

# Topic on a Page for BTEC Level 3 Health and Social Care

Unit 1: Human Lifespan Development

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# Contents

Thank You for Choosing ZigZag Education.....	ii
Teacher Feedback Opportunity.....	iii
Terms and Conditions of Use .....	iv
Teacher’s Introduction.....	v
A4 Summary Pages .....	10 pages
A4 Activity Pages for Higher-ability Students.....	10 pages
A4 Activity Pages for Lower-ability Students .....	10 pages
A3 Summary Pages .....	10 pages
A3 Activity Pages for Higher-ability Students.....	10 pages
A3 Activity Pages for Lower-ability Students .....	10 pages


# Teacher's Introduction

This resource is primarily intended to be used during revision by students studying BTEC Nationals Health and Social Care, Unit 1: Human Lifespan Development. This unit explores physical, intellectual, emotional and social development across the life course. The unit also covers factors that can influence development, and the impact of ageing.

As a revision tool, this resource does not aim to cover the material in depth, but rather to provide visual 'mind maps' of the entire Unit 1 specification which students can use as a basis for their revision, covering all the key knowledge that students need for their exam. The resource is especially suited to visual learners, and those learners who find it hard to revise from written notes. There are two versions of each of the activity mind maps, adapted for higher- and lower-ability students.

This resource contains:

- 10 completed mind maps which provide solutions to the activity mind maps, labelled ① to ⑩
- 2 × 10 activity (partially completed) mind maps for students to complete, labelled ① to ⑩.
  - The lower ability versions of the activity sheets are labelled with a square: ■
  - The higher-ability versions of the activity sheets are labelled with a triangle: ▲

Activities are identified by a  icon.

All are provided in A3 and A4 formats.

The mind maps cover components of the specification in the following way:

1	Physical development across the life stages	A1
2	Intellectual development across the life stages	A2
3	Emotional development across the Life stages	A3
4	Social development across the life stages	A4
5	Nature vs nurture	B1, B2 and B3

6	Social factors that affect development and Economic factors that affect development	B4 and B5
7	Major life events that affect development	B6
8	The physical changes of ageing	C1
9	The Psychological changes of ageing	C2
10	The societal effects of an ageing population	C3

## How to use the resource:

- The sheets can be handed out at the end of the course, or at the end of each topic for revision purposes.
- The mind maps can be printed out poster size and displayed on the classroom walls as the topic is being taught, so that students have a visual reminder of what they have been covering in their lessons.
- The resource also includes partially filled-in mind maps. Students could be encouraged to complete the exercises as a way to recap on knowledge from the topic at the end of teaching. More-able students could, additionally, be asked to think of more examples to illustrate the points, or weaker-ability students could provide more illustrations or colour-code the mind maps to aid memory of the key topics.

May 2019

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\* resulting from minor specification changes, suggestions from teachers and peer reviews, or occasional errors reported by customers

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# 1 PHYSICAL DEVELOPMENT ACROSS

LEARNING OUTCOME A

## GROWTH

When thinking about the physiological and psychological changes that people go through as they get older, we should be aware that

- Measurable, quantifiable factors, e.g. height, weight, body dimensions (e.g. head circumference in babies)
- Growth doesn't occur at a consistent rate – can have sudden bursts, e.g. during puberty
- Different body parts grow at different speeds – e.g. infants' heads grow faster than other body parts
- Charts containing normative data help to identify whether a child is growing at the expected rate

- Orderly sequence of the acc  
Development happens:
- at different speeds but
  - head to toe: babies are
  - inside out: learn to con
- Failure to meet **milestones**

**Gross motor skills:**  
Ability to use large muscle groups to perform actions.

**Fine motor skills:**  
Ability to make smaller movements using small muscle groups.

During this life stage, develop gross motor skills and fine motor skills such as:

- **Gross motor skills:** control of head; crawling; being able to walk.
- **Fine motor skills:** building towers; picking up small objects.

There are **key developmental milestones** that occur during infancy, but these may vary with each individual. For example:

	Gross motor skill	Fine motor skill
6 months	Ability to sit up	Picking up toys
8 months	Starting to stand	Picking up small objects
9–10 months	Cruising (walking while holding furniture)	Holding objects with finger and thumb
12–13 months	Walking	Putting toys down deliberately
18 months	Climbing on furniture	Building a block tower
2 years	Throwing a ball	Drawing lines and circles

Girls start **puberty** usually around 11–13, boys usually start 12–15. Hormonal changes prompt the biological changes of puberty – increased testosterone for boys, increased oestrogen and progesterone for girls.

### Development of sexual characteristics:

	Primary – change in reproductive organs	Secondary – changes to other body parts
Girls	Lengthening of vagina, widening of uterus, beginning of menstruation and ovulation	Hips widen and breasts develop; pubic hair grows; armpit hair grows.
Boys	Increase in size of penis and testes, sperm production begins	Voice deepens; broader chest and shoulders; facial, pubic and armpit hair grows.

**INFANCY**  
(0–2 years)

**EARLY CHILDHOOD**  
(3–8 years)

**ADOLESCENCE**  
(9–18 years)

**EARLY ADULTHOOD**  
(19–45 years)

When children reach three years old, their gross and fine motor skills continue to develop. Some examples of these skills against key milestones are:

	3 years	4 years	5 years	6 years
Gross	Walk in a line, ride tricycle and run	Kick a ball	Use scissors	A child should be able to engage in most sports
Fine	Button/unbutton own clothing and turn book pages	Write own name	Able to do joined-up writing	Cutting neatly around shapes

When each 19, physical maturity is reached. Although **strength peaks** around 19–25 years, young adults should maintain this with regular physical activity.

**For women**, pregnancy and lactation are key parts of this developmental stage. **Increased oestrogen** and **progesterone** during pregnancy. As the breasts prepare to make milk, they become more sensitive and the areola darkens.

**Perimenopause:**  
Begins around 40 years of age due to oestrogen decline. Eggs are no longer released each month.  
Impact on emotional, psychological and physical well-being.

- Symptoms include:**
- Fatigue
  - Hot flashes
  - Mood swings
  - Breast tenderness
  - Irregular periods

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# 2 INTELLECTUAL DEVELOPMENT ACROSS INFANCY AND EARLY CHILDHOOD

LEARNING OUTCOME A

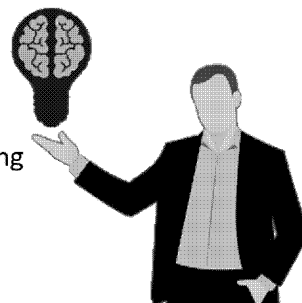
**Intellectual development** concerns building skills in thinking and understanding the world around you.

## KEY ASPECTS OF INTELLECTUAL DEVELOPMENT

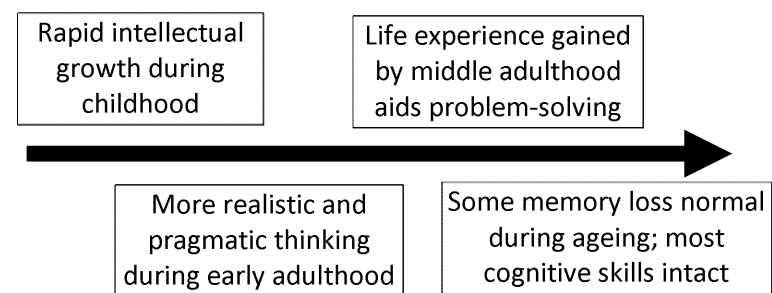
Babies and children go through a rapid pace of development in acquiring **intellectual** and **cognitive** skills.

There are **five** key aspects of intellectual development:

- Language development** (fastest learning; takes place between 2-5 years old)
- Problem-solving** (skills to resolve issues and avoid future problems)
- Memory** (storage and retrieval of information)
- Moral development** (attitudes regarding others and their relationship to self. Informed by socio-cultural norms.)
- Abstract and creative thought** (being able to think about a scenario and problem-solve it without being physically present in the scenario)



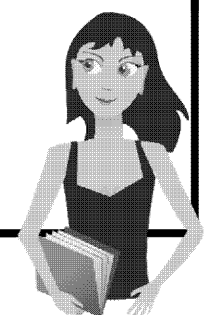
## Stages of intellectual and language skills across the life stages:



## INTELLECTUAL ABILITIES IN EARLY ADULTHOOD

In early adulthood (19+ years), more **realistic** and **pragmatic** thinking becomes evident. Although someone is more able to think about abstract knowledge to the **practical** aspects of life.

- Ability to think about complex problems
- Apply reasoning and knowledge to life situations to make a judgement
- Problem-solving develops further

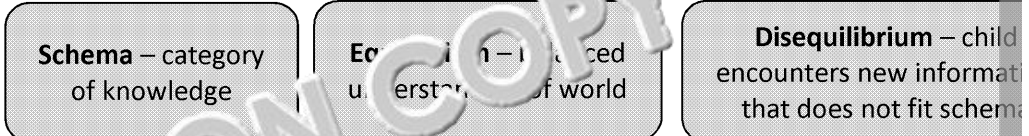


## PIAGET'S MODEL OF CHILDREN'S INTELLECTUAL DEVELOPMENT

Piaget proposed a model on children's logic and reason and how this develops through the four stages.

Sensorimotor 0–2 years	Preoperational 2–7 years	Concrete operational 7–11 years	Formal operational 11–18 years
Infants use their senses to interact with the world, e.g. via touch or mouth. This stage involves a lot of trial and error, and testing new things out.	Language development begins at this stage. Children can use their imagination and think at a symbolic level, but are not yet able to use logic. <b>Egocentrism</b> (inability to see situations from another's perspective) is a feature at this stage.	Able to use simple logic for problem-solving. Able to problem-solve as long as the issue is laid out physically in front of them.	Thinking becomes more abstract, and children are now able to use logic to solve problems that are not physically present in front of them.

Through their experiences, children develop **schemas** (knowledge on a given topic or scenario), which involves being in a state of **equilibrium** about their world knowledge. **Disequilibrium** occurs when the child is presented with new information about the world which does not fit their current schema. They must **accommodate** this new information into their schema.



**Accommodation** – incorporation of new information to schema

### Critiques of Piaget's model

- Based on small, unrepresentative (high socio-economic status) sample of children
- Stages not as concrete and inflexible as presented
- Role of environment in strongly accelerating or slowing developmental process is not considered

**Tasks of conservation**  
Piaget used these to find whether children could use logic – do they understand that while something's appearance might change, its volume remains the same? For example, the same amount of liquid poured into glasses of different height. Children can usually understand this by the time they reach the concrete operational stage.

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# ATTACHMENT

Attachment to a **caregiver** in infancy and early childhood is the first part of **emotional development**. Having a healthy, positive attachment helps a child to build their **self-image** and **self-esteem**. **Responding appropriately** to a child's needs helps to foster strong, positive attachments.



**Attachment** – connection between child and caregiver

**Emotional development** – ability to understand and recognize emotions of self and others

## THEORIES OF ATTACHMENT

The concept of attachment has received a lot of attention from researchers and psychologists. Below, key theoretical ideas about attachment are outlined.

### Bowlby's theory of attachment

Bowlby thought that every child has an **innate need** for attachment, and noticed the importance of a child's relationship with their **mother** for healthy development, and feelings of safety and **security**. Infancy is a **critical period** for developing **patterns** of attachment that will follow the person into their later life.

The two main patterns of attachment based on Bowlby's theory are:

**Secure** → a good relationship between child and caregiver. The child feels happy and confident, and feels secure enough to explore and try new things. Facilitates healthy development. Securely attached children may experience **separation anxiety** when apart from their primary caregiver.

**Insecure** → when a caregiver does not meet a child's needs consistently or appropriately, an insecure attachment will form. This can lead to behavioural problems, trust issues, and clingy behaviour in the person's later life.

**Separation anxiety** – distress experienced by the child when apart from their primary caregiver

Disruptions to the development of healthy attachment patterns can be caused by many factors, such as...

Early separation from primary caregiver, or inconsistent caregivers

Parents' own difficulties, e.g. substance abuse or postnatal depression

Premature/disabled children may face more challenges to forming attachments

### Critiques of Bowlby's theory

- Children may form more effective relationships with people other than their primary caregiver – **sensitive responsiveness** might be more important.
- Overemphasis on maternal attachment. According to Rutter, a lack of healthy attachments overall may be particularly problematic (privation).

### Other theories of attachment

In the 1970s, research (involving observation of the interactions between babies and their caregivers) led to the identification of two categories of insecure attachment – insecure avoidant (highly independent of attachment figure, babies do not seek comfort from them) and insecure ambivalent/resistant (alternating between clingy and rejecting behaviours towards attachment figure).

# DEVELOPMENT

This starts in early childhood

### SELF-ESTEEM

Self-esteem concerns the **acceptance** of your feelings of **optimism** about your place in it. In adolescence, it has a large impact on self-esteem.

### Which factors influence self-esteem?

Positive, strong **attachments** with caregivers → reinforces **positive** experiences and thoughts

**How self-esteem impacts development**  
**High self-esteem** can lead to a positive outlook on life, greater **willingness** to take on challenges, and better academic performance.  
**Low self-esteem** can lead to making them **withdrawn**. They may be less likely to seek educational, social or career opportunities. Low self-esteem in young people more susceptible to **peer pressure**, and to engaging in risky behaviours. It can also lead to serious mental health difficulties, including depression and anxiety.

