Course Companion for BTEC Nationals (AAQ) in Health and Social Care

Unit 1: Human Lifespan Development

zigzageducation.co.uk

POD 12817

Contents

Product Support from ZigZag Education ii
Terms and Conditions of Use iii
Teacher's Introduction 1
Chapter A: Human growth and development through the life stages 2
A1: Physical development across the life stages 2
Revision Questions (A1: Physical development) 11
A1: Intellectual development across the life stages 12
Revision Questions (A1: Intellectual development) 17
A1: Emotional development across the life stages 18
Revision Questions (A1: Emotional development) 25
A1: Social development across the life stages 26
Revision Questions (A1: Social development) 30
Chapter B: Factors affecting human growth and development across each life stage 31
B1: Genetic factors 31
B2: Lifestyle factors 33
Revision Questions (B1 and B2: Genetic and lifestyle factors) 35
B3: Health inequalities 36
Revision Questions (B3: Health inequalities) 39
Chapter C: Health and social care promotion, prevention and treatment at different life stages 40
C1: Prevalent health conditions 40
Revision Questions (C1: Prevalent health conditions) 43
C2: Health and social care promotion and prevention 44
Revision Questions (C2: Health and social care promotion and prevention) 47
C3: Health and social care professionals 48
Revision Questions (C3: Health and social care professionals) 54
C4: Personalised care and multidisciplinary working 55
Revision Questions (C4: Personalised care and multidisciplinary working) 56
Answers to Revision Questions 57
Chapter A: Human growth and development through the life stages 57
A1: Physical development 57
A1: Intellectual development 58
A1: Emotional development 60
A1: Social development 61
Chapter B: Factors affecting human growth and development across each life stage 63
B1 and B2: Genetic and lifestyle factors 63
B3: Health inequalities 64
Chapter C: Health and social care promotion, prevention and treatment through the life stages 66
C1: Prevalent health conditions 66
C2: Health and social care promotion and prevention 68
C3: Health and social care professionals 69
C4: Personalised care and multidisciplinary working 70

Terms and Conditions of Use

Terms and Conditions

Please note that the **Terms and Conditions** of this resource include point 5.3, which states:

> **"You acknowledge that you rely on your own skill and judgement in determining the suitability of the Goods for any particular purpose."**

"We do not warrant: that any of the Goods are suitable for any particular purpose (e.g. any particular qualification), or the results that may be obtained from the use of any publication, or expected exam grades, or that we are affiliated with any educational institution, or that any publication is authorised by, associated with, sponsored by or endorsed by any educational institution."

Copyright Information

Every effort is made to ensure that the information provided in this publication is accurate and up to date but no legal responsibility is accepted for any errors, omissions or misleading statements. It is ZigZag Education's policy to obtain permission for any copyright material in their publications. The publishers will be glad to make suitable arrangements with any copyright holders whom it has not been possible to contact.

Students and teachers may not use any material or content contained herein and incorporate it into a body of work without referencing/acknowledging the source of the material ("Plagiarism").

Disclaimers

This publication is designed to supplement teaching only. Practice questions may be designed to follow the content of a specification and may also attempt to prepare students for the type of questions they will meet in the examination, but will not attempt to predict future examination questions. ZigZag Education do not make any warranty as to the results that may be obtained from the use of this publication, or as to the accuracy, reliability or content of the publication.

Where the teacher uses any of the material from this resource to support examinations or similar then the teacher must ensure that they are happy with the level of information and support provided pertaining to their personal point of view and to the constraints of the specification and to others involved in the delivery of the course. It is considered essential that the teacher adapt, extend and/or censor any parts of the contained material to suit their needs, the needs of the specification and the needs of the individual or group concerned. As such, the teacher must determine which parts of the material, if any, to provide to the students and which parts to use as background information for themselves. Likewise, the teacher must determine what additional material is required to cover all points on the specification and to cover each specification point to the correct depth.

ZigZag Education is not affiliated with Pearson, Edexcel, OCR, AQA, WJEC, Eduqas, SQA, CCEA, CIE, NCFE, International Baccalaureate Organization or DFE in any way nor is this publication authorised by, associated with, sponsored by or endorsed by these institutions unless explicitly stated on the front cover of this publication.

Links to other websites, and contextual links are provided where appropriate in ZigZag Education publications. ZigZag Education is not responsible for information on sites that it does not manage, nor can we guarantee, represent or warrant that the content contained in the sites is accurate, legal and inoffensive, nor should a website address or the inclusion of a hyperlink be taken to mean endorsement by ZigZag Education of the site to which it points. This includes websites that users are directed to via the convenient zzed.uk short URLs.

Acknowledgements

In addition, some material in this publication is, where stated, licensed under the Creative Commons or GNU licenses. You are free to reproduce this material according to the terms and conditions below:

The following images are licensed under **Creative Commons Attribution ShareAlike 3.0 License**. These are reused and distributed under the terms and conditions found at: **http://creativecommons.org/licenses/by-sa/3.0/**

- Image of prefrontal cortex, courtesy of Erik Lundström

Teacher's Introduction

This is a Course Companion for **Unit 1: Human Lifespan Development**, part of Pearson's BTEC Level 3 National Extended Certificate in Health and Social Care (AAQ). The aim of this resource is to guide students through the core content of this unit, providing them with in-depth information that covers each of the specification points. This resource aims to provide students with the knowledge and skills that will help them succeed in the assessment for this unit.

Remember!
Always check the exam board website for new information, including changes to the specification and sample assessment material.

For clarity and ease of use, the content of this Course Companion matches the order of the specification points. The content is structured as follows against the unit's content:

Chapter	Content
A: Human growth and development through the life stages	• A1 Physical, intellectual, emotional and social development at each life stage
B: Factors affecting human growth and development across each life stage	• B1 Genetic factors • B2 Lifestyle factors • B3 Health inequalities
C: Health and social care promotion, prevention and treatment at different life stages	• C1 Prevalent health conditions • C2 Health and social care promotion and prevention • C3 Health and social care professionals • C4 Personalised care and multidisciplinary working

Throughout the resource, there are key features to keep an eye out for:

Keywords
Used to draw students' attention to various keywords throughout the unit.

Did you know?
Provides further information and additional content to inspire students.

Case study
Helps students to apply the issues identified in the resource to real-world scenarios.

Applied activity
Encourages application of knowledge to the case studies or to real-world scenarios in the health and social care sector.

Research activity
Inspires further research and can be used to stretch and challenge higher-ability students.

Some of the activities can be completed using either computers, mobile phones or tablets to aid students' research, and/or can be completed outside the classroom as homework.

There are also two sets of **questions** – *Checking my understanding* and *Developing my understanding* – provided at the end of each section (with answers included). These should help students recap their knowledge and then apply their knowledge and understanding, respectively, throughout the Course Companion.

June 2025

Chapter A: Human growth and d through the life stage

Growth and **development** are ongoing processes throughout a person's life. How different factors shape how we go through these stages. Growth and developme factors, such as a person's genetics, their age and the life stage they are in (e.g. w adult), as well as external factors like the environment (e.g. access to food and cl factors (e.g. how gender can shape life and expectations).

A life stage is defined by age in years, and for the purpose of this BTEC the age b

Infancy	Early childhood	Adolescence	Early adulthood	Middle adulthood
0–2 years	3–8 years	13–18 years	19–45 years	46–69 years

Applied activity

As you explore physical, intellectual, emotional and social development across the life stages, consider how these areas influence one another. For example, vision or hearing loss is a physical change, but how might it affect an individual's intellectual abilities, social interactions, and emotional well-being?

Ke
Gro
mas
Dev
of sk

A1: Physical development across th

Physical development involves the changes that occur in a person's body and mot adulthood. These changes usually follow a clear pattern, but they can be affected the environment, and lifestyle choices. As people go through life, they experienc affect their health, abilities and overall well-being. Understanding these changes social care professionals, so they can help support individuals at every life stage o of this chapter, you should have a clear understanding of what happens in these s from infancy to later adulthood.

Infancy (birth – 2 years)

This life stage is critical for physical development and growth, as it shapes how a child develops throughout their life. Infants grow quickly in height and weight, often doubling their birth weight by around five months. During this stage, they start developing basic motor skills such as crawling and walking. They also improve their senses, including vision and hearing, as well as their coordination, which helps them reach for and grab things. These early skills make this stage key for a child's development as they grow.

Rapid growth: height and weight

Growth is fast during infancy, with weight typically tripling by the end of the first y
end of the second year. During this period, bones and muscles strengthen and gr
achieve important developmental milestones such as crawling and taking their fir

At birth, a baby's body is completely out of proportion compared to an adult. The
their legs are shorter in relation to the rest of their body. Babies are also born wit
(you can feel these soft spots by gently touching the top of a baby's head), known
soft spots in an infant's skull. These soft spots allow the brain to grow and expand during infancy, as the brain grows more rapidly than the bones can develop and fuse. By the age of 18 months to two years, the fontanelles will have fused together and the brain will have tripled in weight and reached 80% of the size of an adult brain. During this stage, head circumference will have increased from around 35 centimetres to around 48 centimetres.

Rese
Compa
and gi
which
betwe
zzed.u

Development of gross and fine motor skills

During infancy, the development of both gross and fine motor skills can progress r
involve the large muscle groups (such as legs, arms and torso). Gross moto
as a child is born. Infants typically begin by gaining control over their head and ne
to hold their head up without assistance. As they grow, they then start to crawl, p
take their first steps, usually around the age of one.

Fine motor skills, on the other hand, involve smaller muscle movements, such as in t
months, infants develop the ability to grasp objects with their whole hand. This skill
Over time, this skill will become more advanced, and will eventually lead to the deve
around 9–12 months, allowing infants to pick up small objects between their thumb
skills are essential for tasks such as feeding themselves and the use of tools such as s

Keywords

Palmer grasp: a primitive reflex in infants where they instinctively close their hand aroun

Pincer grasp: a fine motor skill which involves using thumb and index finger to pick up sm

Meeting milestones and expected development

Milestones are important signs of normal development and help health professionals understand an infant's progress. These milestones provide a ***general*** guide and each child will develop at their own pace. Any delays identified early in a child's development allow health and social care practitioners to provide timely support and interventions, helping infants reach their full potential in physical development.

Case st
Lily's son, T
struggling
and althou
struggles t
help him to
Toby is oft
to become
concern an
help from

Physical milestones that infants might go through during thi
stage include:

Age	Physical milestone
By 6 months	✓ Roll over from tummy to back and vice versa ✓ Use hands to support themselves whilst sitting
By 9 months	✓ Sit up unassisted ✓ Crawl
By 12 months	✓ Stand up unassisted ✓ Take their first steps
By 18 months	✓ Stack 2–3 blocks ✓ Feed themselves ✓ Walk independently
By 2 years	✓ Run ✓ Climb stairs with support

Note that development of milestones may vary between sources.

Applied
Read the c
milestones
19 months
seek profe

Researc
Research m
note down
0 and 2 ye
zzed.uk/1

Early childhood (3 to 8 years)

During early childhood, a child's body continues to grow. Their bones lengthen and muscles get stronger, which allows children to become more in control of their body movements (fine and gross motor skills) and interact with their environment. Let's explore the key physical changes that take place during this stage in more detail!

Continued growth: height and weight

A child's height and weight will continue to increase steadily, and their body will look more in proportion. However, their l[illegible] still be shorter compared to adults, making up ab[illegible] of their body, compared to half in adults. On av[illegible] children grow about 6–7 centimetres in height each [illegible].

Di
Aro
dev
age

Further d[illegible]op[illegible]ent of gross and fine motor skills

Between th[illegible]s, children improve their motor skills. They become more balanced, coordinated, and confident in activities like running, jumping and climbing, which leads to smoother movements. Their **hand–eye coordination** also improves, and by age eight, they can do tasks with more skill and precision.

K
Ha
use
in p
a b

Here are some examples of fine and gross motor skills across the age ranges:

Age	Fine motor skills	Gross motor skills
3–4 years	• Hold a crayon with fingers • Turn pages in a book • Build towers with small blocks	• Walk upstairs with • Run and jump • Walk on tiptoes
4–5 years	• Use scissors (may not be precise) • Colour within lines • Button and unbutton clothes	• Skip and hop • Kick and catch a b • Balance on one fo
5–6 years	• Draw basic shapes • Tie shoe laces • Dress and undress independently	• Ride a bike with st • Skip with a rope
6–7 years	• Write letters and simple words • Use a knife and fork correctly • Complete puzzles	• Basic coordination • Develop hand–eye
7–8 years	• Precision cutting with scissors • Complete intricate crafts	Ride a bike withou • Improved accurac

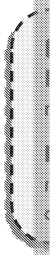
Note that development of milest[illegible]s m[illegible]ary between sources.

Case s[illegible]
Alex is a [illegible]ear-old in a nursery class. While many of his peers are confidently engaging in conversations and building intricate block structures, Alex appears to be more reserved. He speaks fewer words, has difficulty following verbal instructions, and prefers solitary activities. The teacher observes these differences and notices that Alex's developmental progress seems to be at a different pace compared to some of his peers.

App[illegible]
Discuss
recogn
individ
differe
setting
create
that co
develo

Adolescence (9 to 18 years)

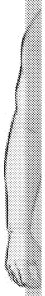
Puberty is a key part of adolescence, characterised by rapid physical changes caused by hormones secreted by the pituitary gland, which alter the body shape, cause growth spurts and help develop the ability to reproduce. **Hormones** are chemical messengers, secreted directly into the blood from the glands in the endocrine system.



Primary sexual characteristics

Primary sexual characteristics refer to the organs directly involved in reproduction, which undergo significant changes during puberty.

- In boys, the pituitary gland stimulates the testicles to produce testosterone, leading to the enlargement of the penis and testicles, and the onset of sperm production.
- In girls, the pituitary gland triggers the ovaries to produce oestrogen, which initiates ovulation and menstruation, allowing girls to reproduce as the



Secondary sexual characteristics

Secondary sexual characteristics are physical features that develop during puberty but are not directly involved in reproduction.

- In boys, the increase in testosterone results in the growth of facial, underarm and pubic hair. It also leads to deepening of the voice, and an increase in muscle mass.
- In girls, oestrogen promotes the development of breasts, the growth of underarm and pubic hair, and the broadening of the hips.

These changes contribute to the often distinct physical differences between male and female bodies.

Did you know?
Boys typically start puberty later than girls.

Hormonal changes

The hormonal changes during puberty are coordinated by the endocrine system, which secretes hormones that act as chemical messengers in the body. These ho development of both primary and secondary sexual characteristics and are respo maturation that occurs during adolescence. By the age of 18, most girls and ma height, marking the end of this critical developmental p

Research activity
With a partner, discuss ho changes during puberty impact the physical, intell development of ad

Early adulthood (19 to 45 years)

In the early adulthood stage, the body reaches full physical maturity.

