

Growth and development are different concepts:

- Principles of growth – growth is variable across different parts of the body and is measured using height, weight and dimensions
- Principles of development – development follows an orderly sequence and is the acquisition of skills and abilities.

Holistic Development

- Physical development** – Physical growth and physiological change.
- Intellectual development** – Developing thinking and language skills and common activities that promote learning and development.
- Emotional development** – Developing feelings about self and others.
- Social development** – Forming relationships.

Qualification Structure

There are **THREE units** that you will be covering, two coursework units in Year 10 and one exam in Year 11. These are;

- **Component 1** – Human Lifespan Development (Learning from Sept – January then complete **PSA**)
- **Component 2** – Services and Values in HSC (Learning May-July and Sept to October – December/January **PSA**)
- **Component 3** – Health and Well-being (**EXAM** in May of Year 11)



Infancy (birth to 2 years):

Physical: rapid physical growth of weight and height, development of gross and fine motor skills, following the same pattern of growth and development but at different rates.
Intellectual: rapid development of language and thinking skills such as memory/recall.
Emotional: attachments are formed, emotional wellbeing is based on bonding/attachment, security and contentment.
Social: strong dependence on adults/carers, socialisation through family, engage in solitary play.



Early childhood (3–8 years):

Physical: continued growth of weight and height, mastery of gross and fine motor skills.
Intellectual: increased curiosity, language fluency develops, strong grasp of memory/recall.
Emotional: increased independence, wider range of relationships are formed, emotional wellbeing is based on attachment, security and contentment.
Social: social circle widens and close friendships are formed, socialisation continues through family and also friends/carers, social play develops.



Adolescence (9–18 years):

Physical: onset of puberty, differences between males and females, primary and secondary sexual characteristics.
Intellectual: complex and abstract thinking develops.
Emotional: independence increases further, more freedom to make own decisions, concerns over self-image and self-esteem may increase, emotional wellbeing is based on attachment, security and contentment.
Social: wide range of formal/informal relationships develop and have influence, intimate relationships are formed.



Early Adulthood (19–45 years):

Physical: peak physical fitness, full height and sexual maturity reached, women at their most fertile.
Intellectual: mastery of abstract and creative thinking, careers become important, may return to education.
Emotional: independent living and control over own lives, emotional wellbeing is based on attachment, security and contentment.
Social: intimate and long-lasting relationships are formed.



Middle Adulthood (46–65 years):

Physical: at the end of this life stage the ageing process begins, menopause occurs for women.
Intellectual: can use knowledge and experience for complex decision making, may retire.
Emotional: may experience changes in self-image and self-esteem linked to retirement or ageing process, emotional wellbeing is based on attachment, security and contentment.
Social: may have more time to socialise.



Later Adulthood (65+ years):

Physical: ageing process continues, decline in strength and fitness, loss of mobility, loss of muscle tone and skin elasticity.
Intellectual: may experience decline in cognitive ability such as loss of memory/recall.
Emotional: may start to become more dependant on others, emotional wellbeing is based on attachment, security and contentment.
Social: may experience bereavement and reduction of social circle.

Factors affecting growth and development

Different factors will impact on different aspects of growth and development

Physical Factors: **inherited conditions:** sickle cell disease, cystic fibrosis, muscular dystrophy, Marfan syndrome and Huntingdon's disease. **Experience of illness and disease, mental ill health:** anxiety, stress **physical ill health:** cardiovascular disease, obesity, type 2 diabetes; **disabilities, sensory impairments...**

Emotional Factors: fear, anxiety / worry, upset / sadness, grief / bereavement, happiness / contentment, security attachment...

Social Factors: supportive and unsupportive relationships with others – friends, family, peers and colleagues.
Social inclusion and exclusion bullying discrimination...

Lifestyle Factors: nutrition, physical activity, smoking, alcohol, substance misuse...

Environmental Factors: housing needs, conditions, location (home environment) – living with a high level of parental conflict experiences of abuse and neglect exposure to pollution – air, noise and light.

Cultural Factors: religion, gender roles and expectations, gender identity, sexual orientation, community participation, race...

Economic Factors: employment situation, financial resources – income, inheritance, savings.