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# 3 EMOTIONAL DEVELOPMENT ACROSS

# PLAY

Play has many functions. It provides children with the opportunity to **practise** social skills, such as learning to make **friends** and work together **collaboratively**.

## SOLO PLAY

Until around 2 years old, children play independently as they do not yet have the social skills to play with others. They start to learn **problem-solving** and build their **confidence** in trying new things.



## COOPERATIVE PLAY

Children begin to play with each other from 3–8 years old. as they are now starting to form **relationships** with another. **Language** skills are further developed at this age, as is the ability to **understand** others and **cooperate**.



## PARALLEL PLAY

From around 2–3 years old, children play **alongside** each other than with each other. They have not yet learnt to share so they do the same thing next to each other, still enjoying each other's company. Benefits of this stage include **language** development, **motor skill** refinement, and the opportunity to **observe** social interactions.



**Social development** – learning the skills needed to interact with other people in a socially appropriate way.

Building **healthy** friendships has many benefits:

- Emotional **support** and help to cope with stress
- **Encouragement** of healthy choices
- Builds self-esteem and **confidence**
- **Reduced loneliness**

However, there can also be some negative effects if you are surrounded by the wrong people into risky behaviours (e.g. binge drinking) or peer pressure as they are at an age where they are more likely to be influenced.

The relationships we have with other people can be very **meaningful**. Developing quality relationships can help you to form **trust** with another person.

There are also differences between different types of relationships:

**Informal** – relationships with your family and friends.

There are different stages of relationships:

Interactions with **caregivers**.

**Infancy (0–2 years)**

**Primary socialisation** – learning social norms from those in your immediate family

Involves **primary** relationships first, and then **secondary** relationships of friendship towards **secondary** people.

# DEVELOPMENT OF INDEPENDENCE

'Independence' means being able to do things for oneself. As a child and young person grows, they will learn how to do more things for themselves and will become more confident in doing so. The diagram below shows how independence develops over the lifespan.



Children learn to do things for **themselves** such as dressing themselves, brushing their own teeth. They also begin to develop likes and dislikes.



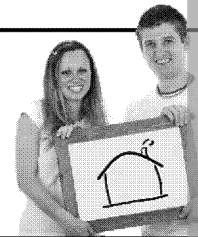
## Adolescence

During these years, young people begin to separate themselves from family values and develop their own identity. They may also question choices made for them in previous years, and are more likely to be influenced by peers.



## Starting employment

Helps young adults take steps towards financial independence.



## Leaving home

When someone is financially able to, leaving home can help them to develop skills for a household (e.g. budgeting, cleaning) and manage tasks with a career and relationships.

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## NATURE

The 'nature' position proposes that biological factors (e.g. inherited genetic information) are responsible for someone's development across their lifespan.

An example of a 'nature' approach is **Gesell's maturational theory**, proposed in the 1920s. Gesell proposed that biological factors play a primary role in child development. Using a '**normative approach**', Gesell found that children typically reached particular **milestones** by a certain age. He also noted that although each child develops at their own pace, all children go through a predictable **sequence** of development. The pace of a child's development depends on the rate at which their **nervous system** develops.

Critique of Gesell's theory:

- Insufficient consideration of environmental influences on development, such as social and cultural differences.
- Gesell's maturational theory does not explain individual differences between children with learning disabilities.

**Normative approach** – examining a typical sequence of progress

# 5 NATURE VS N

To what extent is someone's development affected by t how much of someone's development is determined b

## DIATHESIS-STRESS

So, what a utap roar es o development that take into account d rtu. an how do these two influences interact with each c

The **diathesis-stress** model of mental illness is one such approach. The diathesis part concerns the degree to which someone has a **predisposition** towards developing a mental illness. The **stress** part refers to the role of life events in triggering the development of mental health conditions. Therefore, mental health problems are much more likely to develop in someone who has a genetic predisposition and has also experienced stressful life events.



## GENETIC FACTORS THAT AFFECT DEVELOPMENT

You inherit **genes** from your parents, which are made up of sequences of **DNA**. This genetic information influences development by causing certain health conditions, or makes acquiring a condition more likely.

### GENETIC CONDITIONS:

Cystic fibrosis	A recessive genetic condition in which the lungs become clogged with thick mucus due to a defective protein, causing respiratory and digestive issues. Can be managed with medication, physiotherapy, and a special diet to ensure nutritional needs are met.
Brittle bone disease	A genetic mutation or an inherited faulty gene affects collagen, resulting in bones that easily break or fracture. Can be managed with medication that strengthens bones, physiotherapy and assistive equipment.
Phenylketonuria (PKU)	A rare genetic disorder in which the body cannot break down some proteins found in foods such as milk, meat or eggs. This causes a phenylalanine build-up, which can result in serious damage to the brain and death. The diagnosis is offered in newborns, so that the condition can be managed immediately with diet and medication.
Huntington's disease	The condition usually begins to develop between 35 and 55 years as a result of inheriting faulty genes. There is progressive damage to brain cells, which is fatal after 15–20 years. Symptoms include reduction in motor coordination, memory loss, mood swings, and impact on cognition.
Klinefelter's syndrome	A condition that affects boys, where an extra X chromosome is present at conception. Results in reduced muscle strength, smaller organs, tall height, a lack of body hair, a reduction in testosterone levels. Children with the syndrome also tend to be quite intelligent.
Down's syndrome	Occurs due to a copy of chromosome 21, which usually occurs due to mutations after conception. Results in different levels of learning disability, changes to physical characteristics (facial features). People with Down's syndrome are also at a higher risk of developing other health conditions, such as heart defects.
Colour blindness	While true colour blindness is very rare, the term often refers to <b>colour deficiency</b> , meaning difficulties in telling colours apart. The condition is usually due to a genetically inherited retina abnormality. Knowing about the condition can help facilitate a child's learning, but otherwise does not usually cause long-term issues.
Duchenne muscular dystrophy	One of many types of muscular dystrophy; caused by mutations on the X chromosome that interfere with proteins that repair and build muscles. This type mostly affects boys and is particularly severe, with most sufferers living only until their 20s/30s. There is a gradual weakening of the muscles, which leads to severe disability.

**Recessive** – copies of a faulty gene must be inherited from both parents to develop the condition

Some may also have a **genetic susceptibility** to other conditions such as cancer, high cholesterol, and type 2 diabetes. However, lifestyle factors can dramatically reduce the likelihood of these conditions manifesting.

Other biological factors affecting development include **congenital** defects. The most common examples are Down's syndrome, heart defects, or nervous system disorders.

Another example is caused by lifestyle factors such as **fetal alcohol syndrome**, when a mother drinks during pregnancy, causing a range of developmental and physical effects on the baby.

Examples of congenital disorders caused by viral infections include **rubella** (can cause heart and vision/hearing problems) and **cytomegalovirus**, which:

- is part of the herpes virus family
- can cause learning disability and deafness
- can be treated with antiviral medication after the baby is born

**Congenital** – present at birth. Can be due to either genes, infections, or lifestyle factors (e.g. diet) of the mother.

## ENVIRONMENT

The

## POLLUTION

Air pollution, such as carbon dioxide and sulphur dioxide, can lead to health problems.

- Rubella
- Cytomegalovirus
- Alcohol

As a result, children can also be born with **death** or other health issues that can affect their life expectancy.

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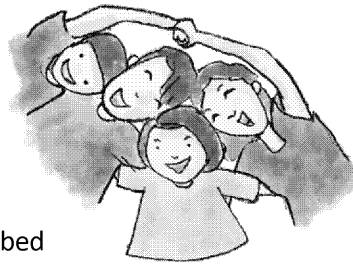


LEARNING OUTCOME B

### FAMILY FUNCTIONING

The **family** you grow up with affects your development. Families help teach children **social behaviour**, to form attachments and to learn to cooperate, and provide support.

However, **dysfunctional** families are those that do not conform to regular family norms, and do not provide the benefits of a healthy family as described above. For example, there may be controlling behaviour, high conflict, or neglect.



### BULLYING

Commonly regarded as **repetitive** behaviour intended to hurt feelings and emotions, and/or cause physical **harm**. There is no agreed-upon legal definition. Bullying can also take place **online**.

#### PARENTAL DIVORCE OR SEPARATION

Parental separation can affect child development, particularly if the process involves a lot of **conflict**. There may also be the following impacts on children:

- Inconsistency in living arrangements
- Uncertainty and anxiety
- Lowered confidence and self-esteem
- Guilt
- Insecure attachments
- More susceptible to peer pressure



#### SIBLING RIVALRY

It is normal for siblings to **compete**, but this can sometimes cross into **bullying**. Unhealthy rivalry can come from the desire to exert **control**, or when competing for **parental attention**. Children may also be **modelling** the **conflict resolution** tactics they have seen from their parents.

Family – people living together who are biologically or socially related.

#### Parenting Styles

A professor at the University of Michigan identified three key parenting styles:

Permissive	Lax parenting, with few rules. As adults, people may have problems with managing boundaries, responsibilities and relationships.
Authoritarian	Overly strict and controlling, with too many rules. Can result in rebellion and problematic behaviour.
Authoritative	High standards with appropriate values. Consistent boundaries, and responsive to children's needs. Tends to result in better self-esteem and mental health.

#### IMPACT OF BULLYING

##### Self-esteem

Bullied people can **internalise** the unkind comments made about them. This affects **self-confidence** and feelings of self-worth.

##### Self-harm

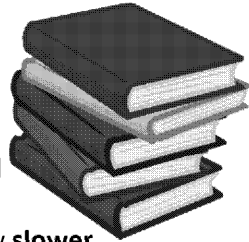
Self-harm can act as a way to **cope** with the unpleasant feelings associated with bullying. It can feel as though **tension** and emotional pain have been released.

### EDUCATION

### EMPLOYMENT STATUS

### INCOME AND EXPENDITURE

Research has shown that children from a poorer background tend to do less well at school, and show **slower skill acquisition**.



The level of education attained also has a **knock-on effect** on the level of **employment** status that a child could expect to achieve in later life. For example, those with fewer qualifications are less likely to get a higher-status, higher-paying job. As well as affecting social and financial position, this can also affect **self-esteem** and **well-being**.

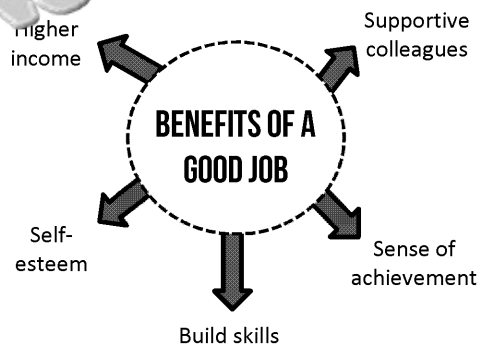


Furthermore, poor health can also affect educational attainment, as a child with a chronic illness may be less likely to **attend** school.

Employment status does not only mean whether or not someone has a job. It also concerns what **type** of work, how **much** they work during an average week, and what kind of **contract** they are on (e.g. permanent vs temporary).

People who are unemployed will have a lower income, which can have an impact on health and development in several ways (see right for details).

Higher stress and lower self-esteem can all be caused by: **low-paid jobs, no control over work, unpredictable work hours, and zero-hour contracts.**



**Absolute poverty** – cannot afford essential resources. High stress and health issues.

**Relative poverty** – can afford essential resources but not many other resources. Often leads to social exclusion.

Having a sufficient level of **income** impacts on health and development in many ways. Those with high incomes are more able to pay for health boosters such as gym memberships and nutritious food.

Those with lower incomes tend to have a less healthy diet. **Food banks** are available, but often contain food of limited nutritional value and little fresh produce.

The '**poverty line**' is defined as a household income less than 60% of the **median** income of the country. Growing up in poverty poses significant problems for child development. Here are some of the effects:

- Lower birth weight
- Poorer school achievement
- Higher likelihood of unemployment in later life
- Social impact, e.g. being bullied
- Higher risk of chronic illness during childhood

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# MAJOR LIFE EVENTS THAT AFFECT DEVELOPMENT

Everyone will face major life events at some point – these may be challenging and stressful, positive and enjoyable – or both. Life events will affect the health and development of different people in different ways.

## PREDICTABLE EVENTS

A predictable event is **expected** as part of the **natural life course**, and it is known that it is coming in **advance**. For example, pupils know they will leave secondary school at around 18 years old.

Predictable events can have a **positive** impact on people.

- Leaving school can be a positive experience towards independence, a positive experience towards further study or employment.
- Getting married can be a positive experience for well-being, partly due to the emotional support provided by a spouse.

However, just because events are expected does not always mean they will be experienced positively. For example:

- An expected divorce can still be very stressful, due to the need to **readjust** to a new status and living arrangements.
- The death of a relative who has been ill for a long time is likely to still be upsetting.

## UNPREDICTABLE EVENTS

Unpredictable events are **unexpected** and shocking when they occur. They can trigger a feeling of being 'out of **control**', which can lead to anxiety and depression. There is a need to adjust to a **sudden** change in circumstances, relationships or role. Because of this, unpredictable events often have a **negative** impact. For example:

- The grief and emotional impact associated with a sudden bereavement.
- Being made redundant can cause anxiety and stress.

However, there can also be a positive impact of unpredictable events. For example:

- Unexpectedly needing to move home gives the opportunity to experience living in a new area.
- A sudden promotion gives the opportunity for learning new skills, and higher social status.