Physical maturity

Boys typically reach their full adult height around the age of 20, while girls usually around age 18. Both genders will continue to develop muscle mass and gain body as diet, exercise and lifestyle choices. At this stage, we are at our peak physical c strength, sensory abilities, reaction times and cardiovascular fitness.

Fertility

Fertility is an important stage during early adulthood, particularly for women. It peaks in the early 20s and gradually declines after 35 years of age, with a more noticeable decline after 35. For men, fertility gradually declines with age, due to changes in sperm quality and quantity.

Pregnancy

During early adulthood, some women may become pregnant and have children. shape of the body, both internally and externally, as it accommodates the growin pregnancy by expanding the uterus and increasing blood flow. In later pregnancy relaxing certain ligaments around the pelvis.

Lactation

During late pregnancy, breasts prepare for breastfeeding, including an increase in development of milk-producing tissues. Lactation begins after childbirth with hor production and secretion of milk.

Brain growth and synaptic pruning

The brain continues to grow and develop during early adulthood.
The following are the key changes which occur:

The **prefrontal cortex** is part of the brain (shown in the image, right) that is responsible for making decisions, planning, controlling impulses and regulating emotions. It continues to develop into the early 20s and research suggests it reaches full maturity around the age of 25, although this can vary between individuals.

Did you know?
While you're reading this you might be focusing on staying engaged with the material instead of letting your attentio wander. Your prefrontal cortex is helping you contro impulse!

During the early 20s the prefrontal cortex undergoes some changes:

1. **Myelin** The brain forms a fatty substance (myelin) to insulate and prote signals faster and more effectively between neurons (neural communi
2. **Synaptic pruning:** The brain removes weaker or less active neural connectio process) that allows the brain to work more effectively. It strengths importa important pathways. What we experience in life, such as learning new skills determines which brain pathways get stronger and which ones fade away.

The development of the brain may suggest why, as we pass our early 20s, we are regulate our emotions better.

Middle adulthood (46 to 69 years)

During this stage, men and women start to show physical signs of ageing, such as greying hair, losing hair or getting wrinkles. The onset of these signs varies among individuals. Some may have noticed these changes in early adulthood, but they become more pronounced during this life stage.

Declines in physical strength, vision and hearing loss

Muscle and bone changes

As people age, both men and women will notice a decrease in muscle mass, and the ratio of fat to muscle tends to increase, leading to weight gain. Individuals in this stage may also get shorter, due to the compression/flattening of the intervertebral discs of the spine, as a result of dehydration. Bone density also continues to decrease and some adults may experience **osteoporosis**, where the bones become brittle and

It is important to remember that ageing differs between men and women due to hormonal changes. Women will experience bone density loss earlier than men and it is accelerated for women post-menopause. Men will have a gradual decline in testosterone levels, which leads to the gradual reduction in muscle mass and bone density.

Sensory changes

Ageing can also affect sensory functions such as vision and hearing. While these changes individuals, they tend to progress with age. These changes have the potential to make harder for individuals to perform everyday tasks.

It is common during this life stage to develop a condition called presbyopia, which is when our eyes lose the ability to change focus quickly from faraway objects to closer objects. Following conversations in noisy, crowded places also becomes more difficult because the sensory hair cells in the inner ear deteriorate over time. This makes it harder to distinguish between different sounds. For example, adults in this life stage may start to struggle with understanding speech in a busy restaurant.

Did yo
Exposure
the sens
leading
hearing
stage of
importa

Perimenopause and menopause

Perimenopause, the transitional phase before the menopause where the ovaries start producing less oestrogen, usually begins in a woman's 40s, but can occur earlier or later. It can last 4–10 years. During perimenopause, women may notice changes in their menstrual cycle as oestrogen levels decline.

Eventually, perimenopause leads to menopause, which is marked by the **cessation of menstruation**. Menopause occurs when the ovaries stop releasing eggs, and menstruation stops completely. A woman is considered to have reached menopause when she has not had a period for 12 months straight. After menopause, a woman is unable to have children naturally.

Symptoms of perimenopause and menopause include some of the following:

- Hot flushes and night sweats
- Vaginal dryness
- Physical strength declining
- Weight gain
- Joint pain related to wear and tear
- Mood swings, irritability and anxiety

Did
Indiv
these
few.
expe

Changes linked to lifestyle

During middle adulthood, physical changes become more noticeable and are ofte
After reaching a physical peak in early adulthood, muscle mass, strength and met
This can lead to weight gain. Ageing can also lead to reduced bone density (incre
well as decreased skin elasticity, which leads to wrinkles. The connective tissues,
also lose elasticity, which can lead to joint stiffness and discomfort, often associat
and tear.

Positive lifestyle factors can help slow these changes and promote overall health,
accelerate ageing and increase health risks. For example, regular exercise and a b
muscle mass and bone strength, while habits such as smoking or chronic stress ca
Let's look at some examples:

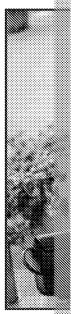
Positive lifestyle fact	Negativ
✓ Eating a balanced diet and fruits, vegetables and lean proteins	✗ Smoking
✓ Man stress well	✗ Alcohol consumpt
✓ Regul alth screenings	✗ Chronic stress
✓ Staying active	✗ Poor diet
✓ Strength training and cardiovascular activities	✗ Lack of physical ac
✓ Taking care of mental health	✗ Poor sleep quality
✓ Maintaining strong social connections	✗ Missing health che
	✗ Neglecting mental

Research activity

Research **four** of these specific lifestyle factors (either positive,
or both) which can affect ageing and explain how they do this.

Late adulthood (70 to 84 years)

In late adulthood, the body undergoes significant physical changes that can affect overall health, mobility and function. Bone density continues to decrease, often leading to osteoporosis. This increases the risk of fractures, especially in the hips and spine. Muscle mass and strength also decline, impacting balance and coordination. These changes mean a small trip, that might have been harmless earlier in life, can result in a serious injury such as a broken hip.



Additionally, the brain also experiences something kn s **trophy**, which can lead to challenges in memory, problem so and sensory functions, including hearing and vision. The immune system also weakens, making older adults more sus ible to common illnesses such as influenza. Let's look at these changes in more detail.

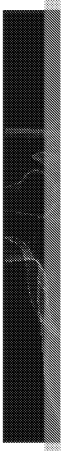
Did you know?

COVID-19 mortality rates were highest among older adults: 92.3% of COVID-19 deaths were in people aged 60 and over; over half (58.3%) were aged 80 and over.[1]

[1] https://www.gov.uk/government/publications/covid-19-reported-sars-cov-2-deaths-in-england/covid-19-confi
2022-report

Cardiorespiratory system decline

During this life stage, the cardiorespiratory system will begin to decline, leading to reduced efficiency of the heart and lungs. As a result of this inefficiency, lung capacity decreases, making it harder for the body to take in enough oxygen during physical activity. The arteries also begin to thicken and the heart may become weaker, reducing its ability to pump blood around the body. These changes can lead to decreased stamina and increased fatigue during physical activity.



Reduced lung capacity and a decrease in the elasticity of blood vessels (e.g. arteries) means the body cannot deliver oxygen and nutrients to the muscles and organs, which can contribute to an individual feeling more tired and they may feel they cannot perform the physical activities they once could.

Although these changes are natural, lifestyle choices such as eating a balanced die as walking, swimming, cycling, can help slow the decline in cardiorespiratory he

Did you know?

High blood pressure (hypertension) is more common in older adults because their arteries This makes the heart work harder, which can lead to problems such as heart disease.

Atherosclerosis is another condition where fatty deposits build up in the arteries, making t blood flow, leading to a higher risk of heart attacks and strokes, and causing people to f do physical activities.

Decline in cognitive function

As people age, brain cells lose the ability to function, leading to a decline in cogni attention and problem-solving. Most cognitive decline is a normal part of ageing individuals. Cognitive decline can affect older adults' independence, social intera We'll explore these intellectual impacts in more detail later!

Reduced mobility

Everyday activities such as walking or climbing stairs can become more challenging as a result of old age. This is down to factors such as muscle weakness and joint pain, as well as chronic health conditions such as arthritis. Reduced mobility means older adults become increasingly dependent on others and increases the risk of falls.

Joint degeneration, such as osteoarthritis, causes the cartilage in joints to wear down, leading to pain, stiffness and reduced mobility. This makes it difficult for individuals to perform everyday activities, such as walking or climbing stairs, which will significantly impact their independence. Over time, the discomfort and reduced joint function will lead to decreased physical activity. However, assis frames, canes, or wheelchairs can help individuals maintain their independence b the risk of falls and allowing them to move around more confidently and safely.

Case study

Jenny, 74, has been experiencing a decline in her physical ability over the past few years. She has osteoarthritis in her knees and hips, causing pain and stiffness, especially in the mornings. She also feels weaker and unsteady due to muscle loss, making it harder to climb stairs and walk long distances. Recently, she has had several falls due to balance problems. Jenny lives alone on the second floor of her apartment. She enjoys gardening and walking, but these activities have become more difficult.

Later adulthood (85+ years)

By this life stage, individuals experience even greater physical changes. Muscle m continues to decrease, as well as bone density and a loss of elasticity in ligaments tendons. These transformations lead to decreased flexibility, increased stiffness, changes in mobility and balance, all of which can negatively impact overall health quality of life. The risk of developing chronic illnesses, such as arthritis, diabetes, cardiovascular disease, also increases.

Together, these conditions often make individuals more dependent on others for support, reducing their ability to live independently.

Decreased muscle mass and bone density

As people reach later adulthood, the loss of muscle mass becomes more pronoun everyday tasks such as lifting objects or standing up more difficult. At the same ti decrease, which can make bones more fragile and prone to fractures. This combi more brittle bones increases the risk of falls and injuries. These changes can mak stay active, which is essential for maintaining overall health and independence.

Changes in skin

The skin also undergoes noticeable changes in later adulthood. It becomes thinne less elastic, and tears easily due to lack of **collagen**, **elastin** and fat. As a result, the skin is more vulnerable to injury, and the skin's ability to heal from cuts or wounds slows down. Additionally, the skin may become drier and more sensitive, which can lead to discomfort and itching. These changes can affect an individual's appearance and make them more susceptible to skin conditions, such as infections or pressure sores, especially if they are less mobile.

Keywor
Collagen is found in yo bones, mus keep them

Elastin is a that provid skin and ot

Further deterioration of vision and hearing

Vision and hearing tend to deteriorate further in later adulthood. Common vision problems include cataracts and glaucoma, which can lead to blurred vision or even blindness if left untreated. Hearing loss is also prevalent, making it difficult for individuals to communicate with others, enjoy conversations, or hear important sounds, e.g. alarms. These sensory changes can contribute to feelings of isolation and frustration, as well as increase the risk of accidents, such as falls or injuries due to missed visual or auditory cues.

Chronic and long-term health conditions

Many individuals in this life stage may be living with conditions such as heart disease, diabetes, arthritis, and high blood pressure.

- Arthritis can cause joint pain and stiffness, further limiting mobility.
- Diabetes may lead to complications including nerve damage and poor circulation, which worsen physical decline.
- Cardiovascular disease can reduce stamina and increase fatigue, making even si

These illnesses can be challenging to manage and often require ongoing medical c adjustments. Pain from conditions such as osteoarthritis can limit mobilit individuals participate in activities they enjoy. Managing multiple health issues can have a significant impact on an individual's quality of life.

Applied act
Write a short 'D perspective of a yourself in thei they may face a Reflect how thes their daily routi interactions with

Continued physiological decline

Individuals will continue to experience physiological decline including muscle strength, reduced bone density and slower metabolism. Organ function is likely to decline, impacting the heart, lungs and kidneys, which in turn makes the individual more vulnerable to illness.

Revision Questions (A1: Physical devel

Checking my understanding:

1. Define the terms 'growth' and 'development'.
2. At what life stage do males and females reach their adult height?
3. Using an example, outline what is meant by a 'developmental m
4. Give **two** examples of growth milestone[s] of an infant.
5. Explain **two** physical chang[es] that occur during the later adulthood

Developing understanding:

Scenario: *John is 55 years old and has recently noticed some changes in h finding it harder to keep up with his grandchildren when they play togeth with some tasks at work that require good hand–eye coordination.*

1. Explain **two** physical changes that John may be experiencing at
2. Describe how **two** lifestyle factors could influence John's physica
3. Explain how changes in John's cardiorespiratory system may affe physical abilities.
4. Describe **two** ways the physical changes John is experiencing du stage may impact his daily living activities, and suggest **two** stra use to adapt and maintain his independence.

A1: Intellectual development across

The brain is a complex organ and neuroscientists are still learning so much about
and declines as we age. The human brain is much larger in proportion to our bod
animals, which is one reason why humans can think, learn and process informatio
development refers to changes in the way we think, learn, reason and problem-s
each life stage.

Infancy (birth to 2 years)

At birth, our brain contains nearly all the brain cells, or neu s, that we will ever have. However, because the majority of thes u s are not 'joined up', the baby's brain does not function in th m ay as an adult's brain. It is important to note that early d t kills that happen during this life stage lay the foundation fo elopment of skills in later life.

Interacti h the environment and manipulating objects

During infancy, babies explore their surroundings by touching, grabbing and **manipulating objects**. This hands-on exploration helps them learn about the world around them, developing their understanding of cause and effect, and improving their problem-solving skills. This explains why infants often put things in their mouths or play with everything they can reach. It's how they learn!

Keywords
Manipulating objects: handling, moving or interacting with objects in

Recognising familiar faces

Infants begin to recognise and show a preference for familiar faces, such as parents few months. This recognition is a key part of their social and emotional developme and attachment. They may begin to imitate facial expressions, play peek-a-boo and

Communicating

During this life stage, infants' main communication is by crying and cooing and gradually progressing to babbling. By the end of this stage, most infants can understand basic words and phrases, and they may begin to form their first words, laying the foundation for language development.

Research a
Research the r
the intellectua
activities such
responding to

Early childhood (3 to 8 years)

In early childhood, intellectual development is noticeable due to changes in langu
understanding. Children will begin to think more logically and start to understanc
and numbers. Additionally, their memory improves, enabling them to learn and r
the stage for formal education.

The table below indicates intellectual development and what happens during earl

Increase in vocabulary skills and talking sentences	They move from using single words to forming more
them to express their thoughts and feelings more cle
stage, most children can hold conversations, tell stori
Counting	Understands simple math matical concepts. Begins t
concepts, starting wi h c ting from 1 to 10 and gra
and unde tan higher numbers. They also start to g
a an e form simple mathematical tasks.
Increase i le solving	hildren begin to develop the ability to solve more co
them to understand the world around them. Whethe
complete a puzzle, navigating an obstacle, or negotia
their ability to reason and make decisions improves a
Knows basic information about self	As a child grows, they start to form an awareness and
identity. In early childhood this can look like recogni
are, such as their name, gender, likes and dislikes and
helps children to recognise they are separate from ot
intellectual development.

