, B. (2025) 'Individual and social growth: a commentary on "Carl Rogers' struggle to be 'real'", *Theory & Psychology*, 35(4). doi: <https://doi.org/10.1177/09593543251352440>

Rogers, C. (1951). *Client-centered therapy; its current practice, implications, and theory*. [online] psycnet.apa.org. Available at: <https://psycnet.apa.org/record/1952-01516-000>

Rogers, C. (1957). *The necessary and sufficient conditions of therapeutic personality change*. [online] psycnet.apa.org. Available at: <https://psycnet.apa.org/record/1959-00842-001> Rogers, C. (1961). *Rogers, CR. (1961) On Becoming a Person A Therapist's View of Psychotherapy. Houghton Mifflin, Boston. - References - Scientific Research Publishing.* [online] www.scirp.org. Available at: <https://www.scirp.org/reference/ReferencesPapers?ReferenceID=2038491>

Shepherd, G. (2023) 'Humanistic person-centered set facilitation', *Action Learning: Research and Practice*, 21(1), pp. 1–13. doi: <https://doi.org/10.1080/14767333.2023.2262403>

Tostes, G.W. and Cury, V.E. (2021) 'Psychological intervention in psychotic crisis: a person-centered approach', *Estudos de Psicologia (Campinas)*, 38. doi: <https://doi.org/10.1590/1982-0275202138e200106>

Tudor, K. (2022) 'There and back again: re-envisioning relationship therapy as the Centre of a contemporary, cultural, and contextual person-centered therapy', *Person-Centered & Experiential Psychotherapies*, 21(2), pp. 1–19. doi: <https://doi.org/10.1080/14779757.2022.2066562>