## POTENTIAL IMPACT OF COMMON LIFE EVENTS

	Positive impact	Negative impact
Starting nursery or school	Opportunity to learn, build new skills, and make friends.	Difficulties with attachment and being separated from caregivers. Feeling insecure and stressed.
Moving home	Living in a new environment that might be safer with better facilities.	Stress involved in moving, and a negative impact on well-being if moving to a less desirable area.
Leaving home	Chance to build independence and learn new skills.	Struggling to cope with new responsibilities. Missing family and reduction in social support.
Marriage	Having a supportive partner builds resilience and self-esteem, and promotes mental and physical health.	Marriage to a negative or abusive spouse will have a negative impact on physical, emotional and social well-being.
Divorce	Relief and positive benefit to mental health if the divorce represents the end of an unhappy relationship.	Social isolation, and stress involved in adjusting to new status and living/childcare arrangements.
Starting a family	Sense of achievement, financial stability, development of new skills, and taking on more responsibilities.	Struggling to cope with new responsibilities, stress involved in parenting, impact on physical health.
Starting or changing employment	Opportunity to work towards greater financial goals, learn new skills, fulfil occupational goals.	Stress involved in adjusting to new role.
Redundancy	Access to new opportunities, possible improvement to well-being if previous job was stressful.	Need to adjust to new role and status, stress over financial situation.
Retirement	More leisure time and control over how the day is spent, more opportunities to socialise.	Potential for isolation, loss of role and status may impact on self-esteem and confidence.
Death of relative, partner or friend	Perspective might change on the world – perhaps valuing time and loved ones more.	Grief and bereavement, possible trauma and loneliness depending on the circumstances.
Accident, injury or serious illness	Possible re-evaluation of perspective on the world.	Adjusting to change in abilities and circumstances (e.g. if taking time off work), impact on well-being.

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### CARDIOVASCULAR DISEASE

Over time, there is likely to be a decline in the heart's functioning. For example, there may be a build-up of fatty cholesterol in the arteries over time. Someone might develop **atherosclerosis** – when this affects the arteries leading to the heart, it is known as **coronary heart disease**. Someone with the condition cannot feel it until a part blockage causes **angina**, or a full/significant blockage leads to a heart attack.

Lifestyle choices (e.g. being **overweight**, **smoking**, or a **sedentary** lifestyle) can substantially exacerbate heart problems or increase the risk of them occurring.

**Atherosclerosis** – known as 'hardening of the arteries' due to a plaque build-up which narrows the arteries



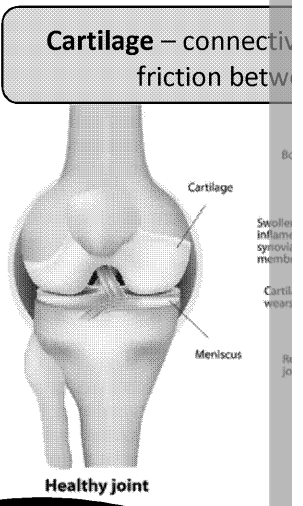
**Angina** – chest pain or pressure arising from a reduction in blood flow to the heart

### OSTEOARTHRITIS

This is a degenerative condition resulting from wear and tear on the **joints**. The **cartilage** has become thinned, which means that the joints rub and become **damaged** at the ends of the bones.

It results in **painful**, **stiff** and **inflamed** joints, which also affects **mobility** and **dexterity**. The most common areas affected include the hips, knees and elbows.

Osteoarthritis affects more **women** than men, and may be **genetic**. Those that are **overweight** are at a higher risk.



## THE PHYSICAL CHANGES OF AGEING

When someone enters their late 60s, they may experience a general bodily decline due to ageing. This decline does not just represent the body 'wearing out', as undertaking physical exercise can extend healthy life. The rate of decline is different for each individual, and lifestyle choices can have a substantial impact.

### DEMENTIA

Dementia is a **neurodegenerative** condition that affects **cognitive** abilities. For example:

- Understanding
- Ability to carry out tasks
- Memory
- Navigation
- Communication

**Neurodegenerative** conditions are those which involve the decline in function of, or loss of neurons in, the brain

Older age increases the risk of developing dementia – most people will not, but 20% of those over 80 years old will develop the condition.

**Alzheimer's disease** is a common form of dementia, with slow onset and progression. It produces **short-term memory** problems that **gradually** worsen, and interfere with the ability to carry out **everyday** tasks. People with a family **history** of the disease are at a higher risk, and there is currently **no cure**. However, medication can **delay** the progress.

Healthy Brain    Severe AD

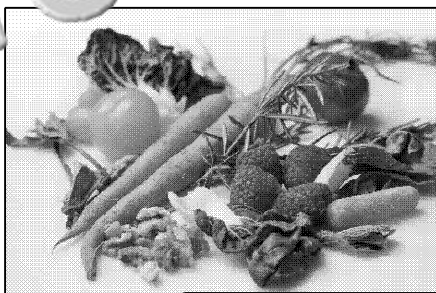


### REDUCED NUTRIENT INTAKE

**Energy requirements** will change depending on the person's physical activity levels. Due to role changes and possible health problems, older adults may be less likely to **exercise**.

As nutrients may not be absorbed from food as **efficiently**, older adults are at a greater risk of **malnutrition**.

Older adults may need more protein, vitamin C, iron and fibre. Older adults should also try to get more calcium and vitamin D in their diet, since this promotes **bone health**. Due to the increased risk of heart disease, older adults may be advised to follow a **low-saturated-fat** diet to offset these risks.



**Malnutrition** – a condition resulting from a diet that contains an incorrect amount (too much or little) of particular nutrients

Furthermore, food. A high-

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## EFFECTS ON CONFIDENCE AND SELF-ESTEEM

LEARNING OUTCOME C

The transition into later adulthood can impact a person's feelings of **self-worth** and perception of themselves.

On the **positive** side, many older adults can look back over their life and see that many of their life **goals** have been met. **Reflecting** on past **achievements** can produce a sense of **pride** and contentment, as well as boosting **self-esteem**. The increased opportunities for **leisure** time also allow for involvement in fulfilling **activities** (such as caring for grandchildren). Having **new** and enjoyable **roles** can foster positive self-esteem and confidence.

However, some older people may suffer a **reduction** in their self-esteem and confidence. This could be for several reasons. For example:

- The **physical impact** of ageing makes doing certain tasks **harder** than they used to be
- **Retiring** from a job that provided a degree of social status can lead to a **loss** in feelings of **marginalisation**
- A reduction in **income** (depending on the person's previous income and available pension) may alter the kind of **lifestyle** they can afford to live

**Marginalisation** – being treated as unimportant or unvalued by society

**Pension** – regular payment received by older adults. Provided by either the government or a previous employer.

## EFFECTS OF CULTURE, RELIGION AND BELIEFS

Different **cultures** have different practices and accepted methods for caring for the elderly. For instance, it is fairly standard in Western/British culture for older adults to live in **residential care homes** that provide care which meets the needs of the individual. These include **specialist** care homes that are better-equipped to manage conditions such as **dementia**.

Other cultures, such as Asian and African communities, place more emphasis on care being provided by the older person's **family**. In these groups, older adults are more likely to live at **home** with family members during their later years.

Religion's **beliefs** also influence the way they will view **death**. Some people may see death as a **loss**, or they may have a more **accepting** view of death and view it as an inevitable **transition**. Their view is likely to affect their **psychological well-being**.

# THE PSYCHOLOGICAL CHANGES OF AGEING

Ageing can involve facing multiple health conditions that interact with one another, as well as significant changes to life circumstances and roles. As a result there can be a substantial psychological impact of ageing – both positively and negatively, depending on the individual's situation and response to it. Many people have a healthy and comfortable old age, with lots of time to spend on leisure activities and socialising.

## EFFECTS OF SOCIAL CHANGE

As people age, they experience multiple changes to their position in society, leisure time and relationships with others. Depending on the individual's situation, this can have a positive or negative impact.

### Role changes and increase in leisure time

In older adulthood, people may experience **changes** to the role they play in society and in relation to others around them.

This could have a **positive** effect – retirement can allow more time to be spent with grandchildren, give the person the chances to get involved with community interests, and provide the **opportunity** to learn new skills.

However, increased **leisure** time might have a **negative** impact for those that struggle to fill the time and become **bored**. Additionally, some older adults may need an increased level of **care**, and they may struggle to adjust to the **role** of care-receiver and feel a loss of **agency**.

### Loss of friends

Some older adults will outlive their friends, which can result in loneliness and a **reduction** in social/emotional **support**. These events can also serve as a reminder of the older person's **mortality**, possibly causing **depression** and anxiety.

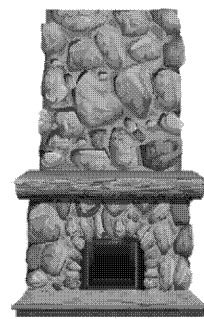
### Loss of partner

An older adult bereaved of their partner will be required to cope with the subsequent **grief** and **loneliness** relating to their loss. Their **self-concept** may also change substantially – if they were with their partner a very long time, their **identities** may have been very strongly tied to one another. Some bereaved older adults may **'give up'**, resulting in further effects on their health and well-being.

## FINANCIAL CONCERNS

For some older people, financial concerns are a concern at this point in their lives. If they have a well-paying job (with a good **pension**), have paid off a mortgage and been financially responsible throughout their lives, they are more likely to be in a good place to enjoy the leisure opportunities of retirement.

However, not all older people are fortunate enough to be in this position. For example, the cost of **rent** is continuing to **rise**. For older people on a low or state pension, paying the rent may not be easy and may result in a significant degree of **stress**.



Additionally, the costs of fuel during the winter are high for people on a low income, with many older people experiencing **fuel poverty**. Not only do the added financial stress contribute to a greater risk of experiencing health problems, but there is also a risk to **physical health** as older adults are at a higher risk of **hypothermia** (low body temperature). Some welfare benefits are available to help offset the costs of heating a home, e.g. winter fuel payments.

**Fuel poverty** – being unable to pay the costs involved in maintaining an adequate level of heat in the home

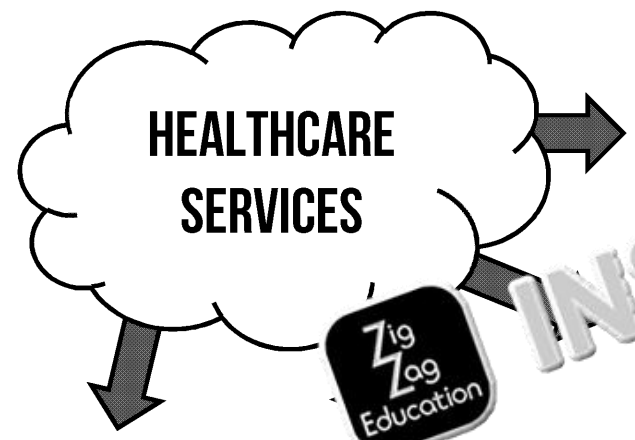
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### HEALTH AND SOCIAL CARE PROVISION

As older adults have a range of **needs** (including physical, psychological, social and cultural), as well as an increased risk of neurodegenerative conditions, there is a need to provide **holistic** health and social care. Look at the diagrams below to see the range of health and social care services and how they may play a part in the care of older adults.



**Primary care services** – deal with common, everyday health needs

Examples: GPs; dentists; pharmacists; optometrists



**Holistic care** involves the consideration of all different aspects of a person's circumstances and needs

**Secondary care services** – deal with more specialist needs

Examples: hospitals; mental health services; specialised clinics (e.g. for diabetes)

**Economically active** – currently in employment

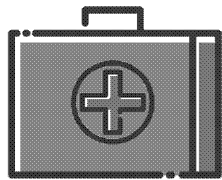


People in the UK are needing **care** or who have a considerable impact on the health of the nation

Older adults are particularly vulnerable and experience extreme health inequalities

Older adults are more likely to stay in hospital, and for longer, e.g. due to having a fall and developing added complications

**Tertiary care services** – services that are even more specialised, or work with very complex needs



Examples: hospices; residential care; extremely specialised services



### FINANCIAL PROVISION FOR OLDER PEOPLE

Most older people are entitled to receive a **state pension** from the government. In 2018, the amount of this was a weekly maximum of £164.35. To receive this amount in full, the person must have 35 years' worth of qualifying contributions that they made towards **National Insurance**. The age at which the state pension can be claimed is regularly reviewed by the government. Many other older adults can also claim an **occupational pension** that they will have built up during their previous employment.

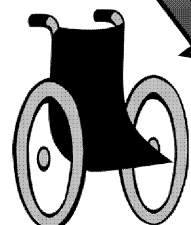
**National Insurance** – a government benefit scheme that funds things like pensions and sickness benefits. Employees pay a proportion of their wages into this.

Domiciliary care – can provide practical support with daily living (such as maintaining a home) and personal care



**Residential care** – for example, a nursing home. Most people have to self-fund until they reach the minimum asset threshold.

Can help with the provision of equipment to aid mobility and independence, such as wheelchairs



The local authority will do an assessment of an older person's needs to see what kind of support is required

**Social inclusion** – support to go out, run errands and participate in the community

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# ① PHYSICAL DEVELOPMENT ACROSS

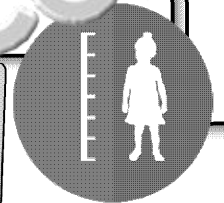
LEARNING OUTCOME A

## GROWTH

When thinking about the physiological and psychological changes that people go through as they get older, we should be aware that

Outline the terms **gross motor skills** and **fine motor skills**.