Applied activity
It's time for you to come up with a case study! Apply at least two of these intellectual de
scenario for a child aged 3–8 years.

Adolescence (9 to 18 years)

During adolescence, intellectual development takes a significant leap as young people begin to think more complexly and critically.

Abstract thinking

Young people begin to understand abstract concepts such as justice, freedom and **morality**. These key milestones mark a shift in their thinking, allowing them to consider ideas that aren't immediately obvious or physically present.
They develop the ability to think hypothetically, which means they can imagine different possibilities, plan for the future, and understa ic e complex ideas.
This stage also grows self-awareness, as adole ce its s t to reflect on their beliefs and values, helping them form their e tity. They can now think beyond the present moment and ori g questions like 'what if?' and considering the long-te m pa t of their decisions.

A key exam his shift is how adolescents often become more active in societal issues, such as climate change. They start questioning things they don't agree with, considering what might happen if no action is taken, and reflecting on how these issues could impact their future. This ability to think about bigger issues, alongside their growing self-awareness, empathy and perspective-taking, can explain why many young people fight for change and strive towards doing what is right.

Reasoning

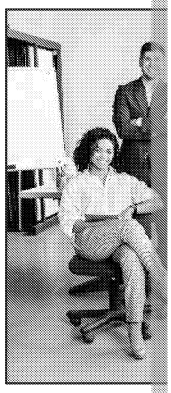
Adolescents begin to think more logically, weigh different arguments, and make b
how things are connected (their cause and effect) and can look at situations from
helps them solve problems more effectively.

With improved reasoning skills, adolescents begin making more independent dec
and benefits, but emotional regulation and peer influence can still heavily affect
16-year-old might face peer pressure when deciding whether to attend a social e
test. Their growing ability to reason helps them weigh these options, though soc
in their final decision.

Applied activity

Fiona is 16 years old and has just completed her GCSEs. She is deciding whether to go
business apprenticeship. Discuss how Fiona's [illegible] development at this stage might

Early adulthood (19 to 45 years)



In early adulthood, intellectual development is closely linked to the demands of higher education, work, and personal life. This stage often involves refining and applying cognitive skills in practical, real-world situations.

Intellectual skill development relating to education and work

Individuals continue to develop intellectual skills, particularly those related to their education and careers. In this life stage, learning new skills is still possible, but it is likely to take longer and require more effort than in earlier stages. This is because **cognitive flexibility** decreases with age. Adults in this stage need stronger reinforcement and repetition to fully acquire and retain new knowledge.

Keywords

Cognitive flex
thinking and b
situations or n
taking a diffe
suddenly close

During this life stage, continued learning and professional development play a critical role in maintaining and enhancing cognitive abilities. Engaging in lifelong learning, whether through formal education or on-the-job training, helps individuals stay mentally s
This ongoing intellectual engagement can lead to improved problem-solving skills
the ability to think more critically about complex issues.

Staying mentally active by learning new skills or pursuing professional developme
flexibility, keeping individuals adaptable and able to handle life's changing dema
reserve, which is the brain's ability to adapt to age-related changes or damage by

Research activity

Research your local authority and identify what educational pathways and lifelong learning opportunities they have available for adults in this life stage.

Middle adulthood (46 to 69 years)

Intellectual abilities are often at their peak in this life stage, particularly in areas related to experience and accumulated knowledge. This stage is characterised by the application of learning and the refining of cognitive skills.

Improvement in verbal and reasoning skills from applied learning

During middle adulthood, individuals often see improvements in verbal and reasoning skills such as enhanced vocabulary and critical thinking skills due to the applied learning. This stage benefits from years of practice in problem-solving, co thinking built up from infancy to middle adulthood. For example:

- **Problem-solving at work**: Individuals in this stage often excel at solving comp applying their extensive knowledge and experience. For example, a manager conflicts within a team and innovative solutions to streamline business pr of exp
- **Effective communication**: With enhanced verbal skills, middle-aged adults ar conveying ideas clearly and persuasively, whether in meetings, presentations For instance, an experienced professional may articulate arguments more co colleagues with greater clarity.
- **Decision-making**: Years of accumulated experience improve individuals' abili particularly in high-stakes situations. For example, a financial advisor in mid assessing market trends and making investment recommendations based on historical knowledge.
- **Critical thinking in personal life**: At home, middle-aged adults might use thei family dynamics, such as balancing the needs of ageing parents and their ow their critical thinking to major life decisions, e.g. retirement planning or heal

Late adulthood (70 to 84 years)

In late adulthood, intellectual development can vary widely depending on health While some cognitive abilities may decline, others, like **wisdom** and creativity, oft

Learning new skills and creativity

Individuals can still learn new skills and continue to engage in creative activities. may be slower, lifelong learning and mental engagement can help maintain cogni quality of life. For example, an older adult may choose to learn to play the piano longer than a younger person, the process of learning and being creative helps ke improves their quality of life.

Short-term memory and wisdom

Short-term memory will begin to decline during this stage, making it more challe information. However, many individuals in late adulthood possess significant wis a lifetime of experiences to provide valuable insights and make sound judgement

Keywords

Wisdom: ability to use knowledge, experience and good judgement to make thoughtful and informed decisions.

Short-term memory: memory store which stores information, as someone's phone number, for a short amount of time.

Later adulthood (85+ years)

Often marked by more pronounced changes in cognitive function with some experiencing significant decline and others maintaining high levels of cognitive ability.

Lapses in memory function

In later adulthood, lapses in memory function (temporary or occasional difficulties remembering information) become more common. This may include difficulties with recalling names, dates, or recent events. However, long-term memories from earlier life stages often remain intact. For example, someone in later adulthood may struggle to remember what they had for breakfast that day, but will often be able to recall more distant memories such as their first dog's name.

Applied activity

Discuss with your partner how lapses in memory might impact an individual's daily life in

Cognitive decline as a result of stroke or dementia

Some individuals in later adulthood may experience cognitive decline due to conditions such as stroke or dementia. These conditions can significantly impact memory, reasoning, and the ability to perform everyday tasks, requiring additional support and care.

Cognitive super-agers!

Interestingly, some older adults, known as cognitive super-agers, maintain sharp cognitive abilities well into their 80s and beyond. These individuals often retain memory, attention, and problem-solving skills similar to those of much younger people.

These individuals can help researchers develop strategies to maintain cognitive health in later life. Some of these strategies include building strong social networks and staying involved in community or family activities, which help support cognitive function by keeping people mentally and emotionally engaged. Regular exercise is also important, as it impro is linked to better cognitive health. Lifelong learning, such as pursuing hobbies, re educational opportunities, can further support cognitive function over time.

Case study

Margaret is an 86-year-old living in an assisted livi facil While many of her peers are experiencing memory lapses such as difficulty recalling names or recent events, Mar et remained mentally sharp. She enjoys solving crossword puzzles and engages in lively discussions with fellow residents. H friend, Helen, who had a stroke a few years ago, struggles with basic memory tasks and often forgets daily ro elen requires extra support from staff to manage her day-to-d vities. The staff notice these differences and consider how to tailor their care to meet each resident's unique cognitive needs.

Revision Questions (A1: Intellectual dev

Checking my understanding:

1. Describe intellectual development.
2. Give **two** examples of cognitive milestones during infancy (birth
3. Using an example, explain what is meant by 'abstract thinking'.
4. At what life stage and age do children t[illegible] start to understa[illegible] mathematical concepts such as c[illegible]
5. Explain **two** ways i[illegible] development can be influenced p[illegible] negatively d[illegible] early adulthood (19 to 45 years).

Developing my understanding:

Scenario: *Sarah is a 16-year-old secondary school student who has rece[illegible] critically about her future. She finds herself questioning social issues and[illegible] perspectives during class discussions.*

1. Explain **two** cognitive changes that Sarah may be experiencing
2. Describe how the development of abstract thinking might influe[illegible] decision-making process during this life stage.
3. Discuss how Sarah's experiences in secondary school could enh[illegible] reasoning skills and contribute to her overall intellectual develo[illegible]
4. Reflect on **two** ways Sarah's ability to grasp complex ideas may [illegible] relationships and interactions with peers.
5. Explain how Sarah's intellectual development could be supporte[illegible] and teachers during this critical stage of her life.

A1: Emotional development across t

Emotional development is influenced by many factors, such as our social experien and values we grow up with and our natural temperament and personality.

Key elements of emotional development are:

- Awareness of how one is personally feeling
- Sense of self – how one looks, personal traits
- Awareness of emotions and feelings in others
- Developing socially acceptable ways of expressing feelings and emotions
- Forming secure attachments and relationships
- **Self-regulation** of feelings and reactions to ev[illegible] xperiences

Infancy (birth to 2 y[illegible])

During infancy, emoti[illegible]velopment is centred around forming emotional conn This stage i[illegible] a[illegible] sets the groundwork for future emotional development. express basi[illegible]tions and start to build trust and security through their interacti

Bonding and attachment

Infants form strong emotional bonds with their caregivers through consistent car This attachment provides a sense of security and trust, which is vital for the infan

John Bowlby's theory of attachment

John Bowlby's theory of attachment proposed that children enter the world biologically pre-programmed to form attachments with others. It is an important survival instinct for babies, like sucking or crying, as it helps them stay close to their mother. Mothers are also biologically pre-programmed to response to these innate reflexes and survival mechanisms. Without attachment, fragile babies grow up showing insecure emotions and behaviour. Attachment happens when a child is held, helping them form a strong emotional bond with a caring adult, usually their mother. Simply feeding them, kee them isn't enough to create this bond. Bowlby emphasised that attachment needs period in order to form positive and healthy attachments. This critical period is wit of life, and Bowlby argued that attachment will not form unless it occurs within this sensitive period of up to five years, during which attachment can still form but may

Bowlby also recognised that the environment plays a big role in attachment and e He came up with the term 'internal working model' to explain how babies subcon behaviour and thinking from their interactions with people and their surrounding see ourselves in the world and how we expect others [illegible]nd to what we do.

Bowlby describes four stages of attach[illegible]e[illegible]

Pre-attachment phase	**[illegible]months)**	Infants cry in order to draw the attentio baby recognises. The soothing and carin gives rise to a feeling of trust.
Indiscriminate attachment phase	**(2–7 months)**	Infants start to display more social beha inanimate objects. They begin to recogn people but do not show a preference for They typically do not show separation a during this stage.
Discriminate attachment phase	**(7–9 months)**	Infants are strongly attached to one part emotional distress and anxiety when the
Multiple attachment phase	**(9+ months)**	Infants can have strong and positive atta multiple caregivers.

Case study

A 5-month-old baby smiles and reaches out for both their mother and grandmother, recognising them both as caregivers. However, the baby still seems to prefer their mother, seeking her out more often for comfort and attention.

App
Rea
Iden
atta
is dis

Mary Ainsworth Strange Situation experiment

Mary Ainsworth (1913–1999) was an American developmental psychologist. In th
Bowlby at his clinic and studied mother–child attachment in Uganda. After retur
developed the Strange Situation method to observe the attachment between chil

The Strange Situation experiment assesses the attach[illegible] between a caregiver a
months. It takes place in a room with two chairs [illegible] toys. The experiment has ei
20 minutes:

1. Caregiver and infant ar[illegible] the room where the experiment will take place.
2. Caregi[illegible] infant come into the room and are alone for a while.
3. Strange[illegible]es into the room and joins the caregiver and infant.
4. Caregiver leaves the room, leaving the infant alone with the stranger.
5. Caregiver comes back and stranger leaves the room.
6. Caregiver leaves the room so the child is completely alone.
7. Stranger comes back into the room, so it is just the stranger and the infant in
8. Caregiver comes back into the room and stranger leaves.

Observation takes place using a pre-coded list to record reactions and interaction

From this, Ainsworth concluded there are three different types of attachment bet

Secure attachment	Children who show secure attachment behaviour happily explor there and will cry when the caregiver leaves and become subdu caregiver returns, though, they are very happy. When the careg avoid the stranger, but once the caregiver is present, they show
Anxious avoidant attachment	Children who show anxious avoidant behaviour are insecurely whether the caregiver is there or not, and are not particularly i show little emotion when the caregiver returns and avoid both
Anxious resistant or ambivalent attachment	Children who show anxious resistant or ambivalent behaviou unwilling to explore the toys when the caregiver is there, and when the caregiver leaves. They do not interact with the stra be afraid of them. When the caregiver returns, they choose t resentful and resistant to the caregiver's attempts at comfort

Later, Ainsworth added a third insecure category (fou[illegible]te[illegible]ory overall): disorg

Disorganised/ disoriented attachment	Children who show thi[illegible]e [illegible]nsecure attachment style wil their caregiv[illegible] [illegible]ntrums when their caregiver is there a ther[illegible]e[illegible]uch children have often experienced severe tra [illegible]arent or caregiver.

As with any [illegible]eriment involving emotions and personal interactions, certain limitations will apply; for example:

- Is the experiment itself culturally biased – do Chinese families exhibit the same behaviours as Spanish ones?
- Has a traumatic event such as miscarriage, asylum experience, etc. influenced attachment?
- Is 20 minutes long enough to observe such complex interactions?
- Could results be skewed (distorted or biased) if one of those involved in the experiment is feeling unwell?

R
Re
th
de
C
at
re
be

Early childhood (3 to 8 years)

Children begin to understand and manage their own emotions while learning to n
During this stage, children start to develop a sense of self and begin to regulate th
external situations.

Managing own emotions and understanding emotions of othe

In early childhood, children use various strategies to manage their emotions, such as using words to express how they feel (e.g. saying 'I'm sad' or 'I'm angry'), seeking comfort from trusted adults, or engaging in calming activities like deep breathing or using a favourite toy for distraction. They may also mimic coping mechanisms modelled by adults, such as counting to 10 when frustrated.

As children grow, they get better at understanding emotions. Initially, they recognise basic emotions like happiness and sadness. Over time, they begin to grasp more complex feelings such as jealousy, pride or guilt. This evolving understanding helps them in social interactions; they start to show empathy by offering comfort to friends in distress, adjust their behaviour to fit social contexts, and use more sophisticated ways of resolving conflicts.

Development of self

Children develop a stronger sense of identity in early childhood. They start to und
individuals with unique preferences, abilities and feelings. This growing self-awar
confidence and the way they interact with others.

As children's self-concept evolves in early childhood, experiences and feedback fr
crucial role. Positive reinforcement from parents, caregivers and peers – such as p
a task – builds confidence and shapes their sense of self-worth. Conversely, critic
lead to self-doubt and influence their behaviour.

Children begin to compare themselves with others, recognising their strengths an
help. This awareness affects how they approach new activities and challenges, oft
try or causing hesitation. As they develop a clearer self-identity, they become mo
preferences and making choices, which shapes their relationships. A healthy self-
skills, cooperation and empathy, while a fragile one may result in withdrawal or a
interactions with others.