Identify the term used to describe a child's growth relative to the average growth of other children.



Define 'gross motor skills' and 'fine motor skills' and provide one example of each.



Identify a gross motor skill and a fine motor skill for each age during early childhood.

	Gross motor skill	Fine motor skill
6 months		
8 months		
9–10 months		
12–13 months		
18 months		
2 years		

Girls start **puberty** usually around 11–13, boys usually start 12–15. Hormonal changes prompt the biological changes of puberty – increased testosterone for boys, increased oestrogen and progesterone for girls.

Fill in the table to outline one primary sexual characteristic and one secondary sexual characteristic developed by girls and boys during puberty.

	Primary – change in reproductive organs	Secondary – changes to other body parts
Girls		
Boys		



When children reach three years old, their gross and fine motor skills continue to develop. Some examples of these skills against key milestones are shown in the table below.

	3 years	4 years	5 years	6 years
Gross	Walk in a line, ride a tricycle and run	Kick a ball	Use a spoon	A child should be able to engage in most sports
Fine	Button/unbutton own clothing and turn book pages	Write own name	Able to do joined-up writing	Cutting neatly around shapes

When each 19, physical maturity is reached. Although **strength peaks** around 19–25 years, young adults should maintain this with regular physical activity.

For women, pregnancy and lactation are key parts of this developmental stage. **Increased oestrogen** and **progesterone** during pregnancy. As the breasts prepare to make milk, they become more sensitive and the areola darkens.

Describe perimenopause.

List three physical effects and three psychological effects of menopause.

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# ② INTELLECTUAL DEVELOPMENT ACROSS INFANCY AND EARLY CHILDHOOD

LEARNING OUTCOME A

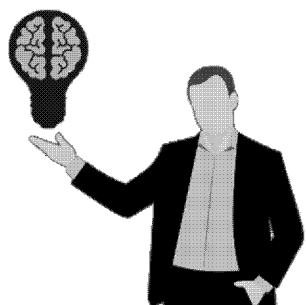
**Intellectual development** concerns building skills in thinking and understanding the world around you.

## KEY ASPECTS OF INTELLECTUAL DEVELOPMENT

Babies and children go through a rapid pace of development in acquiring **intellectual** and **cognitive** skills.

Identify the five key aspects of intellectual development.

- 1.
- 2.
- 3.
- 4.
- 5.



**Stages of intellectual and language skills across the life stages:**

Rapid intellectual growth during childhood

Life experience gained by middle adulthood aids problem-solving

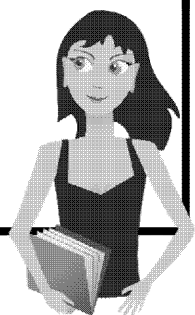
More realistic and pragmatic thinking during early adulthood

Some memory loss normal during ageing; most cognitive skills intact

## INTELLECTUAL ABILITIES IN EARLY ADULTHOOD

In early adulthood (19+ years), more **realistic** and **pragmatic** thinking becomes prominent. Although someone is more able to think about abstract knowledge to the **practical** aspects of life.

- Ability to think about and solve more complex problems
- Apply reasoning and knowledge to life situations to make a judgement
- Problem-solving develops further



## PIAGET'S MODEL OF CHILDREN'S INTELLECTUAL DEVELOPMENT

Piaget proposed a model on children's logic and reason and how this develops through the four stages.

Identify the ages of each stage of Piaget's model and outline what each involves.

Sensorimotor	Preoperational	Concrete operational	Formal operational

Through their experiences, children develop **schemas** (knowledge on a given topic or scenario), which involves being in a state of **equilibrium** about their world knowledge. **Disequilibrium** occurs when the child is presented with new information about the world which does not fit their current schema. They must **accommodate** this new information into their schema.

**Schema** – category of knowledge

**Equilibrium** – balanced understanding of world

**Disequilibrium** – child encounters new information that does not fit schema

**Accommodation** – incorporation of new information to schema

### Critiques of Piaget's model

- Based on small, unrepresentative (high socio-economic status) sample of children
- Stages not as concrete and inflexible as presented
- Role of environment in strongly accelerating or slowing developmental process is not considered

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# ATTACHMENT

Attachment to a **caregiver** in infancy and early childhood is the first part of **emotional development**. Having a healthy, positive attachment helps a child to build their **self-image** and **self-esteem**. **Responding appropriately** to a child's needs helps to foster strong, positive attachments.



Attachment – connection between child and caregiver

Define 'emotional development'

# DEV

This starts in early

SELF-

Describe what is meant and outline the factors positively or negatively

## THEORIES OF ATTACHMENT

The concept of attachment has received a lot of attention from psychologists and psychiatrists. Below, key theoretical ideas about attachment are outlined.

### Bowlby's theory of attachment

Bowlby thought that every child has an **innate need** for attachment, and noticed the importance of a child's relationship with their **mother** for healthy development, and feelings of safety and **security**. Infancy is a **critical period** for developing **patterns** of attachment that will follow the person into their later life.

### What is meant by 'secure attachment' and 'insecure attachment'?

Secure

Insecure

Disruptions to the development of healthy attachment patterns can be caused by many factors, such as...

- Early separation from primary caregiver, or inconsistent caregivers
- Parents' own difficulties, e.g. substance abuse or postnatal depression
- Premature/disabled children may face more challenges to forming attachments

Separation anxiety – distress experienced by the child when apart from their primary caregiver

List two critiques of Bowlby's theory of attachment.

### Other theories of attachment

In the 1970s, research (involving observation of the interactions between babies and their caregivers) led to the identification of three categories of insecure attachment – insecure avoidant (highly independent of attachment figure, babies do not seek comfort from them) and insecure ambivalent/resistant (alternating between clingy and rejecting behaviours towards attachment figure).

How self-esteem impacts... High self-esteem can lead to a positive outlook on life, greater willingness to take on challenges. Low self-esteem can lead to making them withdraw. They may be less likely to seek educational, social or career opportunities. Low self-esteem in young people more susceptible to peer pressure, and to engaging in risky behaviour. It can also lead to serious mental health difficulties, including self-harm and depression.

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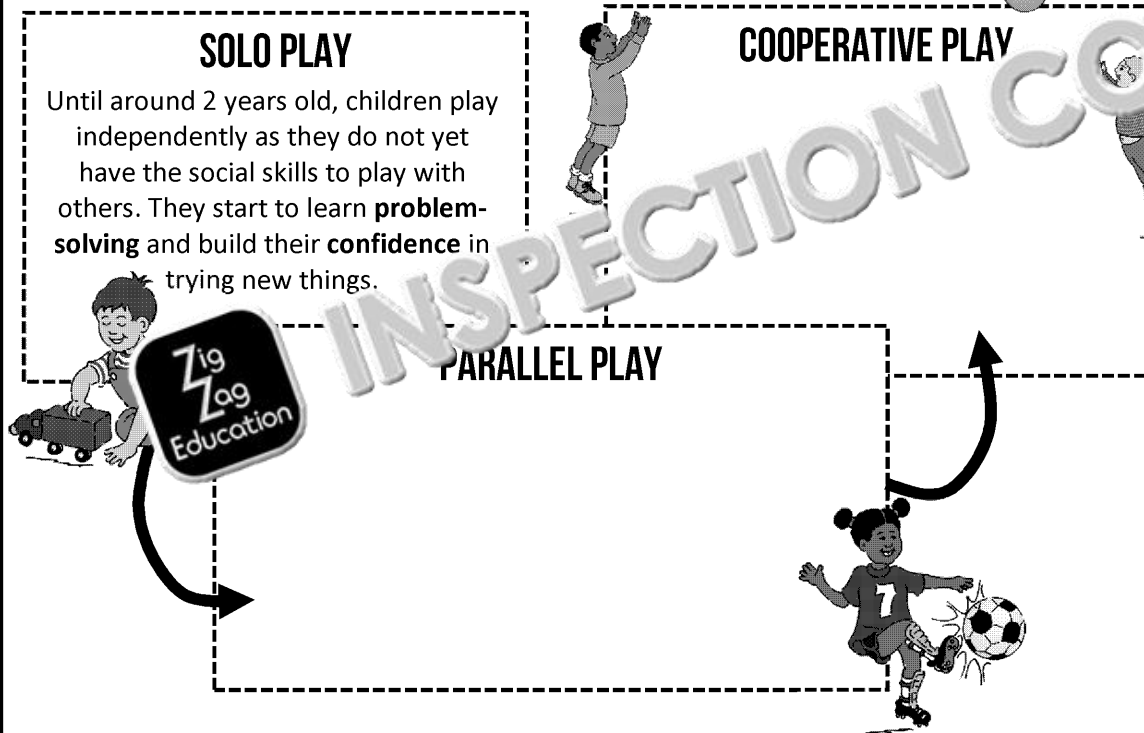


# ③ EMOTIONAL DEVELOPMENT ACROSS

# PLAY

Play has many functions. It provides children with the opportunity to **practise** social skills, such as learning to make **friends** and work together **collaboratively**.

Describe cooperative play and parallel play and outline their functions.



What are some benefits of having friends?

However, there can also be some negative behaviours (e.g. binge drinking) that children are at an age where they are more likely to engage in.

The relationships we have with others are **meaningful**. Developing quality relationships can help us to form **trust** with another person.

Describe formal and informal relationships.

*Informal*

There are different stages of relationships.

Interactions with caregivers.

**Infancy (0-2 years)**

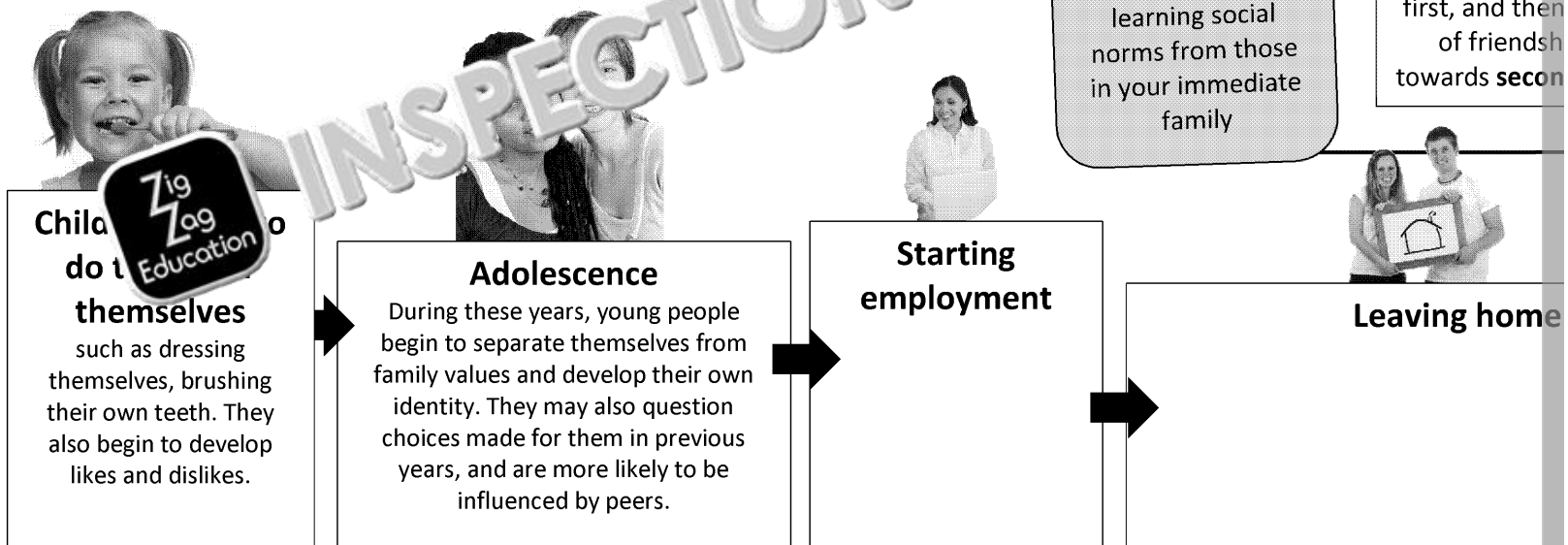
**Primary socialisation** – learning social norms from those in your immediate family

Involves **primary** socialisation first, and then **secondary** socialisation of friendships towards secondary school.

Define 'social development'.

## DEVELOPMENT OF INDEPENDENCE

'Independence' means being able to do things for oneself. As a child and young person grows, they will learn how to do more things for themselves and will become more confident in doing so. The diagram below shows how independence develops over the lifespan.



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### NATURE

Give an overview of the 'nature' position regarding human development, and outline Gesell's maturational theory.

Critique of Gesell's theory:

- Insufficient consideration of environmental influences on development, such as social and cultural differences.
- Gesell's maturational theory does not explain individual differences between children with learning disabilities.

## ⑤ NATURE VS NURTURE

To what extent is someone's development affected by the environment? How much of someone's development is determined by nature?

Explain the diathesis-stress model of mental illness and give an example.



## GENETIC FACTORS THAT AFFECT DEVELOPMENT

You inherit **genes** from your parents, which are made up of sequences of **DNA**. This genetic information influences development by causing certain health conditions, or makes acquiring a condition more likely.