Adolescence (9 to 18 years)

This is a period of significant emotional growth where individuals begin to form their own identities and establish deeper, more intimate relationships. This stage entails a search for self-concept and the exploration of personal values and beliefs.

Keywords

Self-esteem: t
value an indiv
they appreci
influencing co
overall well-b

Self-image: t
themselves, in
abilities, and

Developing own identify and self-concept (including self-image and self-esteem)

Individuals start questioning who they are, what they believe in, and where they fit in society. This exploration can lead to fluctuations in **self-esteem** and **self-image** as they compare themselves to peers and societal standards.

During adolescence, self-esteem and self-image are significantly influenced by external factors such as the media, peer influence, and body image. Media exposure plays a prominent role, as adolescents are often confronted with idealised portrayals of beauty, success and lifestyle. These portrayals can lead to unrealistic comparisons, impacting their self-image and potentially resulting in feelings of inadequacy or dissatisfaction with their appearance.

Peer influence is equally crucial, as adolescents seek acceptance and validation from friends. Positive peer support can boost self-esteem, while negative experiences such as bullying, exclusion and peer pressure can lead to self-doubt and lower self-worth.

Body image becomes a central concern during this stage, as physical changes from puberty and societal standards of attractiveness can create pressure to conform. Adolescents who perceive their bodies positively tend to de
those who struggle with body image issues may experience fluctuations in their se
mental health and social interactions.

Developing intimate relationships

Adolescents will begin to form close, meaningful relat[illegible]ips, often within a sma
relationships play a key role in their emotion[illegible]de[illegible]elopment, as they navigate fee

While close friendships form th[illegible]oun[illegible]ation of emotional support, trust, and und
begin to explore roman[illegible]feeli[illegible]gs and relationships. These romantic experiences
levels of int[illegible]in[illegible]uding love, affection and emotional vulnerability.

Romantic relationships contribute to their understanding of personal boundaries,
and-take dynamics of close bonds. Balancing these new romantic connections alo
adolescents build their social skills, self-awareness and empathy, which are essen
term relationships in adulthood.

Early adulthood (19 to 45 years)

During early adulthood, emotional development centres around establishing long
career, and developing a sense of personal and professional identity. This period
in emotions and a deepening of intimate connections.

Long-term intimate relationships

Individuals often seek long-term intimate relationships, including marriage or partnerships. These relationships are influenced by previous experiences and contribute to emotional stability. Effective communication, trust, and mutual support are key factors in maintaining these relationships.

Long-term intimate relationships play a significant role in shaping an individual's **self-concept**, **self-esteem** and **self-image**. A supportive relationship can boost self-esteem, offering emotional affirmation and helping individuals see themselves in a positive light. Mutual respect and encouragement within these relationships contribute to a healthier **self-concept**, as partners often become mirrors reflecting each other's strengths and growth. Conversely, unhealthy relation[illegible]m[illegible]rked by criticism or lack of support can lead to self-doubt, im[illegible]ding one's self-image and overall emotional well-bei[illegible]

Work and family life he[illegible]m[illegible]ence these relationships and vice versa. For exa
satisfaction[illegible]ffe[illegible]how partners interact; a fulfilling job can provide confidenc
relationship[illegible]job dissatisfaction may lead to strain. Similarly, family respons
require teamwork and shared goals, which can either strengthen the bond or crea
they are managed. Successful navigation of work and family dynamics fosters tru
support, which are essential for maintaining a balanced and healthy relationship.

Research activity

Research which job roles have the most stress related to them and which job r

Changes to self-concept (including self-image and self-esteem)

During this life stage, career achievements, family roles and lifestyle changes significantly impact an individual's **self-concept**, **self-image** and **self-esteem**. Career success, such as earning promotions, maintaining job stability, or pursuing passions, can increase confidence and strengthen self-esteem. Achievements at work often highlight skills such as competence and capability, positively shaping self-concept and self-image. Conversely, challenges such as job dissatisfaction can lead to self-doubt and affect how individuals perceive themselves.

Family roles, including marriage, parenting or caregiving, also shape self-concept. Successfully managing family responsibilities can foster a sense of pride and self-worth, enhancing self-esteem. In contrast, struggles with family roles, such as relationship conflicts or parenting challenges, may cause stress, impact emotional well-being.

Lifestyle changes, such as moving to a new location, changes in social circles, or shifts further influence how individuals view themselves. Positive lifestyle changes, such as or building a supportive social network, can improve self-image and self-esteem. changes, such as isolation or unhealthy habits, may lead to a more negative self-c

Case study

Bianca, 30, has recently started a new job, but she's finding it difficult and doesn't enjoy it. This has caused her to question her abilities and whether she's capable in the role, leading to a loss of confidence. In addition, Bianca has recently gone through a break-up with her boyfriend, who she had been with since she was 19. These challenges are making her doubt herself and are affecting how she feels about her worth and abilities during this tough time.

Bonding and attachment

The ability to form and maintain close bonds, whether in romantic relationships o early adulthood. Strong attachments provide emotional support, security and a s essential for personal well-being and resilience.

When individuals become parents, their relationships often deepen as they naviga child together. Sharing responsibilities and experiences can deepen their bond an teamwork and support. However, parenting can also be stressful, making good co important for maintaining a healthy connection.

Similarly, career development impacts bonds and attachments. Pursuing career goals may lead to shifts in priorities, potentially requiring a balance between work commitments and personal relationships. As careers progress, partners and close friends often provide emotional support, reinforcing their bond. Conversely, work-related stress or time constraints can strain relationships if not managed well.

These evolving bonds significantly affect personal identity and emotional well-being. Strong, supportive attachments contribute to a positive self-concept, reinforcing a sense of purpose, belonging and confidence. In contrast, difficulties in maintaining these bonds may lead to feelings of isolation or self-doubt, impacting emotional health and the overall sense of identity.

Middle adulthood (46 to 69 years)

Middle adulthood is often a time of reflection, re-evaluation and adjustment. Em
stage is shaped by life transitions such as children leaving home, career changes,

Re-evaluation of priorities

Individuals may begin to re-evaluate their life goals and priorities. This can lead t
choices, personal relationships, and long-term aspirations. Emotional growth dur
new balance and meaning in life, often focusing more on personal fulfilment. For
they may decide to spend less time working so they can be with their family more

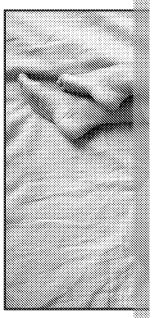
Contributing to the next generation and sense of emptiness as

This often involves a strong desire to contribute t th younger generation to mal
lives. This can be through parenting, mentoring, or community involvement. Hov
leave home, some may experience a sense of emptiness or loss. Coping with this
roles and activities that bring satisfaction and a sense of purpose.

Research activity

Research examples of roles and activities which help individuals in this
cope with feelings of emptiness as children grow up.

Emotions of the menopause



For women, menopause is a significant emotional and physical transition. Hormonal changes can lead to mood swings, irritability, and anxiety. Understanding and managing these emotions is crucial for maintaining emotional well-being during this period.

Menopause can affect **libido** due to hormonal fluctuations, which can decrease sex drive. These changes can impact intimate relationships and lead to feelings of frustration or dissatisfaction. Additionally, physical changes such as weight gain, hot flushes, and alterations in skin and hair can cause self-consciousness. Mood swings, irritability, and anxiety can further contribute to these feelings, making women feel less in control of their emotions and daily lives, which can affect their overall emotional well-being.

Keywor
Libido: a p

Coping strategies are essential for managing these changes and maintaining emot
as regular exercise, mindfulness, and a balanced diet can help alleviate some phys
mood. Support systems, including friends, family, and suppo groups, provide em
understanding during this transition. Seeking profes or gu dance from healthc
also be valuable for navigating both the emo na and physical aspects of menop
image and reinforcing self-esteem.

Did yo v?

Research at 67% of women going through menopaus perience psychological symptoms, such as mood swings, anxiety, depression, and memory loss. These emotional challenges can negatively affect their work, including difficulties with concentration and higher stress levels.[2]

[2] https://www.cipd.org/uk/knowledge/reports/menopause-workplace-experiences/

Late adulthood (70 to 84 years)

Late adulthood is often characterised by emotional maturity, a sense of calm, and
However, this stage can also bring challenges such as feelings of loneliness and ph

- **Calmer:** Many individuals in late adulthood experience a greater sense of cal
  With a lifetime of experiences, they are often better equipped to manage em
  affected by the stresses that once caused anxiety or distress.
- **Feeling alone:** As friends and family members pass away or move on, feeling
  pronounced in late adulthood. Maintaining social connections and finding w
  community are important for emotional health.
- **Feel younger than age:** Despite the physical signs of ageing, many older adult
  chronological age. This youthful outlook can contribute to a positive self-conc
- **Feelings of frailty:** As physical strength declines, some individuals may feel m
  lead to anxiety about health and independence. Emotional resilience and su
  managing these feelings.

Applied activity

Write a l someone aged 70–84, explaining the emotional changes they might ex
challenges they could face, such as loneliness or feeling frail, and how they can stay em

Later adulthood (85+ years)

Later adulthood, for those aged 85 and beyond, involves coping with advanced ag
decline in physical and cognitive abilities. Emotional development during this sta
changes and finding peace and satisfaction in life.

Improved emotional regulation: Many individuals develop a greater ability to regulate their emotions, which often comes from a lifetime of experiences that offer perspective and build resilience. This ability to regulate emotions effectively can lead to a greater sense of peace and contentment in later life.	**Depression related to loss:** As individ age, they are more likely to experienc loss of loved ones, such as spouses, fr and family members, which can lead t feelings of loneliness, grief and sadne Additionally, the loss of independenc physical health or a sense of purpose contribute to depression. Support fro family, friends and mental health professionals is crucial in helping olde adults cope with these emotional cha
Increased frailty: As individuals become more physically vulnerable, they may experience heightened feelings of fear and anxiety, particularly regarding their ability to live independently and avoid injury. Frailty can also lead to so isolation if mobility issues prevent them from partici ng in activities they once enjo ddressing these emotional aspects of frailty is important for helping older adults adapt to their changing circumstances.	**Increase sense of own mortality:** the often an increased awareness and acceptance of their own **mortality**. T realisation can cause a range of emot m fear and anxiety to reflection an peace. This increased sense of morta also motivate older adults to focus on meaningful relationships and experie prioritising what matters most to the they approach the final stages of life.

Keywords

Mortality: the fact that all living things will eventually die.

Research activity

Research your local community o emotional support services and s are available for older adults (8

Revision Questions (A1: Emotional dev

Checking my understanding:

1. At what stage of infancy does an infant show a strong preference caregiver, and what is the typical age range for this stage?

2. Outline **two** emotional challenges commonly experienced durin adulthood (46 to 69 years).

3. Explain how long-term intimate relation[illegible] influence emotiona early adulthood (19 to 45 years).

4. What are the **three** types of attachment identified by Mary Ainsw

5. Li[illegible] fo[illegible] stages of attachment identified by Bowlby.

Developing my understanding:

Scenario: *Emma is a 7-year-old girl who has recently started school. She she can't complete her tasks and sometimes cries when her classmates d*

1. Explain how Emma's emotional development at her age might i ability to manage frustration and interact with her peers.

2. Describe **two** ways Emma's emotional understanding could supp relationships with her classmates.

3. Discuss how Emma's experiences in school could contribute to h sense of self and identity during early childhood.

4. Reflect on the potential impact of Emma's frustration on her soci and suggest strategies her parents could use to help her cope ef

5. Explain how emotional development during adolescence differs childhood, using Emma as a reference point for comparison.

A1: Social development across the

Social development refers to the way individuals learn to interact with others, fo
the social structures that surround them. It covers how people develop communi
norms, and build connections with family, friends and wider communities throug
From early bonding with caregivers in infancy to the complexities of intimate rela
social challenges of ageing, social development is a continuous process that shap
belonging, and overall well-being.

Infancy (birth to 2 years)

In the early stages of life, the quality of our interactions with caregivers and the environment can have an immense impact on our social and cognitive development. Secure attachments during infancy have a profound impact on social development. When infants form strong, secure bonds with their primary caregivers, they develop a sense of safety and trust, which is fundamental for exploring their environment and engaging with others. This emotional security enables them to regulate their emotions more effectively, as they learn to seek comfort and reassurance from their caregivers when distressed.

These early experiences with secure attachments also shape future social interact
secure attachments are more likely to exhibit positive social behaviours, such as c
effective communication. They tend to have an easier time forming healthy relati
have learned to trust others and navigate social situations confidently. In contras
to difficulties in emotional regulation and may result in social challenges, such as
meaningful connections.

Applied activity
Use your knowledge of Mary Ainsworth's Situation experiment to explain what secure a

Early childhood (3 to 8 years)

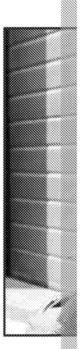
During early childhood, children become more independent and begin to explore
immediate family. This stage is crucial for developing friendships, as children lear
resolve conflicts with peers. Positive social interactions help build essential skills
communication and teamwork, laying the foundation for healthy relationships th

Adolescence (9 to 18 years)

Adolescence is a critical period for social development, with a greater focus on pe
independence. During this time, adolescents navigate complex social dynamics a
outside of their family units.

Friendships and effects of peer pressure on social development and behaviour

Friendships play a pivotal role in adolescent social development, providing emotional support and a sense of belonging. However, peer pressure can significantly influence behaviour, often pushing adolescents to conform to group norms, whether positive or negative. As a result, peer pressure can lead to both constructive behaviours, such as exercising regularly, and unconstructive behaviours, such as substance abuse.



Case study

David has recently made friends through his athletics group. They get along well and often spend time together, going on bike rides and meeting up to study. When David was struggling with his mental health, his friends provided support, which made a big difference for him.

Case study

Alicia met her closest friends at sc
of fun together. However, in recen
misbehaving at school and going t
also noticed them engaging in har
and becoming meaner towards he
actions sometimes make Alicia feel
she's starting to question whether t

Applied activity

Read these two case studies. Discuss with your partner how peer pressure could influence development and behaviour.

Developing independence

As adolescents seek to a e t on independence, they begin to establish their ow separate fr ir s. This journey fosters decision-making skills and self-r navigate so ations and responsibilities. Developing independence can also but it is essential for building self-esteem and confidence as they transition into a

Early adulthood (19 to 45 years)

During early adulthood, individuals develop deeper relationships and work towar goals. At the start of this life stage, seeking independence from family helps youn choices, encouraging adults to learn more about themselves and grow as individu increasingly important as they get older, providing essential support and opportu also aiding in career advancement through professional networks.

Middle adulthood (46 to 69 years)

At this stage, **moral reasoning** and **self-regulation** play crucial roles in enhancing social and emotional skills, allowing individuals to manage relationships and responsibilities with greater maturity and insight. These abilities help foster stronger connections with others and contribute to personal and professional fulfilment. Previous experience boosts how we cope in social situations, which centre around personal relationships and work.

Relationships with peers at work

Relationships with colleagues become increasingly important, as individuals collaborate on projects and share responsibilities in the workplace. Strong profes mentorship opportunities, career advancement, and increased job satisfaction.

Social life

Social life often centres on maintaini existing friendships and forming new con involvement and shared inter . Individuals may engage in activities such as vo or pursuing hobbies t er social interactions.

Increase i life	Decrease in social life
• **No children at home:** With children growing up and moving out, individuals often have more free time to socialise and explore new interests. • **Early retirement:** Retiring early can provide opportunities to engage in leisure activities, travel, and pursue hobbies that enhance social interactions.	• **Work pressures:** In long hours at work socialising, leading • **Changing roles:** Tra as caring for ageing grandparent, can st reduce social intera

Increase in social life	Decrease in social life
• **Community involvement:** Many individuals take on volunteer roles or join clubs, allowing them to meet new people and strengthen community ties. • **New friendships:** This stage often leads to the formation of new friendships based on shared interests and life experiences, enriching social networks.	• **Health issues:** Phys participation in soc decreased engage the community. • **Emotional strain:** N unfulfillment can re circles, negatively i

Changing roles

In middle adulthood, becoming a grandparent is a major life change that can affec social roles and relationships. This new role often brings j d a sense of purpose, strengthening family bonds. Grandparen s c te support their children and grandchildren, deepening connectio elping the family stay close.

This transition can also cha e person sees themselves. Many grandparent feel proud to s re l ge, traditions and values, which gives them a sense of purpose. H , balancing new responsibilities with other commitments can be Successfully aging these changes can lead to stronger relationships and a grea

Late adulthood (70 to 84 years)

Individuals often reflect on their life experiences and relationships. While some m face challenges that impact their ability to connect with others and maintain relat the importance of social support and active engagement to promote emotional w

Retirement

Retirement marks a significant life transition that can greatly affect social interact often results in the loss of regular contact with colleagues, which can lead to a rec feelings of isolation. The daily structure and social engagement provided by work requiring individuals to find new ways to connect with others and fill their time.

Taking on new activities

To adapt to these changes, many individuals seek out alternative forms of social interaction, such as joining community groups, volunteering, or participating in hobbies and activities they previously didn't have time for. These activities provide new opportunities to form friendships, maintain a sense of purpose, and stay mentally and physically active. For some, retirement also allows more time to invest in family relationships, particularly with grandchildren, enhancing their social support system.

However, the adjustment varies for each person, depending on factors such as health, mobility, and existing social networks. Those wh ctively seek social connections and maintain an engaged lifest e er to experience better emotional well-being, demonstrating h i portance of social support during this stage of life.

Meeting new p

During late ood, individuals may seek opportunities to meet new people through con ty centres, clubs, or social events. Engaging in group activities or classes can foster friendships and provide a sense of belonging.

Reduction in social circles

As individuals age, they often experience a reduction in their social circles due to factors such as retirement, the passing of friends, or declining health. Loneliness, low self-esteem and depression can significantly impact social relationships, making it challenging for older adults to initiate and maintain conne

[3] https://www.who.int/teams/social-determinants-of-health/demographic-change-and-healthy-ageing/social-is

Later adulthood (84+ years)

In later adulthood, individuals often experience a significant reduction in social ac
cognitive and emotional challenges. Many require increased support to maintain
family, as mobility and health issues can limit their ability to socialise outside the
The decrease in peer groups can intensify feelings of loneliness, making it essenti
social interactions for emotional well-being.

Disengagement theory

Elaine Cumming and William Henry put forward the theory that as we grow old there is an unwritten contract that expects older people to disengage from society in return for having fewer responsibilities. This p[illegible]s is seen as a way for older adults to prepare for the end of life by gradually stepping back from activities, work and social involvem[illegible]

They argued that this was a natural result of social and emotional developme[illegible] become more dependent similar to when we were born. The l[illegible]ur physical independence, due to physical and physiological ch
different things and lowers feelings of self-esteem, which leaves us less inclined t
including close family and friends. Unsuccessful disengagement occurs when we
with society in the way we did before we reached late adulthood.

Factors that might affect an individual's continued engagement in or disengage

- Cultural expectations
- Health
- Financial status
- Environment they are living in
- Personal circumstances (loss or illness of spouse, dependent children or gra
- Social network

Case study

Jenny, 86, has recently moved into a care home after suffering a mild stroke. She has limited mobility and needs to use a walking frame. Before moving, Jenny used to spend time with friends and enjoyed gardening. Now she spends most of her time alone in her room.

App
Read
Discus
behav
diseng

Activity theory

Robert J Havighurst proposed that successful ageing was dependent on a person continuing to be an active participant in life. This co[illegible]d be through social clubs and networks, volunteering, or taking [illegible] in family life, such as looking after grandchildren. His theory was [illegible]ed on the idea that having high self-worth and self-esteem is [illegible]or living a healthy life, even when dealing with physical [illegible]tal decline.

Activity the[illegible]ld suggest that adults who continue to be physically active feel m[illegible]e successful and are less affected by major life changes such as retirement, downsizing a property, or even the death of friends and loved ones.

Activity theory is based on the idea that adults can and want to engage in social a
participate. However, not everyone has the health needed for this, and chronic c
cardiovascular disease may severely limit the activities they can enjoy, such as pla
playing bingo.

Revision Questions (A1: Social develo

Checking my understanding:

1. At what life stage and age of life do individuals begin to form se with primary caregivers, and why is this important?

2. During which life stage do individuals begin to explore the wor immediate family?

3. Outline **two** ways peer relationships inf e social developme adolescence (9 to 18 years).

4. Identify **two** contri ing f ors that can lead to individuals in m (46 to 69 ye te experiencing a decrease in social life.

5. W **two** ways that social circles change during late adulthoo

Developing my understanding:

Scenario: *Jake is a 16-year-old boy who has recently started secondary s increasingly influenced by his friends and has started to skip classes to fi also struggling to balance his desire for independence with his parents' e*

1. Explain how Jake's social development at this life stage might in decisions to skip classes and fit in with his peers.

2. Describe **two** ways that peer relationships can impact Jake's ide during adolescence.

3. Describe how Jake's quest for independence could affect his rel parents during this life stage.

4. Explain the potential impact of Jake's peer pressure on his acad performance and suggest strategies to help him manage it.

5. Explain how social development in middle adulthood differs fro using Jake's experience as a comparison.

Chapter B: Factors affecting hu
and development across each

Different factors can positively and negatively affect an individual's holistic growt

B1: Genetic factors

Every cell in our body contains 23 pairs of **chromosomes**, composed of around 20,000–25,000 genes. Genes are sections of deoxyribonucleic acid, also known as DNA. Each **gene** contains a unique code, received from our parents, which provides the specific genetic characteristics that pass down the generations. Each gene has a specific task, such as creating muscle fibres or determining the colour of our eyes.

Key
Chro
struct

Gene
the c
provi

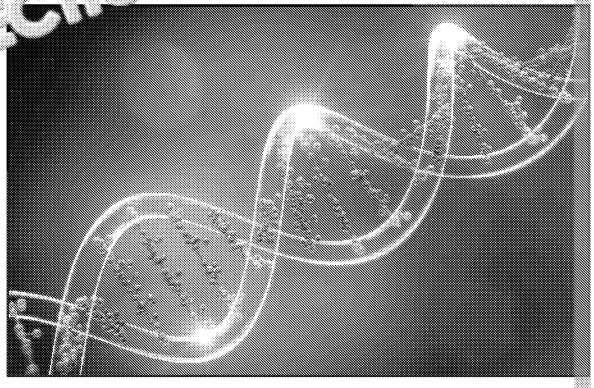
At conceptio[illegible]hild will inherit 23 chromosomes from each parent, which pair together to form 23 pairs. Each chromosome will contain an exclusive parents, which is what makes everyone genetically unique (except for identical tw make-up). Within the genes some will be dominant and some recessive. Domina while recessive genes only show their traits if inherited from both parents.

Genetic predisposition

Genetic predisposition means 'an increased likelihood of developing certain healt genes from one's parents'. While lifestyle and environmental factors play an imp genetics can influence an individual's risk of developing certain diseases such as c cancer and prostate cancer.

- **Cardiovascular disease**: People can inherit genes that make them more pron cholesterol, or other conditions that increase the risk of heart disease. If a cl of heart disease, an individual may be at higher risk.
- **Breast cancer**: Specific genes can have mutations that can significantly increa developing breast cancer. Individuals with a family history of breast cancer, occurred at a young age, are more likely to carry these genetic mutations.
- **Prostate cancer**: Men with a father or brother who had prostate cancer are m themselves, particularly if multiple relatives were affected or the cancer was

While genetic predisposition increases the risk, it doesn't guarantee that a person Awareness of family health history and regular medical check-ups can help manag genetically influenced diseases.



Genetic disorders

These are diseases or conditions that are caused by abnormalities in someone's D
inheriting the recessive gene from both parents. Here are some examples:

Genetic disorder	What is it?	Health and development indications
Huntington's disease	A progressive brain disorder that usually develops in people aged 30–50, but can develop any time bet[illegible] the ages of t[illegible] 80 y[illegible].	• Life-limiting. • Causes involuntary movements of the arms, l head, face and upper bod • A[illegible] memory, c[illegible]centration, reasoning, judgement and ability to p • Changes within the brain cause mood swings, depression, volatility and obsessive compulsive behaviour.
Cystic fibrosis	Presents with different levels of severity. Caused by a defect in the 'cystic fibrosis transmembrane conductance regulator' gene which controls the movement of water and salt in and out of cells, causing a build-up of thick and sticky mucus in different organs, e.g. lungs and pancreas.	• Life-limiting (up to around 40 years of age) and progressive disease. • Build-up of mucus in the lungs, pancreas and intest affects breathing and digestion. • Sufferers are prone to respiratory diseases, and difficulty digesting food.
Sickle cell anaemia	Genetic mutation that prevents the production of haemoglobin, used to transport oxygen in the blood cells. Red blood cells die after only 10–12 days (usually live for 120 days), causing severe anaemia.	• Anaemia (low levels of oxy in the blood). • Swelling of hands and feet to circulation problems. • Chest and vision problems to blockages in the small blood vessels that serve these organs. • Fatigue. • Overproduction of bilirubi[illegible]ch breaks down red bl[illegible] cells, leading to the production of gallstones.

Case st[illegible]
Yasmin, 4[illegible] just been diagnosed with Huntington's disease. She is unsure of what this diagnosis will mean for her and what symptoms she may experience as the condition progresses.

Applied activi[illegible]
Read the case stud[illegible] doctor. Explain wh[illegible] experience, how th[illegible] and treatment opti[illegible]

B2: Lifestyle factors

Lifestyle relates to how we choose to live our lives, including our behaviours, habi
factors can put us more at risk of particular health outcomes. Understanding how
incredibly important in health and social care, as our lifestyle can significantly imp
across each life stage.

Diet and weight management

A poor diet high in fats and sugars will predispose a person to obesity, high blood
pressure and cholesterol, cardiovascular disease and other related illnesses,
including cancers and diabetes. Diets lacking essential nutrients – for example,
iron (which can lead to anaemia) or protein (important for strong bones) – can
negatively impact healthy growth and development. **Malnourishment** can make
an individual more vulnerable to infection and disease, which may have long-
term consequences for growth and development.

Keywords
Malnourishment: not receiving enough of the right nutrients (such as vitamins, minerals, proteins) that a body needs to stay healthy.

Did you know?
Studies have shown that better-quality school meals have a positive effect on student co
levels in class, and cognitive development in general.

During adolescence, peer pressure and media images, combined with low self-co
self-worth, can lead to poor nutrition choices and eating disorders, e.g. anorexia a
adolescents and young adults in developed countries is often poor and based aro
fresh fruit and vegetables.

Weight management

Effective weight management plays an important role in physical development an
Maintaining a healthy weight through a balanced diet and regular exercise suppor
muscle strength, and cardiovascular health. A healthy weight promotes higher en
and emotional well-being. However, poor weight management can lead to obesit
being underweight, such as eating disorders. This subsequently can negatively im
by increasing the risk of chronic illnesses such as heart disease, diabetes, and oste
self-esteem and social relationships.

Exercise

Regular exercise has many benefits for both growth and development at all stage
muscles and the cardiovascular system, and helps to maintain a healthy weight w
lifestyle-related diseases (such as heart disease, type 2 diabetes, obesity). Exercis
releasing hormones such as endorphins, and lowers stress hormones such as corti
improve self-esteem and confidence, contributing to a more positive self-image.

On the other hand, a lack of exercise can lead to weight gain and affect the strengt
leading to osteoporosis in late adulthood. Many elderly people are affected by oste
can cause broken hips, legs and arms, which impacts on their ability to continue to l

Over time, people who stay active tend to have better health, maintaining physica
cognitive function well into later years.

Alcohol and tobacco

The impact of drugs, including tobacco and alcohol, on health is well documented, lifelong and life-limiting. Even occasional use can lead to significant health issues, developing health conditions such as lung and liver cancer, heart disease and chro Smoking in particular reduces lung capacity and stamina, limiting physical activity a

These health problems not only affect personal well-being but can also strain rela limiting job and career prospects and ultimately impacting one's ability to live the

Quality of sleep

Sufficient sleep is crucial for healthy growth and development. During sleep, the body repairs tissues, stores and strengthens memories, regulates hormones t control growth and appetite. Sufficient sleep supports cognitive function, emotio regulation and physical health, contributing to overall well-being and developmer

Lack of sleep, on the other hand, can impair cognitive abilities, leading to difficulti in concentration, memory and decision-making. It can also affect physical growth disrupting the release of growth hormones, weaken the immune system, and increase the risk of obesity and other health problems. Chronic sleep deprivation can lead to long-term developmental issues, both physically and mentally.

Applied activity
Had a sleepless night recently? Write down how you felt the next day. Think about your physical impacts (fatigue), intellectual impacts (concentration levels), emotional impacts (mood) and your social impacts.

Oral health

Having good oral health is essential for overall physical development. Healthy tee nutrition, because they allow individuals to chew and break down a variety of foo in the digestion and absorption of essential nutrients needed for growth and deve oral diseases that can cause pain and infection.

Poor oral health can lead to tooth decay, gum disease and tooth loss, which can c speaking, negatively impacting nutrition and communication skills. Chronic oral h systemic health problems, such as heart disease.

Pregnancy

A healthy pregnancy is crucial for the growth and development of both the mothe the baby. Proper prenatal care, including a balanced diet and regular medical che ups, ensures the baby's healthy development and reduces the risk of complicatio For the mother, pregnancy can also promote a healthy lifestyle, including improve nutrition and regular exercise.