**GENETIC CONDITIONS:** Describe the missing genetic disorders in the table.

Cystic fibrosis	A recessive genetic condition in which the lungs become clogged with thick mucus due to a defective protein, causing respiratory and digestive issues. Can be managed with medication, physiotherapy, and a special diet to ensure nutritional needs are met.
Brittle bone disease	
Phenylketonuria (PKU)	A rare genetic disorder in which the body cannot break down some proteins found in foods such as milk, meat or eggs. This causes a phenylalanine build-up, which can result in serious damage to the brain and death. The diagnosis is offered in newborns, so that the condition can be managed immediately with diet and medication.
Huntington's disease	
Klinefelter's syndrome	
Down's syndrome	
Colour blindness	While true colour blindness is very rare, the term often refers to <b>colour deficiency</b> , meaning difficulties in telling colours apart. The condition is usually due to a genetically inherited retina abnormality. Knowing about the condition can help facilitate a child's learning, but otherwise does not usually cause long-term issues.
Duchenne muscular dystrophy	

**Recessive** – copies of a faulty gene must be inherited from both parents to develop the condition

Some may also have a **genetic susceptibility** to other conditions such as cancer, high cholesterol, and type 2 diabetes. However, lifestyle factors can dramatically reduce the likelihood of these conditions manifesting.

Other biological factors affecting development include **congenital** defects. The most common examples are Down's syndrome, heart defects, or nervous system problems.

Alcohol consumption is caused by lifestyle factors. **Fetal alcohol syndrome**, when a mother drinks during pregnancy, causing a range of developmental and physical effects on the baby.

Examples of congenital disorders caused by viral infections include **rubella** (can cause heart and vision/hearing problems) and **cytomegalovirus**, which:

- is part of the herpes virus family
- can cause learning disability and deafness
- can be treated with antiviral medication after the baby is born

**Congenital** – present at birth. Can be due to either genes, infections, or lifestyle factors (e.g. diet) of the mother.

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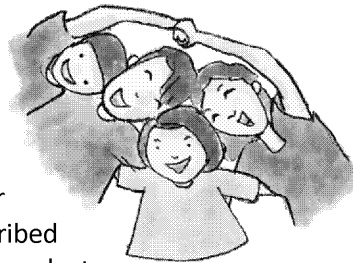
**SOCIAL FACTORS THAT AFFECT DEVELOPMENT**

LEARNING OUTCOME B

**FAMILY FUNCTIONING**

The **family** you grow up with affects your development. Families help teach children **social behaviour**, to form attachments and to learn to cooperate, and provide support.

However, **dysfunctional** families are those that do not conform to regular family norms, and do not provide the benefits of a healthy family as described above. For example, there may be controlling behaviour, high conflict, or neglect.



**BULLYING**

Commonly regarded as **repetitive** behaviour intended to hurt feelings and emotions, and/or cause physical **harm**. There is no agreed-upon legal definition. Bullying can also take place

**PARENTAL DIVORCE OR SEPARATION**

Parental separation can affect child development, particularly if the process involves a lot of **conflict**. There may also be the following impacts on children:

- Inconsistent living arrangements
- Uncertainty and anxiety
- Lowered confidence and self-esteem
- Guilt
- Insecure attachments
- More susceptible to peer pressure

**SIBLING RIVALRY**

It is normal for siblings to **compete**, but this can sometimes cross into **bullying**. Unhealthy rivalry can come from the desire to exert **control**, or when competing for parental **attention**. Children may also be **modelling** the **conflict resolution** tactics they have seen from their parents.

Family – people living together who are biologically or legally related.

Explain the impact of bullying

Define the following parenting styles identified by Baumrind – 'permissive', 'authoritarian' and 'authoritative' parenting.

Permissive	
Authoritarian	
Authoritative	

**EDUCATION**

**EMPLOYMENT STATUS**

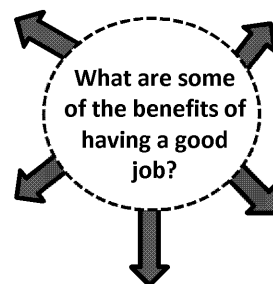
**INCOME AND EXPENDITURE**

How can education affect development?

Employment status does not only mean whether or not someone has a job. It also concerns what **type** of work, how **much** they work during an average week, and what kind of **contract** they are on (e.g. permanent vs temporary).

People who are unemployed will have a lower income, which can have an impact on health and development in several ways (see right for details)

Higher stress and lower self-esteem can all be caused by: *low-paid jobs, no predictable work patterns, zero-hour contracts.*



Having a sufficient level of **income** impacts on health and development in many ways. Those with high incomes are more able to pay for health boosters such as gym memberships and nutritious food.

Those with lower incomes tend to have a less healthy diet. **Food banks** are available, but often contain food of limited nutritional value and little fresh produce.

The **'poverty line'** is defined as a household income less than 60% of the **median** income of the country. Growing up in poverty poses significant problems for child development.

Define 'absolute' and 'relative' poverty.

Give three effects of poverty on child development (optional).

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# 7 MAJOR LIFE EVENTS THAT AFFECT DEV

Give two examples of *positive* impacts of a *predictable* event, and two examples of *negative* impacts of an *unpredictable* event.



Everyone will face major life events at some point – these may be challenging. Life events will affect the health and development of different people in different ways.

## PREDICTABLE EVENTS

A predictable event is **expected** as part of the **natural life course**, and it is known that it is coming in **advance**. For example, pupils know they will leave secondary school at around 18 years old.

Predictable events can have a **positive** impact on people.

- 
- 

However, just because events are expected does not always mean they will be experienced positively. For example:

- An expected divorce can still be very stressful, due to the need to **readjust** to a new status and living arrangements.
- The death of a relative who has been ill for a long time is likely to still be upsetting.

## UNPREDICTABLE EVENTS

Unpredictable events are **unexpected** and shocking when they happen. They can trigger a feeling of being 'out of **control**', which can lead to anxiety and depression. There is a need to adjust to a **sudden** change in circumstances, relationships or role. Because of this, unpredictable events often have a **negative** impact. For example:

- 
- 

However, there can also be a positive impact of unpredictable events. For example:

- Unexpectedly needing to move home gives the opportunity to experience living in a new area.
- A sudden promotion gives the opportunity for learning new skills, and higher social status.

## POTENTIAL IMPACT OF COMMON LIFE EVENTS

Fill in the blanks of the table about the potential impact of common life events.



	Positive impact	Negative impact
Starting nursery or school		Difficulties with attachment and being separated from caregivers. Feeling insecure and shy.
Moving home	Living in a new environment that might be safer with better facilities.	Stress involved in moving, and negative impact on well-being if moving to a less-suitable area.
Leaving home		Struggling to cope with new responsibilities. Missing family and reduced social support.
Marriage	Having a supportive partner builds resilience and self-esteem, and promotes mental and physical health.	
Divorce		Social isolation, and stress involved in adjusting to new status and living/childcare arrangements.
Starting a family	Sense of achievement in completing the development of new skills from taking on new responsibilities.	Struggling to cope with new responsibilities, stress involved in parenting, impact on physical health.
Starting or changing employment		Stress involved in adjusting to new role.
Redundancy	New opportunities, possible improvement to well-being if previous job was stressful.	
Retirement		Potential for isolation, loss of role and status may impact on self-esteem and confidence.
Death of relative, partner or friend	Perspective might change on the world – perhaps valuing time and loved ones more.	
Accident, injury or serious illness	Possible re-evaluation of perspective on the world.	

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## CARDIOVASCULAR DISEASE

Over time, there is likely to be a decline in the heart's functioning. For example, there may be a build-up of fatty cholesterol in the arteries over time. Someone might develop **atherosclerosis** – when this affects the arteries leading to the heart, it is known as **coronary heart disease**. Someone with the condition cannot feel it until a part blockage causes **angina**, or a full/significant blockage leads to a heart attack.

Identify two lifestyle choices that exacerbate the risk of heart problems.

- 1.
- 2.

Define atherosclerosis and angina (optional).



## DEMENTIA

List five ways that dementia can affect the cognitive abilities of older adults.

- 
- 
- 
- 
- 

Older age increases the risk of developing dementia – most people will not, but 20% of those over 80 years old will develop the condition.

**Alzheimer's disease** is a common form of dementia, with slow onset and progression. It produces **short-term memory** problems that **gradually** worsen, and interfere with the ability to carry out **everyday** tasks. People with a family **history** of the disease are at a higher risk, and there is currently **no cure**. However, medication can **delay** the progress.

## REDUCED NUTRIENT INTAKE

Energy requirements will be lower depending on the person's physical activity levels. Due to role changes and possible health problems, older adults may be less likely to **exercise**.

As nutrients may not be absorbed from food as **efficiently**, older adults are at a greater risk of **malnutrition**.

Why should older adults try to get more calcium and vitamin D in their diet?

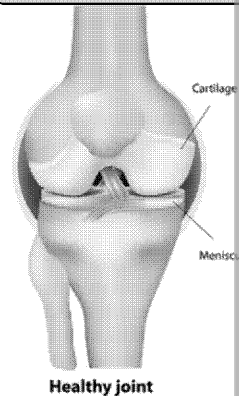
Fill in the blanks relating to osteoarthritis.

This is a degenerative condition resulting from wear and tear on the \_\_\_\_\_. The \_\_\_\_\_ has become thinned, which means that the joints rub and become \_\_\_\_\_ at the ends of the bones.

It results in \_\_\_\_\_, **stiff** and **inflamed** joints, which also affects \_\_\_\_\_ and **dexterity**. The \_\_\_\_\_ common areas affected include the hips, knees and elbows.

Osteoarthritis affects \_\_\_\_\_ more than \_\_\_\_\_ people. There may be a **genetic** component, and people who are **overweight** are at a higher risk.

**Cartilage** – connects bones and reduces friction between them.

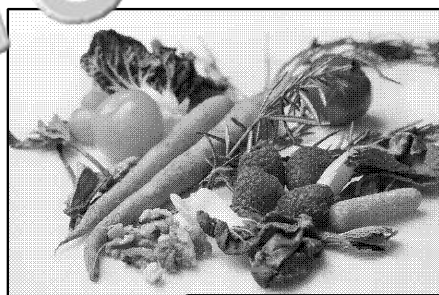
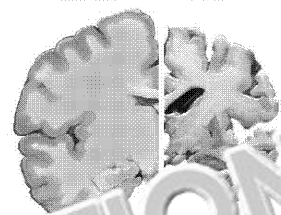


## THE PHYSICAL CHANGES OF AGEING

When someone enters their late 60s, they may experience a general bodily decline due to ageing. This decline does not just represent the body 'wearing out', as undertaking physical exercise can extend a healthy life. The rate of decline is different for each individual, and lifestyle choices can have a substantial impact.

**Neurodegenerative conditions** are those which involve the decline in function of, or loss of neurons in, the brain

Healthy Brain vs Severe AD



**Malnutrition** – a condition resulting from a diet that contains an incorrect amount (too much or little) of particular nutrients

Furthermore, food. A high-s...

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9

## EFFECTS ON CONFIDENCE AND SELF-ESTEEM

LEARNING OUTCOME C

The transition into later adulthood can impact a person's feelings of **self-worth** and perception of themselves.

Explain how ageing can positively and negatively impact someone's confidence and self-esteem.



## EFFECTS OF CULTURE, RELIGION AND BELIEF

Different **cultures** have different practices and accepted methods for caring for the elderly. For instance, it is fairly standard in Western/British culture for older adults to live in **residential care homes** that provide care which meets the needs of the individual. These include **specialist** care homes that are better-equipped to manage conditions such as **dementia**.

Other cultures, such as Asian and African communities, place more emphasis on care being provided by the elderly person's **family**. In these groups, older adults are more likely to live at **home** with family members during their later years.

In addition, an individual's spiritual beliefs impact the way they view death and dying.

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**Marginalisation** – treated as unimportant or unvalued by society

**Pension** – regular payment received by older adults. Provided by either the government or a previous employer.

## THE PSYCHOLOGICAL CHANGES OF AGEING

Ageing can involve facing multiple health conditions that interact with one another, as well as significant changes to life circumstances and roles. As a result there can be a substantial psychological impact of ageing – both positively and negatively, depending on the individual's situation and response to it. Many people have a healthy and comfortable old age, with lots of time to spend on leisure activities and socialising.

## EFFECTS OF SOCIAL CHANGE

As people age, they experience multiple changes to their position in society, leisure time and relationships with others. Depending on the individual's situation, this can have a positive or negative impact.

### Role changes and increase in leisure time

In older adulthood, people may experience **changes** to the role they play in society and in relation to others around them.

This could have a **positive** effect – retirement can allow more time to be spent with grandchildren, give the person the chances to get involved with community interests, and provide the **opportunity** to learn new skills.

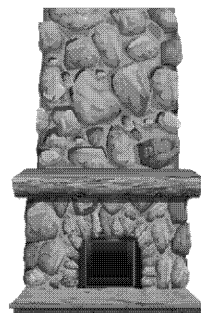
However, increased **leisure** time might have a **negative** impact for those that struggle to fill the time and become **bored**. Additionally, some older adults may need an increased level of **care**, and they may struggle to adjust to the **role** of care-receiver and feel a loss of **agency**.

## FINANCIAL CONCERNS

For some older people, financial concerns can be a concern at this point in their lives. If they have had a well-paying job (with a good **pension**), have paid off a mortgage and been financially responsible throughout their lives, they may be in a good place to enjoy the leisure opportunities of retirement.