Complications during pregnancy, such as **gestational diabetes** or **pre-eclampsia**, c negatively impact the health of both the mother and the baby, potentially leading long-term health issues. Poor maternal health during pregnancy, including inade abuse, can result in developmental delays in foetal development, premature birth baby, impacting their growth and development from birth onwards.

Keywords
Gestational diabetes: a type of diabetes that develops during pregnancy when the bo insulin to meet the increased needs, resulting in high blood sugar levels. It typically resol

Pre-eclampsia: a pregnancy complication characterised by high blood pressure and sig the kidneys or liver. It usually occurs after 20 weeks of pregnancy and can pose serious baby if left untreated.

Revision Questions (B1 and B2: Genetic and

Checking my understanding:

1. Identify **one** specific heath condition that is associated with smo

2. Define what is meant by 'genetic predisposition' and give **one** s of a condition that can be genetically predisposed in individuals

3. Identify **two** potential health risks associated with a poor diet du

4. Explain how regular exercise can positively impact an individua development in later adulthood

5. Explain **two** negative effects of smoking on physical de

Developing my understanding:

Scenario: *Lucy is a 30-year-old woman who has a family history of cardio and two uncles have suffered from heart disease, and Lucy is concerned Although she maintains a healthy diet, she works a stressful job, smokes exercise. Lucy is considering making some lifestyle changes but is unsu genetics might have on her future health.*

1. Explain how Lucy's genetic predisposition might influence her r cardiovascular disease, despite her healthy diet.

2. Describe **two** lifestyle changes Lucy could make to reduce her r cardiovascular disease, considering her current habits.

3. Discuss how stress from Lucy's job might contribute to her risk o cardiovascular disease.

4. Assess the potential long-term health impacts if Lucy does not m changes, and suggest strategies for supporting her in maintainin healthier lifestyle.

B3: Health inequalities

Health inequalities refer to the unfair and avoidable differences in health outcomes experienced by different groups within society. These differences often arise from social, economic and environmental factors, including income, education, housing and access to healthcare. Addressing health inequalities is crucial for ensuring that everyone has the opportunity to achieve the best healthcare, regardless of their background or circumstances.

Health inequalities

The NHS defines health inequalities as:
'Avoidable, unfair and systematic differences in health between different groups

These inequalities can cause differences in life expectancy, rates of chronic condit
with marginalised or disadvantaged communities being effected most.

Difference in life expectancy

Individuals from lower socio-economic backgrounds often have shorter life expectancies compared to those from wealthier, more advantaged backgrounds. This is likely due to factors such as limited access to quality healthcare, poor living conditions, and higher exposure to risk factors such as smoking, poor diet, and inadequate housing.

Prevalence of mental health difficulties

Mental health difficulties are often more prevalent among certain socio-economic

- People from lower socio-economic backgrounds often experience higher leve
as depression and anxiety, due to being exposed to higher levels of stress rel
living conditions and limited access to resources.
- Gender also shows health inequalities, with woman more likely to experience
(e.g. depression and anxiety) compared to men.
- Additionally, racial and ethnic minorities often experience higher rates of men
factors such as discrimination, lack of culturally appropriate care, and barriers

Access to health services and difference of experience in healt

Individuals from ethnic minority backgrounds, those with learning disabilities, and greater challenges in accessing healthcare. These groups can experience barriers factors such as language barriers, discrimination and lack of appropriate services learning disabilities may struggle to communicate or understand aspects about th misdiagnosis or inadequate care. Even when these groups do access healthcare, t quality care, longer waiting times, and less tailored treatment, leading to poo

Discrimination

People from minority communities, including racial and ethnic minorities, LGBTQ+ individuals, and those with disabilities, often experience **discrimination** in various aspects of life, including healthcare. This discrimination can lead to mistrust of healthcare providers, reduced access to necessary services, and a higher likelihood of receiving substandard care. Additionally, the stress and anxiety caused by discrimination can contribute to the development of chronic health conditions.

[4] NHS England (accessed on 28/01/25) https://www.england.nhs.uk/about/equality/equality-hub/national-heal
programme/what-are-healthcare-inequalities/

Environmental inequalities

Many factors within the environment can affect growth and development. These factors can occur anywhere, and affect all sectors of society, although it is more often families on lower incomes that are affected by them.

Exposure to pollution

There are many different types of pollution, all of which can have a greater or lesser effect on development and growth. Pollution causes allergy, illness and disability, affecting the air we breathe and the water we drink. The effects of pollution on health can lead to premature death, poor school attendance, loss of income or ability to remain in a particular house or area, displacing families and c

Did you know?
The World Health Organization (WHO) found that 99% of the air we breathe arou

Unsafe housing conditions

Substandard housing, temporary housing and homelessness affect individuals and Although there appears to be no 'standard' for what constitutes substandard hou and Pensions (DWP) in the UK defines acceptable conditions as 'homes that are w reasonably modern facilities'.[6]

Poor housing conditions are often cold and damp, creating an environment where grow. These can trigger allergies, respiratory diseases and asthma, especially in c Children whose health is affected may miss school due to illness or have difficulty which can impact their learning and job opportunities later in life. Cold, damp ho infestations, which are linked to asthma and the spread of disease. Substandard mouse infestations.

Health conditions: asthma and tuberculosis

Having less money can make it harder to deal with health conditions such as **asthm** and **tuberculosis**. Families with lower incomes are more likely to live in places that make these conditions worse, e.g. polluted areas or poor-quality housing. Althoug the NHS provides free healthcare, barriers such as limited access to services, long w times and a lack of health education could make it difficult for families to get prope care. This can mean that health problems get worse before they're treated, leadin more serious illnesses and hospital stays, which only adds to the family's challenges

Keywords
Asthma: chronic respiratory condition which eff th airways in the lungs, causing them t

Tuberculosis: bacterial infection th fects the lungs, causing a persistent cough

Accident

People livin orer households are at a higher risk of accidents, partly becaus unsafe housing. Faulty wiring, weak structures, and a lack of safety features (e.g accidents and injuries. Children in these homes might not have safe places to pla getting hurt. Plus, if they do get injured, it might take longer to get proper treatm access issues, which can lead to long-term problems and make it even harder for cycle of poverty and poor health.

[5] https://www.who.int/health-topics/air-pollution#tab=tab_1
[6] Arches Housing (accessed on 29/01/25) https://www.archeshousing.org.uk/current-residents/decent-homes-standard/#:~:text=The%20Decent%20Home%20Standard%20currently,and%20have%20reasonably%20modern

Economic inequalities

There is a clear link between wealth and health. For example, the World Health C that nearly 95% of maternal deaths happened in low-income countries in 2020.[7] the UK too, where regional differences in health outcomes have been found. For from the Office for National Statistics (2021–2023), healthy life expectancy is pers northern England and Scotland than in the south.[8]

Having a lower income and being unemployed can negatively impact health outcor nutrition, increased stress and living in poorer housing. Those who are earning les in unhealthy lifestyle choices which are damaging to health, such as smoking and s health education of a population depends on a country's wealth. This means that more on health campaigns and services compared to poorer countries, contributin

Occupational related health

The kind of job someone does can have a big impact on their health. Some jobs e people to hazards that can cause long-term health problems. For example, construction workers might be exposed to dust and dangerous materials; factory workers may come into contact with chemicals; and office workers could develop issues from sitting all day or repetitive movements.

Chronic obstructive pulmonary disorder (COPD)

COPD is a serious lung condition that makes it hard to breathe for individuals. It's harmful substances at work (e.g. dust, chemicals or fumes) over a long period of ti or factories can put people at risk of developing COPD. People with COPD may find condition can lead to long-term health problems that impact their quality of life an

Musculoskeletal problems

Musculoskeletal problems involve issues with muscles, bones and joints. These can physical tasks over and over at work (e.g. heavy lifting, bending, or sitting for long p construction or warehouse work can put a lot of strain on the body, leading to chro work can cause issues such as back pain or repetitive strain injury (RSI) from typing

Stress and anxiety

Work-related stress and anxiety can happen in any job, but it's especially commor where there's a lot of responsibility, tight deadlines or long hours. Feeling stresse just bad for mental health – it can also lead to physical health problems such as he and trouble sleeping. Over time, stress and anxiety can make it hard for someone even keep working.

Did you know?
In 2024, one in five workers had to take time off work due to work-related stress.[9]

Applied activity
Use your knowledge on sleeping problems can c

Impact of shift work

Shift work means working outside of the typical nine-to-five schedule, often at nig While some people like the flexibility, it can have negative effects on health. Wor with your body's natural sleep–wake cycle, leading to sleep problems, fatigue, an such as heart disease or digestive problems. Shift workers might also find it harde and social life, which can add to stress and affect overall well-being.

[7] WHO (accessed on 28/01/25) https://www.who.int/news-room/fact-sheets/detail/maternal-mortality
[8] Office for National Statistics (accessed on 28/01/25) https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulle ween2001to2003and2021to2023
[9] https://mentalhealth-uk.org/blog/burnout-report-one-in-five-needed-to-take-time-off-work-due-to-stress-in-t year/#:~:text=Against%20a%20backdrop%20of%20rising,stress%20in%20the%20past%20year

Revision Questions (B3: Health ineq

Checking my understanding:

1. Define the term 'health inequality' and give **one** example of how individual's health.

2. Identify **two** environmental factors that can contribute to health i

3. Explain how living in unsafe housing conditions might affect a chi

4. List **two** health conditions that people from lower socio-economi are more likely to experience and explain why these conditions prevalent in these groups.

5. Describe how work-related stress can negatively impact both p me health.

Developing my understanding:

Scenario: *James is a 55-year-old man living in a heavily populated urban economic background. He works in construction, often exposed to dust a James lives in an apartment with mould and poor ventilation, and his neig levels due to traffic and industrial activity. He has developed respiratory due to job insecurity and irregular working hours. Although he has notic rarely visits the doctor because of limited education on health and long w*

1. Explain how James's living conditions might contribute to his res health issues.

2. Describe **two** ways James's occupation can negatively impact hi

3. Give **one** socio-economic factor that might limit James's access t suggest **one** way to address this barrier.

4. Assess the potential long-term health impacts on James if he con his current environment and his working conditions remain unch **two** strategies to support James in improving his health and well

Chapter C: Health and social care prevention and treatment at differe

In each stage of life, individuals may face unique health challenges that require ta and treatment strategies. From infancy to later adulthood, health and social care in addressing common health conditions and promoting well-being. This chapter health conditions at various life stages, exploring how these conditions are manag individuals' health and well-being.

C1: Prevalent health condit

Throughout different life stages, individuals are a variety of health conditions tha prevalent at certain ages. Understanding these conditions is key to promoting he providing appropriate care and treatment. In this section, we will explore the mo across infancy, childhood, adolescence, adulthood, and later life. By examining th can better understand how health needs change over time and how interventions for individuals at every stage of life.

Infancy and early childhood

During infancy and early childhood, developing immune systems and rapid growth make children more susceptible to certain health conditions. For example, conditions such as flu, chickenpox and ear infections are common, often leading to disruptions in daily activities and requiring medical intervention.

Flu	Flu (influenza) is common in infancy and early childhood due systems. Symptoms can range from mild to severe, and vacci measure. Treatment typically includes rest, fluids and antivir
Chickenpox	Chickenpox is highly contagious and often affects children be It presents as an itchy rash and fever. Vaccination helps prev includes soothing creams and fever management.
Ear infections	Ear infections are prevalent in early childhood, due to the ear st They can also be due to frequent occurrence of colds or respira Symptoms include ear pain and fever. Treatment may involve p
Meningitis	Meningitis can be severe in infants and young children. It car complications or death if not treated promptly. Vaccinations prevalence, and early treatment with antibiotics is critical.
Conjunctivitis	Commonly known as pink eye, conjunctivitis can occur due to It spreads easily in childcare settings. Treatment involves kee antibiotics may be prescribed.
Speech development and problems	Some children in early childhood may experience delays in sp due to hearing issues or other developmental factors. Earl and hearing tests can significantly improve outcomes.
Dental caries (tooth decay)	Dental caries is common in early childhood due to sugary diet This condition can lead to pain and infections. Prevention incl regular brushing, and reduced sugar intake, with early treatm

Applied activity

Pretend you are a healthcare professional explaining a common infancy or childhood he Choose one health condition from the list and explain what the condition is, symptoms to prevention or treatment strategy.

Adolescence

During adolescence, individuals undergo significant physical, emotional and cogni
can lead to health-related risks as young people explore their independence and e
behaviours. Health issues such as smoking, vaping, alcohol use and sexual health

Smoking and vaping

Smoking and vaping are common risk-taking behaviours among adolescents, ofte
influenced by peer pressure and experimentation. Nicotine addiction can develo
leading to long-term health risks such as lung damage and respiratory issues.
Public health campaigns target this age group to discourage use.

Alcohol and drug use

Alcohol use is another risky behavio[illegible]at can be seen in adolescence. Binge dri
long-term damage to the br[illegible]d liver. Additionally, adolescents may take drug
can lead to seri[illegible]us l[illegible]te[illegible] health problems such as cancer, an increased risk o
engagemen[illegible]ky behaviour such as drink-driving and unprotected sex. Early i
about respo[illegible]e drinking and the dangers of alcohol and drug abuse, is the key t
healthier choices and avoid the harmful consequences of substance abuse.

Sexual health

Adolescence is a time of sexual exploration, making sexual health education critic
transmitted infections (STIs) and unintended pregnancies. Sexual health services
and safe sex practices help reduce these risks and promote responsible sexual be

Applied activity

Use your knowledge of social development in adolescence to discuss with your partner w
significant factor in shaping these lifestyle choices.

Early and middle adulthood

In early and middle adulthood, health challenges often arise from work pressures,
behaviours and lifestyle choices. Let's look at these factors in more detail.

Stress, depression and anxiety at work

Workplace pressures, e.g. deadlines, can lead to significant stress, depression
and anxiety, particularly in middle adulthood. This can result in burnout,
reduced productivity, and long-term mental health issues. Effective stress
management techniques, mental health support, and w[illegible]-li[illegible]e balance
are crucial for prevention.

Accidents from risk t[illegible]s behaviour

Behaviours s[illegible]s i[illegible] driving or extreme sports are more common
in early adu[illegible] and can result in life-changing injuries such as
acquired bra[illegible] injury (ABI). Prevention strategies include education on
the consequences of risky actions and promoting safer choices.

Inactivity and sedentary lifestyles

A sedentary lifestyle is a growing concern in early and middle adulthood,
often due to long hours sitting at work, or busy lifestyles, such as parenting,
meaning there is less time to exercise. This can lead to obesity, cardiovascular dis
conditions. Encouraging regular physical activity is key to prevention.

Late and later (old age) adulthood

In late and later adulthood, individuals face an increased risk of chronic health co
in physical and cognitive function. Conditions such as dementia, heart disease an
become more prevalent.