However, not all older people are fortunate enough to be in this position. For example, the cost of **rent** is continuing to rise. For older people on a low or state pension, paying the rent may not be easy and may result in a significant degree of **stress**.

Define 'fuel poverty', and explain the risk of fuel poverty to an older adult's health.



Explain how a loss of a partner and/or a friend can have an impact on an older adult.



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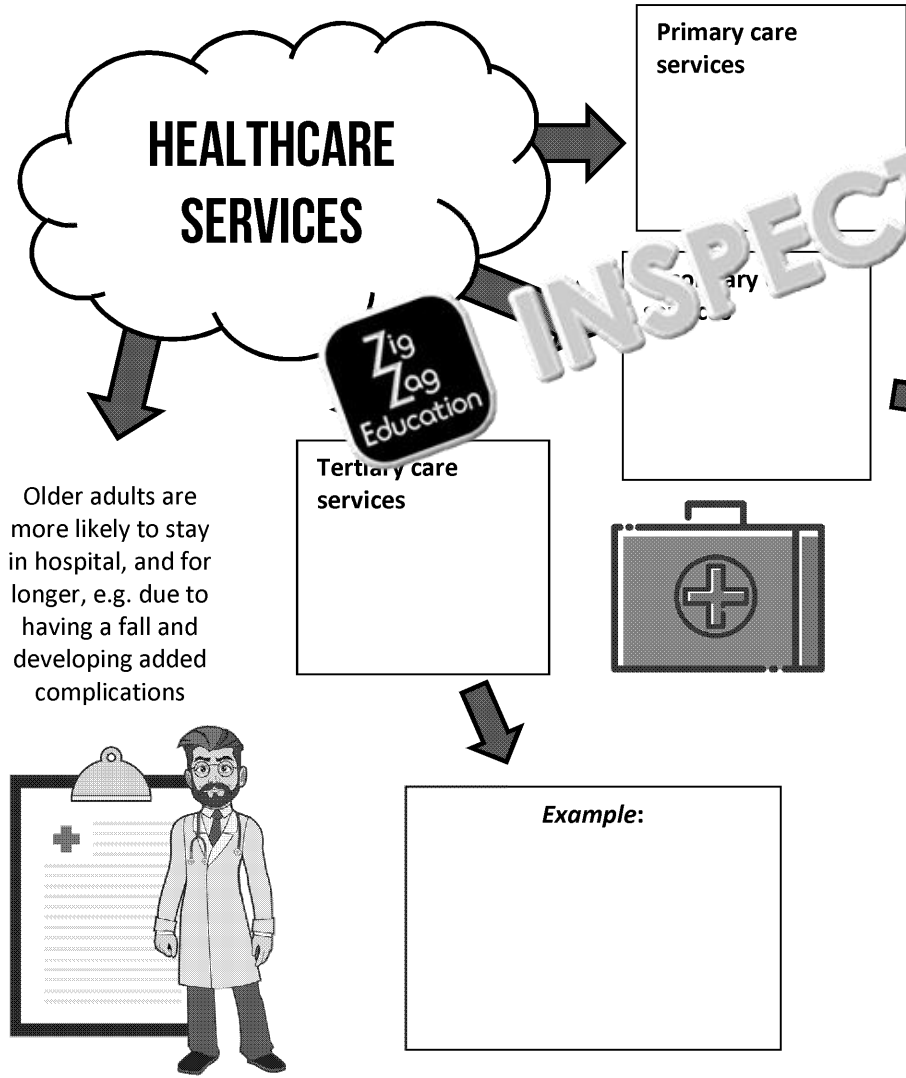




# HEALTH AND SOCIAL CARE PROVISION

As older adults have a range of **needs** (including physical, psychological, social and cultural), as well as an increased risk of neurodegenerative conditions, there is a need to provide **holistic** health and social care. Look at the diagrams below to see the range of health and social care services and how they may play a part in the care of older adults.

Define primary, secondary and tertiary care services, and give an example of each.



Define 'holistic care'.

People in the UK are needing **care** or who have a considerable impact on the economy.

Discuss

Example:



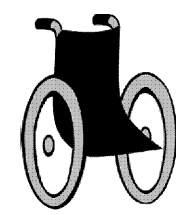
Economically active – currently in employment

Example:

## FINANCIAL PROVISION FOR OLDER PEOPLE

Most older people are entitled to receive a **state pension** from the government. In 2018, the amount of this was a weekly maximum of £164.35. To receive this amount in full, the person must have 35 years' worth of qualifying contributions that they made towards **National Insurance**. The age at which the state pension can be claimed is regularly reviewed by the government. Many other older adults can also claim an **occupational pension** that they will have built up during their previous employment.

**National Insurance** – a government benefit scheme that funds things like pensions and sickness benefits. Employees pay a proportion of their wages into this.



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# 1. PHYSICAL DEVELOPMENT ACROSS THE LIFECYCLE

LEARNING OUTCOME A

## GROWTH

When thinking about the physiological and psychological changes that people go through as they get older, we should be aware that:

- Measurable, quantifiable factors, e.g. height, \_\_\_\_\_, body dimensions (e.g. head circumference in babies)
- Growth doesn't occur at a \_\_\_\_\_ rate – can have sudden \_\_\_\_\_ during puberty
- Different body parts grow \_\_\_\_\_ – e.g. infants' heads grow faster than other body parts
- Charts containing normative data help to identify whether a child is growing normally

Fill in the blanks about 'growth' and 'development'.

- Orderly sequence of the acquisition of skills. Development happens:
- at different speeds but follows a predictable pattern
  - head to toe: babies are born with their head and neck muscles more developed than their lower body
  - inside out: learn to control their internal organs before their external ones
- Failure to meet \_\_\_\_\_

Provide one example of a gross motor skill and one example of a fine motor skill.



**Fine motor skills:** Ability to make smaller movements using small muscle groups

There are key developmental milestones that occur during infancy, but these may vary with each individual.

	Gross motor skill	Fine motor skill
6 months	Ability to sit up	Picking up toys
8 months	Starting to stand	Picking up small objects
9–10 months	Cruising (walking while holding furniture)	Holding objects with finger and thumb
12–13 months	Walking	Putting toys down deliberately
18 months	Climbing on furniture	Building a block tower
2 years	Throwing a ball	Drawing lines and circles

Girls start **puberty** usually around 11–13, boys usually start 12–15. Hormonal changes prompt the biological changes of puberty – increased testosterone for boys, increased oestrogen and progesterone for girls.

Development of sexual characteristics:

	Primary – change in reproductive organs	Secondary – changes to other body parts
Girls	Lengthening of vagina, widening of uterus, beginning of menstruation and ovulation	Hips widen and breasts develop; pubic hair grows; armpit hair grows.
Boys	Increase in size of penis and testes, sperm production begins	Voice deepens; broader chest and shoulders; facial, pubic and armpit hair grows.



When children reach three years old, their gross and fine motor skills continue to develop.

Identify missing examples of gross and fine motor skills gained during early childhood.

	3 years	4 years	5 years	8 years
Gross		Use foot to kick a ball		A child should be able to engage in most sports
Fine	Button/unbutton own clothing and turn book pages		Able to do joined-up writing	

When each 19, physical maturity is reached. Although **strength peaks** around 19–25 years, young adults should maintain this with regular physical activity.

For women, pregnancy and lactation are key parts of this developmental stage. **Increased oestrogen** and **progesterone** during pregnancy. As the breasts prepare to make milk, they become more sensitive and the areola darkens.

**Perimenopause:** Begins around 40 years of age due to oestrogen decline. Eggs are no longer released each month. Impact on emotional, psychological and physical well-being.

- List three symptoms of perimenopause.
- 1.
  - 2.
  - 3.

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# ②. INTELLECTUAL DEVELOPMENT ACROSS INFANCY AND EARLY CHILDHOOD

LEARNING OUTCOME A

**Intellectual development** concerns building skills in thinking and understanding the world around you.

## KEY ASPECTS OF INTELLECTUAL DEVELOPMENT

Babies and children go through a rapid pace of development in acquiring **intellectual** and **cognitive** skills.

Identify the five key aspects of intellectual development:

- 1.
- 2.
- 3.
- 4.
- 5.



**Stages of intellectual and language skills across the life stages:**

Rapid intellectual growth during childhood

Life experience gained by middle adulthood aids problem-solving

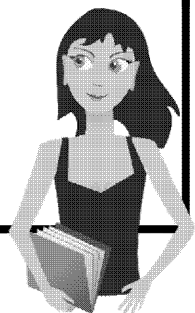
More realistic and pragmatic thinking during early adulthood

Some memory loss normal during ageing; most cognitive skills intact

## INTELLECTUAL ABILITIES IN EARLY ADULTHOOD

In early adulthood (19+ years), more **realistic** and **pragmatic** thinking becomes evident. Although someone is more able to use their knowledge to the **practical** aspects of life.

- Ability to think about and solve more complex problems
- Apply reasoning and knowledge to life situations to make a judgement
- Problem-solving develops further



## PIAGET'S MODEL OF CHILDREN'S INTELLECTUAL DEVELOPMENT

Piaget proposed a model on children's logic and reason and how this develops through the four stages.

Name each stage of Piaget's model.

0–2 years	2–7 years	7–11 years	11–18 years
Infants use their senses to interact with the world, e.g. via touch or mouth. This stage involves a lot of trial and error, and testing new things out.	Language development begins at this stage. Children can use their imagination and think at a symbolic level, but are not yet able to use logic. <b>Egocentrism</b> (inability to see situations from another's perspective) is a feature at this stage.	Able to use simple logic for problem-solving. Able to problem-solve as long as the issue is laid out physically in front of them.	Thinking becomes more abstract, and children are now able to use logic to solve problems that are not physically present in front of them.

Through their experiences, children develop **schemas** (knowledge on a given topic or scenario), which involves being in a state of **equilibrium** about their world knowledge. **Disequilibrium** occurs when the child is presented with new information about the world which does not fit their current schema. They must **accommodate** this new information into their schema.

**Schema** – category of knowledge

**Equilibrium** – balanced understanding of world

**Disequilibrium** – child encounters new information that does not fit schema

**Accommodation** – incorporation of new information to schema

### Critiques of Piaget's model

- Based on small, unrepresentative (high socio-economic status) sample of children
- Stages not as concrete and inflexible as presented
- Role of environment in strongly accelerating or slowing developmental process is not considered

### Tests of conservation

Children are asked these to find whether children could use logic – do they understand that while something's appearance might change, its volume remains the same? For example, the same amount of liquid poured into glasses of different height.

**At which stage do children usually pass the test of conservation?**

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# ATTACHMENT

Attachment – connection between child and caregiver



Attachment to a **caregiver** in infancy and early childhood is the first part of **emotional development**. Having a healthy, positive attachment helps a child to build their **self-image** and **self-esteem**. **Responding appropriately** to a child's needs helps to foster strong, positive attachments.

## THEORIES OF ATTACHMENT

The concept of attachment has received a lot of attention from researchers and psychologists. Below, key theoretical ideas about attachment are outlined.

### Bowlby's theory of attachment

Bowlby thought that there is an **innate need** for attachment, and noticed the importance of a child's relationship with their **mother** for healthy development, and feelings of safety and **security**. Infancy is a **critical period** for developing **patterns** of attachment that will follow the person into their later life.

Fill in the blanks to outline what is meant by 'secure attachment' and 'insecure attachment'.

**Secure** → a \_\_\_\_\_ relationship between child and \_\_\_\_\_. The child feels happy and confident, and feels secure enough to explore and try \_\_\_\_\_. Facilitates healthy \_\_\_\_\_. Securely attached children may experience \_\_\_\_\_ when apart from their primary caregiver.

**Insecure** → when a caregiver does not meet a child's needs \_\_\_\_\_ or \_\_\_\_\_, an insecure attachment will form. This can lead to \_\_\_\_\_ problems, trust issues, and \_\_\_\_\_ behaviour in the person's later life.

Disruptions to the development of healthy attachment patterns can be caused by many factors, such as...

- Early separation from primary caregiver, or inconsistent caregivers
- Parents' own difficulties, e.g. substance abuse or postnatal depression
- Premature/disabled children may face more challenges to forming attachments

Define 'separation anxiety'.

### Critiques of Bowlby's theory

- Children may form more effective relationships with people other than their primary caregiver – **sensitive responsiveness** might be more important.
- Overemphasis on maternal attachment. According to Rutter, a lack of attachments overall may be particularly problematic (privation).

### Other theories of attachment

In the 1970s, research (involving observation of the interactions between babies and their caregivers) led to the identification of \_\_\_\_\_ categories of insecure attachment – insecure avoidant (highly independent of attachment figure, babies do not seek comfort from them) and insecure ambivalent/resistant (alternating between clingy and rejecting behaviours towards attachment figure).

# DEVELOPMENT

This starts in early childhood

### SELF-ESTEEM

Describe what is meant by 'self-esteem'.

Which factors influence self-esteem?

Positive, strong attachments with caregivers → reinforces **positive** experiences and thoughts

How self-esteem impacts confidence  
High self-esteem can lead to a **positive** outlook on life, **confidence**, and **will** to face **new challenges**.

Low self-esteem can impact people by making them **withdrawn** and **depressed**. They may be less likely to take educational, social or career opportunities. Low self-esteem can make young people **susceptible** to **peer pressure** to engaging in risky activities. It can also lead to serious health difficulties, including **suicidal** thoughts.