Dementia

Dementia is a **neurodegenerative disorder** that causes a decline in brain function such as memory, decision-making, and thinking. It becomes more common in late adulthood, with Alzheimer's disease being the most prevalent form. While there is no cure, lifestyle choices such as maintaining a healthy diet, regular exercise, and staying m ally fit can help to delay the onset of diagnosis and the sever y f s ptoms. Early diagnosis and care is equally impor

Heart disease

Heart disea ec ing a leading cause of death in older adults, often linked to ris rs such as high blood pressure, cholesterol, and poor lifestyle choices. Prevention includes maintaining a healthy diet, exercising, and managing risk factors through medication and medical care.

Oral health

Oral health can decline in later adulthood due to factors such as dry mouth, gum
Good oral hygiene, regular dental check-ups, and proper care of dentures are ess
and maintaining overall health.

Injuries

Falls and other injuries are common in later adulthood due to reduced mobility, weakened bones, and slower reflexes. These can lead to fractures and other life-changing injuries. Fall prevention strategies, physical therapy, and home safety modifications can help reduce the risk of injury.

Weakened immune system and complications from influenza

The immune system weakens with age, making older adults more vulnerable to infections such as flu (influenza). Complications such as **pneumonia** can be severe. Vaccinations, healthy nutrition, and good hygiene are important preventive measures to avoid infections.

Obesity across the life stages

Obesity is a growing health concern i e U a fecting individuals at all life stages
Not only can obesity shorten life but it is linked to a range of conditions incl
and certain cancers. In children, obesity can lead to developmental issues and inc
conditions ty e 2 diabetes. In adulthood and later life, obesity can contri
such as hea se and certain cancers.

The earlier obesity is managed, with strategies such as healthy eating and regular physical activity, the more it can prevent lasting and harmful health consequences. Public health campaigns and educational initiatives can also play a key role in reducing obesity rates and improving overall health outcomes across the lifespan.

Revision Questions (C1: Prevalent health

Checking my understanding:

1. Name **two** prevalent health conditions in infancy and early child

2. Explain why ear infections are more common in early childhood

3. Discuss **two** reasons why adolescence can be a critical period fo habits related to smoking and vaping.

4. Explain **two** potential impacts of tr ss mental health in early middle adulthood.

Developin understanding:

Scenario: *Emily is a 2-year-old child who has frequent ear infections. He about how these infections might affect her speech development.*

1. Give **two** ways in which Emily's frequent ear infections could po her speech development.

2. Explain why early intervention is crucial for children like Emily ear infections.

3. Identify **two** possible treatments that health professionals might Emily's ear infections and how they might help her.

4. Give **two** potential impacts of how Emily's ear infections could a interactions with peers.

5. Describe **two** strategies Emily's parents could use at home to su and language development despite her ear infections.

C2: Health and social care promotion

Promoting health and preventing illness is essential for improving quality of life a
healthcare systems. Through vaccinations, health checks, screenings and educati
professionals play a crucial role in maintaining public health and preventing disea

Vaccinations

Vaccinations play a vital role in preventing the spread of infectious diseases by bui
immunity in individuals. They are a weakened or inactive form of a virus or bacter
help the immune system recognise and fight off the active vi s/bacteria if the ind
encounters it/them later. Vaccinations are an esse ti l for preventing outbre
potentially deadly diseases, particularly in vu ra le people such as infants or old

Herd immunity

Herd immu cu s w en a large percentage of a population becomes immune to se, either through vaccination or through previous infection, reducing its spread. This form of protection is especially important for individuals who cannot receive vaccines, such as those with weakened immune systems, as it helps prevent disease transmission within the community. The higher the vaccination rate, the stronger the herd immunity effect.

D
For
ach
of
cov
out

Age-related health checks and screening

Regular health checks and **screenings** are important for detecting and preventing
health conditions early. These checks vary by age and aim to identify potential he
risks before they develop into serious issues.

Newborn hearing screening

This is conducted within the first 4–5 weeks of a child's life to detect potential he
loss early. It is conducted using an Automated Otoacoustic Emission (AOAE) test,
which measures responses to sound from the inner ear. Early detection allows fo
timely intervention, such as hearing aids, helping to ensure that children with hearing impairments receive appropriate support and resources to promote healthy development in speech and language.

K
Sc
a h
sy
me
sig
bec

Growth and development milestones (infants)

Health professionals will monitor infants' growth and develo ment during routine child health visits (e.g. 6–8 weeks, 12 n s and 2 years) to ensure children are meeting key milestones. C e ks include:

- Measurement of weight, height and head circumference
- Assessment of physica s es
- Monitori f s cognitive milestones (e.g. speech)

Regular chec ow for the early detection of developmental delays, enabling int
support the child's development.

Research activity
Research key growth and developmental milestones that infants typically experience. Consider finding graphs that help show g expectations, and tables of information on relevant milestones.

Hearing and eyesight checks (across the life stages)

A child's eyesight and hearing are likely to be checked within 72 hours of birth as part of the newborn examination, and then again during their 6–8 week review. A parent/caregiver may raise concerns during later follow-ups, and eye tests or hearing tests can be arranged if needed.

Children aged 4–5 are offered vision screening when they start school to detect any issues that may affect learning and social development. This takes place in most schools, but does not include eye tests.

The NHS offers free eye tests for individuals who meet certain criteria:

- Under 16
- Under 19 and in full-time education
- Over 60
- Registered blind or partially sighted
- Over 40 and mother, father or sibling has been diagnosed with glaucoma or is at risk of glaucoma
- A prisoner
- In receipt of Income Support or Universal Credit

Individuals can be referred for hearing checks at any life stage. A GP can refer to a specialist).

Eyesight tests and vision checks throughout the life stages aims to prevent or manage further complications.

NHS Health Check (across the life stages)

An NHS Health Check is a free check-up offered to individuals aged 40 to 74 who do not already have a long-term health condition. People in this age group are invited to take part in these checks every five years. The aim of the NHS Health Check is to help prevent serious conditions, such as heart disease, stroke and diabetes. These checks include assessments of blood pressure, cholesterol levels, and lifestyle factors such as diet, exercise and alcohol use to prevent future health problems.

Diabetes checks	These tests help detect diabetes by measuring blood sugar levels. Early detection is key for managing the condition.
Hypertension (high blood pressure)	Regular blood pressure checks help identify high blood pressure, a risk factor of heart disease and stroke.
Height and weight checks	Monitoring height and weight helps assess growth in children and maintain healthy body weight in adults.
Blood test for cholesterol	This test measures cholesterol levels to assess the risk of cardiovascular diseases.

Did you know?

The NHS Health Check programme was a groundbreaking initiative aimed at preventing people aged 40 to 74. It was one of the first programmes of its kind to focus on catching issues before they become serious.

Early cancer screening

Early cancer screening programmes, such as cervical, bowel and breast cancer screening, detect cancer in its early stages when treatment is most effective. Cervical screening helps prevent cancer by identifying abnormal cells early, offered to women aged 35–64, every 3–5 years. Breast screening uses mammograms, offered to women aged 50–70 years. Bowel cancer screening checks for hidden blood, inviting men and women aged 60–74 every two years.

Dementia screening

Currently, screening for dementia is not recommended. This is because no scree
identify individuals with dementia **before** symptoms develop, which is the sole pu
Other factors include a lack of evidence that current treatments for dementia wo
such as causing unnecessary worry to individuals.

Although screening for dementia is not available, individuals can undergo tests if
memory by visiting a GP, where a diagnosis is formed from a number of assessme

> **Research activity**
> Research tests that help diagnose dementia. Write down some ex

Mental health educati n

Mental health educatio aise awareness of mental health issues and promote st s aintaining emotional well-being. Education helps individuals se signs of mental health problems such as anxiety and depression, and encourages seeking professional help when needed. Schools, workplaces and communities can play a key role in providing mental health resources, all of which can help raise awareness and break down **stigma** and discrimination related to mental health.

Dental checks

Regular dental checks are essential for maintaining oral health throughout life. Th
help prevent dental problems such as tooth decay, gum disease and oral infectio
hygiene, supported by routine dental visits, is crucial for overall health and well-b

Health education

Health education programmes focus on increasing awareness of healthy lifestyle
associated with smoking, alcohol, drugs, and unsafe sexual practices. By providin
information and resources, health education promotes informed decision-making
healthier behaviours that can prevent illness and improve quality of life.

> **Applied activity**
> Discuss with your partner why health education is important for each life stage. Use you
> support your discussions.

Accident prevention

Accident prevention programm aim t reduce the risk of injuries at home, at w
Education and awarene ia ves teach individuals how to avoid common acci
collisions, h no g safe practices and behaviours – for example, wearing a h
ensuring pr me safety measures are vital for preventing life-changing injur

Revision Questions (C2: Health and social c
and prevention)

Checking my understanding:

1. State the main purpose of vaccinations.
2. Name **two** age-related health checks and state their importance.
3. Identify **one** strategy that can be used for a...ent prevention in
4. State when herd immunity c... and how it reduces the spread

Developi... u...erstanding:

Scenario: *Jack, a 6-year-old, is attending his routine health check. His p... his recent weight gain and the impact it might have on his health.*

1. Explain **two** reasons why regular health checks are important fo...
2. Give **one** physical health risk and **one** mental health risk associa... childhood obesity that Jack may face if not addressed early.
3. Give **two** strategies that Jack's parents can use to support his he... habits to help Jack manage his weight.

C3: Health and social care profe

Health and social care professionals help people through different stages of life by arise at each stage. From childhood, where treatment for illnesses such as flu is n conditions such as dementia become more common, health professionals offer es to understand how health professionals support individuals with conditions such a By identifying and outlining the roles of these professionals, you will become fami and treatment at different life stages.

Nurses

Nurses are essential healthcare professionals who provide care and support to ind from infancy to old age. They work in various settings, including hospitals, clinics, centres, offering a wide range of services to promote health and well-being.

In infancy and early childhood, nurses play a crucial role in supporting new parents, monitoring a child's growth and development, and providing vaccinations to prevent illnesses such as flu and chickenpox. During adolescence, they offer guidance on managing risk behaviours, such as smoking and alcohol use, and provide sexual health education to promote safe practices. In early and middle adulthood, nurses help individuals manage stress, mental health issues and lifestyle-related conditions, offering support for a balanced work–life routine. For older adults, they assist in managing chronic conditions such as heart disease and dementia, ensuring that patients receive appropriate care and support to maintain their quality of life. Nurses not only provide direct p advocates, educators and coordinators, making them a vital part of the healthcare

There are many different types of nurse, suited to different roles. Let's look at so

Type of nurse	Description of role
Mental health nurse	Specialises in supporting individuals experiencing ment depression and anxiety. They work in various settings, community centres and residential facilities, providing management and emotional support to promote recov
Adult nurse	Provides care for adults of all ages who have a variety o acute illnesses to chronic diseases. They work in hospi settings, focusing on assessment, treatment and rehab manage their health and improve their quality of life.
Learning disability nurse	Supports individuals with learning disabilities to live ful their physical and mental health needs. They work in c and healthcare facilities, providing tailored care, promo helping patients develop social and practical skills.
Children and young people (CYP) nurse	Specialises in the care of infants, children and adolesce emotional and developmental needs. They provide tre education on health topics, ensuring children receive the illness or injury.
Specialist community public health nurse (health visitor)	Community-based nurse who works with families, part children, to promote public health and prevent illness development, parenting advice and health education, f to promote lifelong health and well-being.
Children's practice nurse	Works in a general practice (GP) setting, providing care their families. They administer vaccinations, conduct h on managing minor illnesses and injuries, ensuring chil the community.

Type of nurse	Description of role
School nurse (SN)	Works within an educational setting to support the hea school-aged children and adolescents. They conduct h health education, manage care for students with ongoi guidance on issues such as nutrition, mental health and
Occupational health nurse (OHN)	Focuses on the health and safety of workers in various workplace health risks, provide advice on injury preven return to work after illness, and promote overall workp screenings and education.

Case study

Patrick, 16, is feeling increasingly worried and stressed about his upcoming exams. He is having trouble focusing and managing his anxiety, which has affected his studies and overall well-being.

Applied

Read the c of nurse yo Explain wh could help

Midwi

Midwives are healthcare professionals specialising in pregnancy, childbirth and **postnatal care**. They provide support and guidance to expectant mothers throughout their pregnancy, assist during labour and delivery, and offer postnatal care for both mother and baby.

Midwives play a crucial role in monitoring the health of the mother and child, providing education on prenatal health, breastfeeding, and newborn care, ensuri a safe and positive birthing experience.

Doctors

Doctors are medical professionals responsible for diagnosing, treating and managing various health conditions across all life stages. They work in diverse settings, including hospitals, clinics and community health centres. They collaborate with other healthcare professionals to create tailored treatment plans, prescribe medications, perform medical procedures, and provide health education to promote well-being.

General practitioners (GP)

General practitioners (GPs) are primary care doctors who serve as the first point of contact for patients experiencing a wide range of health issues. They provide comprehensive care, including diagnosing illnesses, prescribing med care such as vaccinations and health screenings. GPs play a key role in managing specialist referrals, and promoting overall community health.

Research activity

Research examples of health conditions that GPs treat. Think o how GPs can help with common health conditions at different l stages, as discussed in Chapter C1.

Surgeons

Surgeons are doctors trained to perform surgical procedures to treat injuries, diseases and other medical conditions. They work in hospitals and surgical centres, specialising in areas such as orthopaedics, neurosurgery or cardiovascular surgery.

Surgeons not only operate but also participate in patient care before and after surgery, ensuring recovery and providing guidance on post-operative health management.

Dic
Surg
doze
neur
and
proc
of tr

Keywords

Orthopaedic surgery: treats problems with bones, joints, musc… endons and ligaments.

Neurosurgery: complex brain or spinal surgery tre… ng …ions such as brain tumours.

Cardiovascular surgery: surgery fo… on … ng problems with the heart and blood

Psychiati…

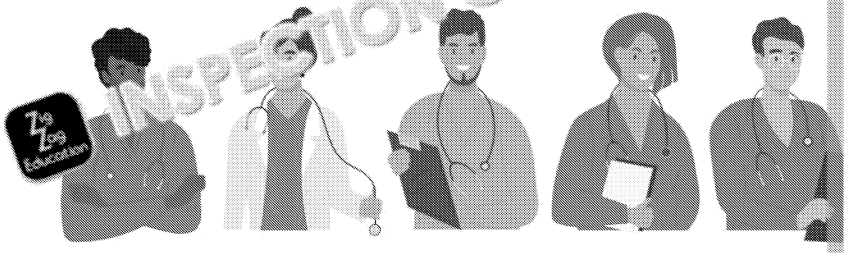
These doctor… specialise in mental health, and are the only mental health practiti… training (other mental health practitioners require training, just not medical). The… diagnose, treat and help prevent mental health disorders. Psychiatrists are most … complex disorders such as schizophrenia, and are licensed to provide treatments … work as part of a multidisciplinary team alongside psychologists, therapists and so… comprehensive care for individuals.