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# ③. EMOTIONAL DEVELOPMENT ACROSS

# PLAY

Play has many functions. It provides children with the opportunity to **practise** social skills, such as learning to make **friends** and work together **collaboratively**.

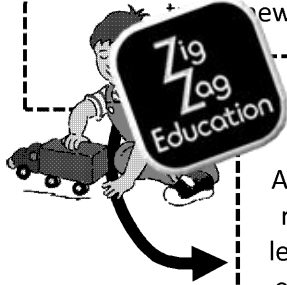
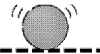
Name the three different types of play.



Until around 2 years old, children play independently as they do not yet have the social skills to play with others. They start to learn **problem solving** and build their **confidence**.



Children begin to play with each other from 3-8 years old. They start forming **relationships** with one another. **Language** skills are further developed at this stage, as is the ability to **understand** others and **cooperate**.



At around 2-3 years old, children play **alongside** rather than with each other. They have not yet learnt to share so they do the same thing next to each other, still enjoying each other's company. Benefits of this stage include **language** development, **motor skill** refinement, and the opportunity to **observe** social interactions.



Define 'social development'.



List three benefits of having healthy relationships.

- 1.
2.
3.

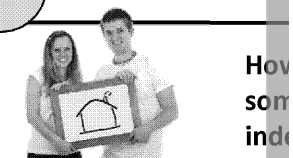
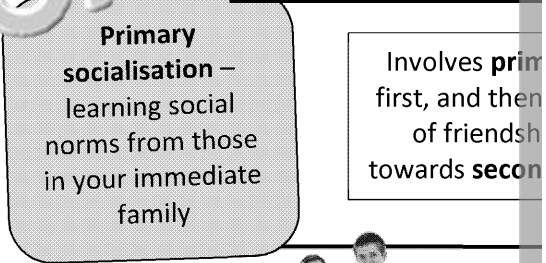
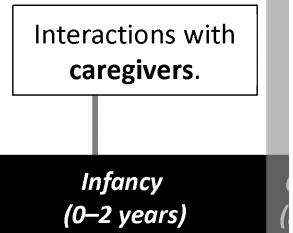
However, there can also be some negative behaviours (e.g. binge drinking) in our lives at an age where they are gradually becoming more common.

The relationships we have with others are becoming more **meaningful**. Developing quality relationships can help us to **form trust** with another person.

Describe formal and informal relationships.

Informal relationships are those that are not officially recognised or regulated. They are often based on personal connections and can be very supportive.

There are different stages of relationships throughout our lives.



# DEVELOPMENT OF INDEPENDENCE

'Independence' means being able to do things for oneself. As a child and young person grows, they will learn how to do more things for themselves and will become more confident in doing so. The diagram below shows how independence develops over the lifespan.



Children learn to do things for themselves such as dressing themselves, brushing their own teeth. They also begin to develop likes and dislikes.



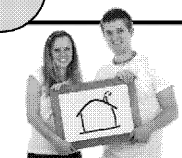
## Adolescence

During these years, young people begin to separate themselves from family values and develop their own identity. They may also question choices made for them in previous years, and are more likely to be influenced by peers.



## Starting employment

Helps young adults take steps towards financial independence.



## Leaving home

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## NATURE

Fill in the blanks to give an overview of the 'nature' position regarding human development, and Gesell's maturational theory.

The 'nature' position proposes that biological factors (e.g. inherited genetic information) are responsible for someone's development across their lifespan.

An example of a 'nature' approach is \_\_\_\_\_, proposed in the 1920s. Gesell proposed that biological factors play a primary role in child development. Using a '\_\_\_\_\_', Gesell found that children typically reached particular \_\_\_\_\_ by a certain age. He also noted that although each child develops at their own pace, all children go through a predictable \_\_\_\_\_ of development. The pace of a child's development depends on the rate at which their \_\_\_\_\_ develops.

Critique of Gesell's theory:

- Insufficient consideration of environmental influences on development, such as \_\_\_\_\_ and societal differences.
- Gesell's maturational theory does not explain individual differences between children well, \_\_\_\_\_ children with learning disabilities.

## 5. NATURE VS NURTURE

To what extent is someone's development affected by nature? How much of someone's development is determined by nurture?

So, what are the factors that take into account both nature and nurture? How do these two influences interact with each other? The **diathesis-stress** model of mental illness is one such approach. The **diathesis** component of the diathesis-stress model of mental illness refers to the role of genetic predisposition.

The **stress** part refers to the role of life events in triggering the development of mental health conditions. Therefore, mental health problems are much more likely to develop in someone who has a predisposition and has also experienced stressful life events.

**Recessive** – copies of a faulty gene must be inherited from both parents to develop the condition

Some may also have a **genetic susceptibility** to other conditions such as cancer, high cholesterol, and type 2 diabetes. However, lifestyle factors can dramatically reduce the likelihood of these conditions manifesting.

Other biological factors affecting development include **congenital** defects. The most common examples are Down's syndrome, heart defects, or nervous system disorders.

Another example is **fetal alcohol syndrome**, when a mother drinks during pregnancy, causing a range of developmental and physical effects on the baby.

Examples of congenital disorders caused by viral infections include **rubella** (can cause heart and vision/hearing problems) and **cytomegalovirus**, which:

- is part of the herpes virus family
- can cause learning disability and deafness
- can be treated with antiviral medication after the baby is born

**Congenital** – present at birth. Can be due to either genes, infections, or lifestyle factors (e.g. diet) of the mother.

## GENETIC FACTORS THAT AFFECT DEVELOPMENT

You inherit **genes** from your parents, which are made up of sequences of **DNA**. This genetic information influences development by causing certain health conditions, or makes acquiring a condition more likely.

Name the missing genetic disorders in the table – read their descriptions for clues.

### GENETIC CONDITIONS:

<b>Cystic fibrosis</b>	A recessive genetic condition in which the lungs become clogged with thick mucus due to a defective protein, causing respiratory and digestive issues. Can be managed with medication, physiotherapy, and a special diet to ensure nutritional needs are met.
	A genetic mutation or an inherited faulty gene affects collagen, resulting in bones that easily break or fracture. Can be managed with medication that strengthens bones, physiotherapy and assistive equipment.
<b>Phenylketonuria (PKU)</b>	A rare genetic disorder in which the body cannot break down some proteins found in foods such as milk, meat or eggs. This causes a phenylalanine build-up, which can result in serious damage to the brain and death. The diagnosis is offered in newborns, so that the condition can be managed immediately with diet and medication.
	The condition usually begins to develop between 35 and 55 years as a result of inheriting faulty genes. There is progressive damage to brain cells, which is fatal after 15–20 years. Symptoms include reduction in motor coordination, memory loss, mood swings, and impact on cognition.
<b>Klinefelter's syndrome</b>	A condition that affects boys, where an extra X chromosome is present at conception. Results in reduced muscle strength, lower testosterone levels, taller height, a lack of body hair, a reduction in testosterone, and other issues. Children with the syndrome also tend to be autistic.
	Occurs due to a copy of chromosome 21, which usually occurs due to mutations after a cell division. Can cause different levels of learning disability, changes to physical features (e.g. facial features). People with Down's syndrome are also at a higher risk of physical health conditions, such as heart defects.
<b>Colour blindness</b>	While true blindness is very rare, the term often refers to <b>colour deficiency</b> , meaning difficulties in telling colours apart. The condition is usually due to a genetically inherited retina abnormality. Knowing about the condition can help facilitate a child's learning, but otherwise does not usually cause long-term issues.
	One of many types of muscular dystrophy; caused by mutations on the X chromosome that interfere with proteins that repair and build muscles. This type mostly affects boys and is particularly severe, with most sufferers living only until their 20s/30s. There is a gradual weakening of the muscles, which leads to severe disability.

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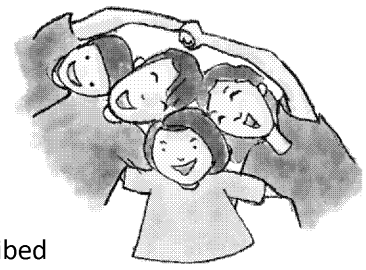


LEARNING OUTCOME B

### FAMILY FUNCTIONING

The **family** you grow up with affects your development. Families help teach children **social behaviour**, to form attachments and to learn to cooperate, and provide support.

However, **dysfunctional** families are those that do not conform to regular family norms, and do not provide the benefits of a healthy family as described above. For example, there may be controlling behaviour, high conflict, or neglect.



### BULLYING

Commonly regarded as **repetitive** behaviour intended to hurt feelings and emotions, and/or cause physical **harm**. There is no agreed-upon legal definition. Bullying can also take place

#### PARENTAL DIVORCE OR SEPARATION

Parental separation can affect child development, particularly if the process involves a lot of **conflict**. There may also be the following impacts on children:

- Inconsistency in living arrangements
- Uncertainty and anxiety
- Lowered confidence and self-esteem
- Guilt
- Insecure attachments
- More susceptible to peer pressure



#### SIBLING RIVALRY

It is normal for siblings to **compete**, but this can sometimes cross into **bullying**. Unhealthy rivalry can come from the desire to exert **control**, or when competing for parental **attention**. Children may also be **modelling** the **conflict resolution** tactics they have seen from their parents.

Family – people living together who are biologically or socially related.

A psychologist named **Baumrind** identified three key parenting styles. Name the three parenting styles.

	<i>Lax parenting, with few rules. As adults, people may have problems with managing boundaries, responsibilities and relationships.</i>
	<i>Overly strict and controlling, with too many rules. Can result in rebellion and problematic behaviour.</i>
	<i>High standards with appropriate values. Consistent boundaries, and responsive to children's needs. Tends to result in better self-esteem and mental health.</i>

Self-esteem

Self-harm

Explain the impact of bullying on self-esteem and self-harm.

### EDUCATION

### EMPLOYMENT STATUS

### INCOME AND EXPENDITURE

Fill in the blanks to explain how education can affect development.

Research has shown that children from a poorer background tend to do less well at school, and show \_\_\_\_\_.

The level of education attained also has a \_\_\_\_\_ on the level of \_\_\_\_\_ status that a child could expect to achieve in later life. For example, those with fewer qualifications are less likely to get a higher-status, high-paying job. \_\_\_\_\_ as affecting someone's financial position, this can also affect \_\_\_\_\_ and \_\_\_\_\_.

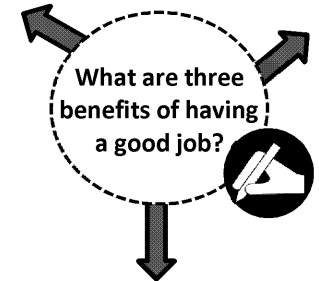
Furthermore, poor health can also affect educational attainment, as a child with a chronic illness may be less likely to \_\_\_\_\_ school.



Employment status does not only mean whether or not someone has a job. It also concerns what **type** of work, how **much** they work during an average week, and what kind of **contract** they are on (e.g. permanent vs temporary).

People who are unemployed will have a lower income, which can have an impact on health and development in several ways (see right for details).

Higher stress and lower self-esteem can all be caused by: *low-paid jobs, no predictable work patterns, and zero-hour contracts.*



Define 'absolute' and 'relative' poverty.

Having a sufficient level of **income** impacts on health and development in many ways. Those with high incomes are more able to pay for health boosters such as gym memberships and nutritious food.

Those with lower incomes tend to have a less healthy diet. **Food banks** are available, but often contain food of limited nutritional value and little fresh produce.

The '**poverty line**' is defined as a household income less than 60% of the **median** income of the country. Growing up in poverty poses significant problems for child development. Here are some of the effects:

- Lower birth weight
- Poorer school achievement
- Higher likelihood of unemployment in later life
- Social impact, e.g. being bullied
- Higher risk of chronic illness during childhood

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# 7. MAJOR LIFE EVENTS THAT AFFECT DEVELOPMENT

LEARNING OUTCOME B

Give one example of a **positive** impact of a **predictable** event, and one example of a **negative** impact of a **predictable** event.



Everyone will face major life events at some point – these may be **predictable** – or both. Life events will affect the health and development of children.

## PREDICTABLE EVENTS

A predictable event is **expected** as part of the **natural life course**, and it is known that it is coming in **advance**. For example, pupils know they will leave secondary school at around 18 years old.

Predictable events can have a **positive** impact on a child's development.



However, just because events are expected does not always mean they will be experienced positively. For example:

- An expected divorce can still be very stressful, due to the need to **readjust** to a new status and living arrangements.
- The death of a relative who has been ill for a long time is likely to still be upsetting.

## UNPREDICTABLE EVENTS

Unpredictable events are **unexpected** and shocking when they occur. They can trigger a feeling of being 'out of **control**', which can lead to anxiety and depression. There is a need to adjust to a **sudden** change in circumstances, relationships or role. Because of this, unpredictable events often have a **negative** impact. For example:

However, there can also be a positive impact of unpredictable events. For example:

- Unexpectedly needing to move home gives the opportunity to experience living in a new area.
- A sudden promotion gives the opportunity for learning new skills, and higher social status.

**POTENTIAL IMPACT OF COMMON LIFE EVENTS** Fill in the blanks in the table about the potential impact of common life events.



	Positive impact	Negative impact
Starting nursery or school		Difficulties with attachment and being separated from caregivers. Feeling insecure and shy.
Moving home	Living in a new environment that might be safer with better facilities.	
Leaving home	Chance to build independence and learn new skills.	Struggling to cope with new responsibilities. Missing family and friends. Lack of social support.
Marriage	Having a supportive partner builds resilience and self-esteem, and promotes mental and physical health.	Marriage to a supportive or abusive spouse will have a negative impact on physical, emotional and social well-being.
Divorce	Relief and positive benefit to mental health if the marriage represents the end of an unhappy relationship.	
Starting a family	Sense of achievement and responsibility. Development of new skills from taking on new responsibilities.	Struggling to cope with new responsibilities, stress involved in parenting, impact on physical health.
Starting or changing employment	Opportunity to move towards greater financial stability, learn new skills, fulfil occupational goals.	Stress involved in adjusting to new role.
Redundancy	Access to new opportunities, possible improvement to well-being if previous job was stressful.	Need to adjust to new role and status, stress over financial situation.
Retirement		Potential for isolation, loss of role and status may impact on self-esteem and confidence.
Death of relative, partner or friend	Perspective might change on the world – perhaps valuing time and loved ones more.	Grief and bereavement, possible trauma and loneliness depending on the circumstances.
Accident, injury or serious illness	Possible re-evaluation of perspective on the world.	

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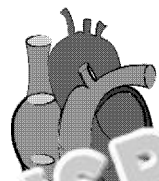


LEARNING OUTCOME C

### CARDIOVASCULAR DISEASE

Over time, there is likely to be a decline in the heart's functioning. For example, there may be a build-up of fatty cholesterol in the arteries over time. Someone might develop **atherosclerosis** – when this affects the arteries leading to the heart, it is known as **coronary heart disease**. Someone with the condition cannot feel it until a part blockage causes **angina**, or a full/significant blockage leads to a heart attack.

Identify one lifestyle choice that increases the risk of heart problems.



**Atherosclerosis** – known as 'hardening of the arteries' due to a plaque build-up which narrows the arteries



**Angina** – chest pain or pressure arising from a reduction in blood flow to the heart

### DEMENTIA

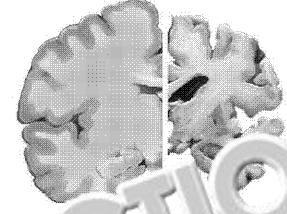
List three ways that dementia can affect the cognitive abilities of older adults.

- 1.
- 2.
- 3.

Older age increases the risk of developing dementia – most people will not, but 20% of those over 80 years old will develop the condition.

**Alzheimer's disease** is a common form of dementia, with slow onset and progression. It produces **short-term memory** problems that **gradually** worsen, and interfere with the ability to carry out **everyday** tasks. People with a family **history** of the disease are at a higher risk, and there is currently **no cure**. However, medication can **delay** the progress.

Healthy Brain    Severe AD



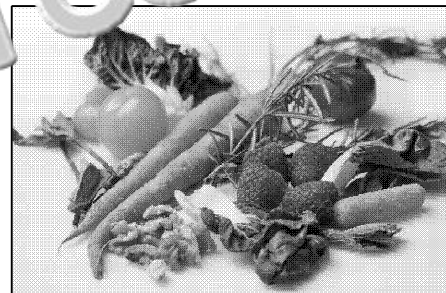
### REDUCED NUTRIENT INTAKE



**Energy requirements** will vary depending on the person's physical activity levels. Due to role changes and possible health problems, older adults may be less likely to **exercise**.

As nutrients may not be absorbed from food as **efficiently**, older adults are at a greater risk of **malnutrition**.

Older adults may need more protein, vitamin C, iron and fibre. Older adults should also try to get more calcium and vitamin D in their diet, since this promotes **bone health**. Due to the increased risk of heart disease, older adults may be advised to follow a **low-saturated-fat** diet to offset these risks.



Define 'malnutrition'.



### OSTEOARTHRITIS



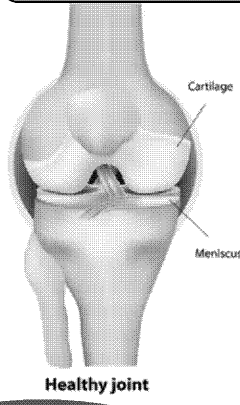
Fill in the blanks relating to osteoarthritis.

This is a degenerative condition resulting from wear and tear on the \_\_\_\_\_. The \_\_\_\_\_ has become thinned, which means that the joints rub and become **damaged** at the ends of the bones.

It results in \_\_\_\_\_, **stiff** and **inflamed** joints. \_\_\_\_\_ also affects \_\_\_\_\_ and **dexterity**. The \_\_\_\_\_ common areas affected include the \_\_\_\_\_ and \_\_\_\_\_.

Osteoarthritis affects \_\_\_\_\_ some \_\_\_\_\_ there may be a **genetic** component. \_\_\_\_\_ those \_\_\_\_\_ are **overweight** are at a higher risk.

**Cartilage** – connective tissue that reduces friction between bones



Healthy joint

## THE PHYSICAL CHANGES OF AGEING

When someone enters their late 60s, they may experience a general bodily decline due to ageing. This decline does not just represent the body 'wearing out', as undertaking physical exercise can extend a healthy life. The rate of decline is different for each individual, and lifestyle choices can have a substantial impact.

Furthermore, a high-salt diet can...

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9

## EFFECTS ON CONFIDENCE AND SELF-ESTEEM

LEARNING OUTCOME C

The transition into later adulthood can impact a person's feelings of **self-worth** and perception of themselves.

Explain one way that ageing can positively impact someone's confidence and self-esteem.



However, some older people may suffer a **reduction** in their self-esteem and confidence. This could be for several reasons. For example:

- The **physical impact** of ageing makes doing certain tasks **harder** than they used to be
- **Retiring** from a job that provided a degree of social **status** can result in feelings of **marginalisation**
- A reduction in **income** (depending on the person's financial situation) may alter the kind of **lifestyle** they can afford



**Marginalisation** – treated as unimportant or unvalued by society

**Pension** – regular payment received by older adults. Provided by either the government or a previous employer.



## EFFECTS OF CULTURE, RELIGION AND BELIEFS

Different **cultures** have different practices and accepted methods for caring for the elderly. For instance, it is fairly standard in Western/British culture for older people to live in **residential care homes** that provide care which meets the needs of the individual. These include **specialist** care homes that are better-equipped to manage conditions such as **dementia**.

Other cultures, such as Asian and African communities, place more emphasis on care being provided by the older person's **family**. In these groups, older adults may prefer to live at **home** or in a **community** during their later years.

How do an older adult's spiritual beliefs impact the way they view death?

# THE PSYCHOLOGICAL CHANGES OF AGEING

Ageing can involve facing multiple health conditions that interact with one another, as well as significant changes to life circumstances and roles. As a result there can be a substantial psychological impact of ageing – both positively and negatively, depending on the individual's situation and response to it. Many people have a healthy and comfortable old age, with lots of time to spend on leisure activities and socialising.

## EFFECTS OF SOCIAL CHANGE

As people age, they experience multiple changes to their position in society, leisure time and relationships with others. Depending on the individual's situation, this can have a positive or negative impact.

### Role changes and increase in leisure time

In older adulthood, people may experience **changes** to the role they play in society and in relation to others around them.

This could have a **positive** effect – retirement can allow more time to be spent with grandchildren, give the person the chances to get involved with community interests, and provide the **opportunity** to learn new skills.

Explain one way that increased leisure time could have a negative impact on older adults.



### Loss of friends

Some older adults will outlive their friends, which can result in loneliness and a **reduction** in social/emotional **support**. These events can also serve as a reminder of the older person's **mortality**, possibly causing depression and anxiety.



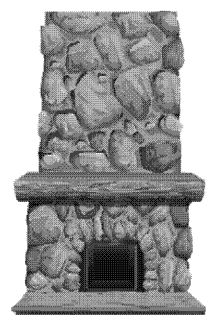
### Loss of partner

An older adult bereaved of their partner will be required to cope with the subsequent **grief** and **loneliness** relating to their loss. Their **self-concept** may also change substantially – if they were with their partner a very long time, their **identities** may have been very strongly tied to one another. Some bereaved older adults may **'give up'**, resulting in further effects on their health and well-being.

## FINANCIAL CONCERNS

For many older people, financial concerns are not a concern at this point in their lives. If they had a well-paid job (with a good **pension**), have paid off a mortgage and been financially responsible throughout their lives, they may be in a good place to enjoy the leisure opportunities of retirement.

However, not all older people are fortunate enough to be in this position. For example, the cost of **rent** is continuing to **rise**. For older people on a low or state pension, paying the rent may not be easy and may result in a significant degree of **stress**.



Additionally, the costs of fuel during the winter are high for people. For many older people experiencing **fuel poverty**. Not only does this add to a greater risk of experiencing **mental health** problems, but also to **physical health** as older adults are at a greater risk of **hypothermia** (low body temperature). Some welfare **benefits** may be available to help offset these costs, e.g. winter fuel payment.

Define 'fuel poverty'.

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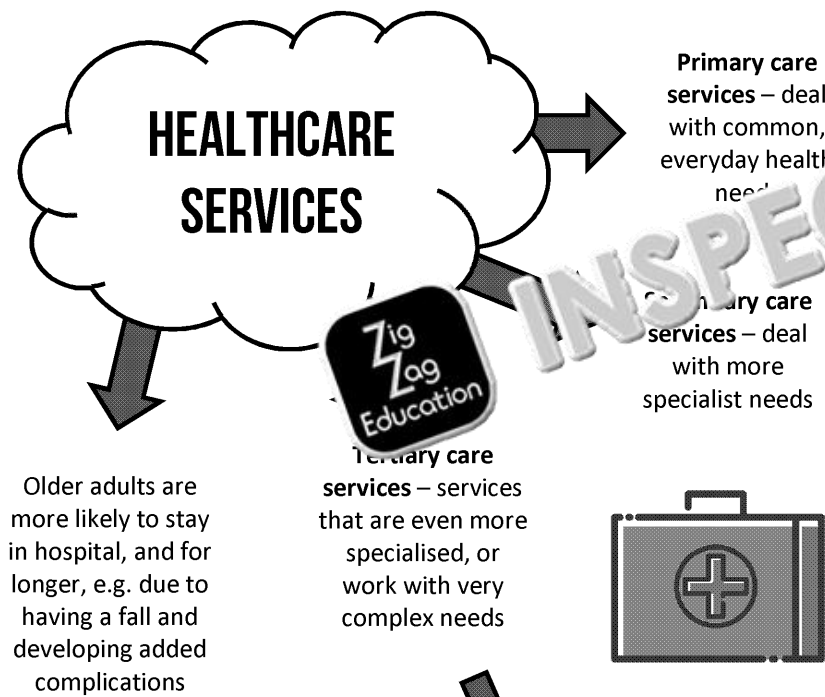
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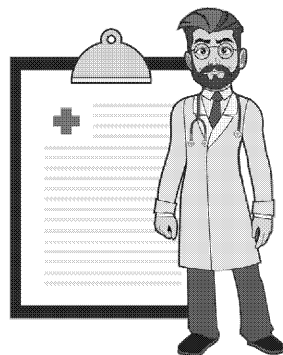
### HEALTH AND SOCIAL CARE PROVISION

As older adults have a range of **needs** (including physical, psychological, social and cultural), as well as an increased risk of neurodegenerative conditions, there is a need to provide **holistic** health and social care. Look at the diagrams below to see the range of health and social care services and how they may play a part in the care of older adults.

Give an example of a primary, a secondary and a tertiary care service.



Older adults are more likely to stay in hospital, and for longer, e.g. due to having a fall and developing added complications

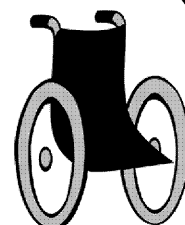


Explain how domiciliary care services can help older adults.



Residential care – for example, a nursing home. Most people have to self-fund until they reach the minimum asset threshold.

Can help with the provision of equipment to aid mobility and independence, such as wheelchairs



The local authority will do an assessment of an older person's needs to see what kind of support is required

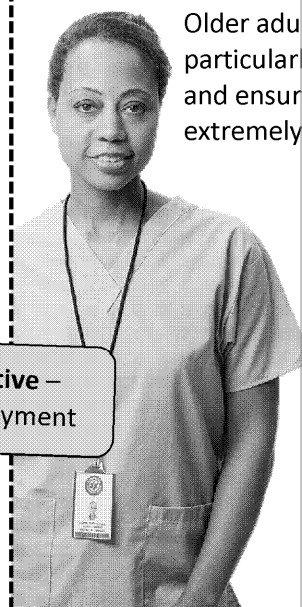
Define 'holistic care'.



Fill in the blanks to explain...

People in the UK are living longer, which has a considerable impact on the health and social care system.

Older adults are particularly vulnerable to health problems and ensure that they are extremely well cared for.



Economically active – currently in employment

Example:

Example:

### FINANCIAL PROVISION FOR OLDER PEOPLE

Most older people are entitled to receive a **state pension** from the government. In 2018, the amount of this was a weekly maximum of £164.35. To receive this amount in full, the person must have 35 years' worth of qualifying contributions that they made towards **National Insurance**. The age at which the state pension can be claimed is regularly reviewed by the government. Many other older adults can also claim an **occupational pension** that they will have built up during their previous employment.

**National Insurance** – a government benefit scheme that funds things like pensions and sickness benefits. Employees pay a proportion of their wages into this.

**Social inclusion** – support to go out, run errands and participate in the community

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