Allied professions

Allied health professionals are a diverse group of healthcare workers who play an essential role in supporting patient care, diagnosis, treatment and **rehabilitation**. They work alongside doctors, nurses and other healthcare providers to deliver a holistic approach to health and social care. This group includes a wide range of professionals such as physiotherapists, radiographers, occupational therapists, dieticians, and speech and language therapists.

K…
Re…
indi…
the…
exp…
iniu…

Allied health professionals often work in various settings, including hospitals, clini… centres, providing specialised services that enhance patient outcomes and promo… expertise helps individuals regain independence, manage long-term conditions, a…



Allied profession	Description of profession
Physiotherapist	Specialises in restoring movement and function in individua disability. They use physical techniques such as exercise, m to reduce pain, improve mobility and prevent further healt independence and enhance their quality of life.
Occupational therapist	Assists individuals who have physical, mental or developme everyday activities. They provide practical support and dev help patients adapt their environment, build new skills, and tasks such as self-care, work and leisure.
Speech therapist	Works with individuals who have communication, language They assess and treat conditions such as speech delays, stut difficulties resulting from strokes o[illegible]rological disorders, communication skills and im[illegible]patients' quality of life.
Radiographer	Medical imaging p[illegible]nal who uses various technologie CT scans [illegible]dia[illegible]se and monitor medical conditions. The[illegible] images of the body's internal structures, playi[illegible]gnosis, treatment planning, and monitoring of diseases a
Podiatrist	Healthcare specialist who diagnoses and treats conditions r lower limbs. They manage a range of issues, from common ingrowing toenails to more complex conditions such as diab prevent long-term complications and promote mobility.

Case study

John is a 45-year-old office worker who recently suffered a knee injury while playing difficult for him to walk without pain, affecting his daily activities and ability to work. referred to a physiotherapist for rehabilitation.

Physiotherapy intervention: John's physiotherapist begins by assessing his knee's rang extent of the injury. Based on the assessment, the physiotherapist creates a tailored tre exercises to strengthen the muscles around John's knee and improve flexibility. John att twice a week, where he learns to perform specific exercises and receives manual thera The physiotherapist also provides guidance on activities John should avoid to prevent f techniques to manage pain, such as using ice packs.

Outcome: Over several weeks of consistent therapy and at-home exercises, John notic his knee's mobility and a reduction in pain. He gradually returns to his regular activitie physiotherapy exercises into his daily routine to maintain his knee health. Thanks to the John is able to resume his active lifestyle and work comfortably, highlighting the critica his recovery.

Applied activity

Read the case study, above. Create your own exam[illegible]y [illegible]osing one allied health p they would improve health outcomes for an in[illegible]du[illegible] a specific life stage.

Dentist[illegible]n [illegible]ntal hygienists

Dentists are [illegible]ncare professionals specialising in oral health, focusing on diagn conditions related to teeth, gums and the mouth. They perform a range of proce extractions, root canals and orthodontics, while also providing education on main preventing dental diseases such as cavities and gum disease.

Dental hygienists work alongside dentists to promote oral health by providing pre professional teeth cleanings, remove plaque and tartar, apply fluoride treatments proper brushing and flossing techniques. Dental hygienists play a key role in prev supporting overall health through regular check-ups and maintenance.

Social workers

Social workers provide support to individuals, families and communities in overco
They work in settings such as schools, hospitals and community centres, helping p
crises, and address issues such as mental health, housing, and family conflicts. So
clients, ensuring they receive the appropriate care, support, and opportunities to

Applied activity

Scenario: Sarah is a 16-year-old girl facing family difficulties and emotional distress.
frequently and has become withdrawn, showing signs of anxiety. Her teachers have n
referred her to the school's social worker for support.

In pairs, take on the role of a social worker in Sarah's c and outline an action plan
- How you would initially approach and build trust with Sarah.
- The potential support services you could connect Sarah with (e.g. counselling, fam
- Strategies to involve her family, school, and community resources to support her

Dietici

Dieticians are nutrition experts who assess, diagnose and support individuals with dietary and nutritional needs. They work in various settings, including hospitals, clinics and community health centres, providing personalised advice on healthy eating, managing medical conditions through diet, and promoting overall well-being.

Dieticians use evidence-based practices to help individuals achieve their health goals, such as managing weight, controlling diabetes, or improving digestive health.

Research activity

Research examples of health conditions that dieticians trea

Care and support workers

Care and support workers provide essential assistance to individuals who need he
disability, illness or other conditions. They work in various environments to ensu
independence of those they support.

- **Domiciliary care workers**: also known as home care workers, these professio homes to help with personal care tasks such as bathi dressing, preparing m They enable people to live independently while ensuring their health and safe
- **Residential care workers:** provide care in settings such as nursing homes and They support residents with daily activities, social interaction, and health mo nurturing environment where individuals receive round-the-clock care and c

Psychologists and counsellors

The role of a psychologist is to study the mind and behaviour **scientifically**, which in turn can help them understand how our mental processes impact our behaviour and emotions. By using this approach to learn about the mind, psychologists can then use this information to help people through their mental health struggles by using evidenced-based interventions. They assess and treat mental health conditions, such as anxiety, depression and trauma, using evidence-based therapies such as cognitive-behavioural therapy (CBT). Psychologists work in various settings, including hospitals, clinics, schools and private practices.

Counsellors provide a safe and supportive environment for individuals to discuss personal issues, emotions, and mental health concerns. They use therapeutic techniques to help clients explore their feelings, develop coping strategies problems. Counsellors work in schools, community centres, healthcare settings and promoting emotional well-being and personal growth.

Youth workers

Youth workers support young people in their personal, social and educational development, often focusing on those aged 11–25. They work in youth centres, schools and community organisations, providing guidance, mentoring and activities that promote confidence, life skills and positive behaviours. Youth workers also advocate for young people's needs, offering a safe space to discuss concerns and access resources to support their growth.

Social prescribers

Social prescribers help individuals improve their health and well-being by connecting them to non-medical support services in their community. They work in healthcare settings, e.g. GP practices, addressing issues such as loneliness, stress and lifestyle management by linking people with local activities, social groups and support services. Social prescribing empowers individuals to take control of their health through holistic, community-based approaches.

Revision Questions (C3: Health and social ca

Checking my understanding:

1. Explain the importance of an occupational therapist in health a
2. Identify **two** ways nurses can support patients in infancy and ea
3. Give **four** responsibilities of a general practitioner (GP) in pati
4. Explain the role of a health visitor.

Developing my under

Scenario: *a, a 45-year-old woman, is experiencing stress and anxiet job. She has been referred to a mental health nurse for support.*

1. Explain how stress can impact Anna's mental and physical heal
2. Identify **two** strategies a mental health nurse might use to help A her stress.
3. Describe **two** lifestyle changes Anna could make to support her outside of her professional treatment.

C4: Personalised care and multidiscip

In health and social care, personalised care is about tailoring support to meet an i preferences and circumstances. Achieving effective personalised care often requ known as multidisciplinary working, where various professionals work together to support. This approach ensures that all aspects of a person's health and well-bei better outcomes and improved quality of life.

Integrated care systems

An integrated care system represents a collaborative approach to healthcare that brings together different professionals, organisations and services to provide holistic, coordinated care for individuals. This multidisciplinary and multi-agency approach involves hospitals, general practitioners (GPs), social care providers, community health services, mental health specialists, and voluntary organisations working in a unified team. The goal is to break down traditional barriers between healthcare sectors, ensuring that individuals receive seamless support that addresses all aspects of their health and well-being.

In an integrated care system, a person with complex health needs, such as a chro from various professionals, including doctors, nurses, social workers, physiothera specialists, to develop a personalised care plan. By sharing information and resou deliver more effective, patient-centred care, reducing gaps in services and improv This integrated model not only enhances the patient's experience but also helps c responsive healthcare systems.

Person-centred approach to care

A person-centred approach to care places the individual at the heart of their healt and well-being journey. It involves a holistic assessment of the whole person, focusing on their unique needs, goals and preferences to ensure they receive the best possible care and can have an active role in their treatment. Healthcare professionals can do this by using the Roper and Tierney model which outlines 12 activities of daily living, which helps to assess a person's needs and abilities to wor out where they need support. By focusing on an individual's strengths, abilities an desires, health and social care professionals can develop more effective, meaningful care plans which reflect person-centred care.

Features of multidisciplinary team working

Multidisciplinary team (MDT) working is a collaborative approach that brings toge disciplines to provide comprehensive care for individuals. This integrated approa coordinated, and tailored to the person's specific needs, resulting in more effecti outcomes. Features of multidisciplinary team working includes:

Shared decision-making

Shared decision-making is a collaborative process where service users are at the c their care. Health and social care professionals work together with individuals, an discuss treatment options, explore preferences, and make informed choices. This individual's right to be involved in their care and recognises their insights and exp heart of the process. By engaging in open dialogue, professionals and service use align with the person's values, leading to more personalised and effective outcom

Different professionals working across a service

When different professionals work across a service, effective collaboration is crucial to ensure seamless, high-quality care. Open communication is essential; professionals such as doctors, nurses, therapists and social workers must regularly share information and updates about the service user's progress and needs. Understanding each professional's role within the team helps build mutual respect and enables the team to make well-informed decisions, ensuring that care is coordinated and holistic. This comprehensive approach ensures that every aspect of an individual's health and well-being is addressed effectively.

Working with families and significant others

Families and significant others often play a vital role in an individual's health and well-being, particularly when involving children, older adults or those with complex health needs. Involving family members can provide additional insight into the service user's preferences, routines and support needs. Additionally, care professionals can work alongside families, offering guidance, support and information to help them in their caring roles. By fostering strong partnerships with families, professionals can create a supportive and holistic care environment, contributing to better outcomes and overall well-being for the individual.

Research activity

Find examples of how multidisciplinary teams (MDTs) work together to support individuals with dementia in your local area.

Revision Questions (C4: Personalised care and multidisciplinary working)

Checking my understanding:

1. Define person-centred approach to care.
2. Explain the importance of shared decision-making in a multidisciplinary team.
3. Describe **two** ways families can be involved in a patient's care plan.

Developing my understanding:

Scenario: *Mr Brown is a 70-year-old man with dementia, lives in a care home. His multidisciplinary team (MDT) meet regularly to discuss his care and support needs.*

1. Explain **two** ways a multidisciplinary team (MDT) could assist in supporting Mr Brown.
2. Identify **one** professional who might be part of Mr Brown's MDT and explain their role in his care.
3. Describe **two** strategies the MDT might use to support Mr Brown with his daily living activities.

Chapter A: Human growth and development through t

A1: Physical development

Checking my understanding:

No.	Answer
1.	**1 mark for each definition, up to 2 marks:** • Growth refers to physical and physiological changes that affect the body (1) *Physical refers to changes in size and proportion (increases in height and weight, char organs, muscle development). Physiological refers to the fun ions of the body (pube* • Development refers to how the body organi s itself within the physical str how we acquire new skills and learn to a ply em (1) *Accept other suitable definitions*
2.	Adolescence for girls (ty ly a nd 18), and early adulthood for boys (typicall
3.	**1 mark for suita le ili and 1 mark for example, up to 2 marks:** The w h child should have achieved a certain skill (1), e.g. speaking tw or c (1) *Accept other suitable answers and examples*
4.	**1 mark for each example, up to 2 marks:** Infancy: 0–2 years • tripling in weight by the end of the first year • doubling in height by the end of the second year • head circumference increases from around 35 centimetres to around 48 ce • fusing of the fontanelles by 18 months to two years • brain reaches 80% of the size of an adult brain by 24 months • strengthening of bones and muscles to support weight of body *Accept other suitable answers*
5.	**2 marks for any two of the following**: • Decrease in muscle mass • Reduced bone density • Loss of skin elasticity • Deterioration in vision and hearing *Accept other suitable answers*

Developing my understanding:

No.	Answer
1.	**1 mark for each physical change (linked to middle adulthood), up to 2 marks:** • Decreased muscle mass and strength making playing with grandchildren mo • Decline in hand–eye coordination leading to slower reflexes and challenges • Reduced flexibility and joint stiffness making playing with grandchildren mo • Changes in vision and hearing could impact his abili to interact with his gr • Decreased bone density can increase risk f ac es or joint pain, making i play with grandchildren *Accept other suitable answers ot ccept any changes that are not physical c*
2.	**2 marks for two lifes s to s that could influence John's physical developme** • R ular e s ould improve his physical abilities / tasks requiring streng • ce et could improve John's energy levels / muscle function / overall mance in daily activities • Sedentary lifestyle could worsen his physical abilities / tasks requiring stren coordination • Poor nutrition could negatively impact John's energy levels / fatigue / musc John's ability to stay active and complete tasks • Excessive alcohol consumption could worsen coordination / contribute to healt • Smoking/Drugs could impair lung function / fitness / contribute to health is breathlessness / reduced physical endurance *Accept other suitable answers*

No.	Answer
3.	• Reduced stamina/endurance in physical activities, e.g. playing, reducing his play for longer periods • Increased breathlessness/fatigue which could make tasks such as playing an activities more challenging *Accept other suitable answers*
4.	**1 mark for each change described, up to 2 marks** • Loss of muscle strength / reduced mobility makes it harder to perform phys tasks, e.g. climbing the stairs • Slower hand–eye coordination may affect his ability to perform tasks that re skills, e.g. writing • Vision loss could make it harder to read signs or to drive a car • Hearing loss could make it harder to engage in conversations, especially in n *Accept other suitable changes* **1 mark for strategy identified, up to 2 marks** • Maintain low impact exercises, e.g. yoga or swimming to maintain strength a • Use of assistive devices, e.g. walking sticks (mobility), glasses (vision) or hea • Use ergonomic tools or hand rails to support declining mobility *Accept other suitable strategies*

A1: Intellectual development

Checking my understanding:

No.	Answer
1.	**1 mark for brief description:** • Intellectual development refers to the growth and changes in our ability to t and process information throughout life (1) • It involves acquiring new skills, knowledge, and problem-solving abilities fro *Accept other suitable definitions* **Up to 1 further mark for expansion in relation to** specific areas of intellectual development, such as: • memory • language • problem-solving skills *(other **intellectual** skills can be credited)*
2.	**1 mark for each example, up to 2 marks:** • Infants (around 6 months) begin to recognise familiar faces, such as their ca • Infants progress from cooing and crying (3–9 months) to forming their first w months (1) *Accept other suitable answers*
3.	**1 mark for suitable explanation and 1 mark for example, up to 2 marks:** • Abstract thinking is the ability to grasp complex concepts that are not direct justice or freedom (1) • For example, a teenager may understand hypothetical scenarios *Accept other suitable explanations and examples*
4.	**1 mark:** Early childhood (ages 3 to 8 years)

Preview of Answers Ends Here