Expected Events

Predictable, expected life events are those that individuals can be certain will happen, they are planned. Some examples are starting school at the age of four years

Unexpected Events

Events that take individuals by surprise as they do not know, they are going to happen, they are unplanned. Some examples are having an accident, divorce or an unexpected death



Knowledge Organiser: Health & Social Care / Year 10 / Component 2 – Health & Social Care Services and Values HT5

TOPIC CONTENT:

- You will learn a range of health and social care services, any barriers individuals face accessing them and how they can be overcome.
- You will learn about the skills, attributes and values required to give care.

LAA – Understand the different types of health and social care services and barriers to accessing them.

Health Conditions –

Type 2 Diabetes

- The Sugar levels (glucose) in the blood become too high (7 mmol/l +)
- Symptoms include – headaches, thirst, urinating a lot, blurred vision/tiredness

Arthritis

- Affects the joints.
- Symptoms include stiffness in joints, swelling around the joint, pain/tenderness, warmth around the joint.

Coronary Heart disease

- When fatty substances build up in the coronary arteries making them narrower and restricting blood flow to the heart.
- Symptoms include chest pain, feeling dizzy, nausea (sick) and shortness of breath

Dementia

- Reduced brain function resulting in memory loss.
- Symptoms include understanding and processing difficulties, difficulties in speech, loss of independence etc. these progressively get worse.
- 1 in 14 people over 65 have dementia

Cerebral Vascular Accident

- Interrupted flow of blood to the brain caused by either a stroke or brain injury.

Obesity

- Someone with a high level of body fat.

Asthma

- A chronic life threatening condition which affects the lungs.
- Symptoms include breathlessness, wheezing and coughing.

Chronic Obstructive Pulmonary Disease

- An inflammation of the lungs which obstructs (reduces) airflow.
- Symptoms include breathlessness, chesty cough, wheezing, frequent chest infections and tiredness.

Types of Care.

Respite – Short term care which provides relief to families who provide full time care. This can be at home or in a residential care home.

Residential – Living in a setting instead of your home. Accommodation, Laundry and meals are all provided. Staff are specifically trained to support individuals 24 hours a day.

Domiciliary – Care workers visiting the home of an individual to support them with daily living e.g. Personal Care.

LEARNING OBJECTIVES

A – Understand the different types of health and social care services and barriers to accessing them.

B – Understanding the skills, attributes and values required to give care.

Additional Needs - Extra support needed to ensure good standard of living and quality of life.

Sensory Impairment –

- Vision/Hearing difficulties which significantly impact communication and well-being.

Learning Disability

- Less able to understand complex information and learn new skills.

Physical Disability

- “A limitation on a persons’ functioning, mobility, dexterity or stamina that has a substantial and long-term negative effect on an individual’s ability to do normal daily activities” – **Equality Act 2010**

Primary Care – First point of contact with the NHS.

e.g. GPs, Walk-in Centres, Dentist etc.

Secondary Care – When you need more than a primary service can provide. E.g. Cardiology, Endocrinology – they usually support diagnosis and treatment.

Tertiary Care - Advanced specialists who are highly skilled and experienced. E.g. complex surgeries i.e. Brain, etc.

Allied Health Professionals- They support people who are experiencing both mental and physical health problems. They must be registered with the Health and Care Professions Council (HCPC) e.g. Paramedics, dieticians, Art Therapists, Speech and Language Therapists etc.

Services for children and young people.

Foster Care – provides a safe environment for children who for whatever reasons can’t be at home with their family. Can be short-term or long-term.

Residential Care – best for people with complex needs – provides high quality care.

Youth Work – Supports young people between 11-25. Helps with personal and social development.



Key terms –

Formal Support
Informal Support
Type 2 Diabetes
Arthritis
Coronary Heart Disease
Dementia
Cerebral vascular accident
Obesity
Asthma
Chronic Obstructive Pulmonary Disease (COPD)
Primary Care
Secondary Care
Tertiary Care
Allied Health Professionals
Respite Care
Domiciliary Care
Residential Care
Informal Carers
6 C’s

Informal Social Care

Informal Carer – family or friends.

Charities - Voluntary organisations that support individuals and their families e.g.. Homestart.

Faith-based groups – Supporting Individuals who share religious or Spiritual beliefs e.g. Islamic relief.

Community groups – Support within the community. E.g. Food banks

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LAA – Understand the different types of health and social care services and barriers to accessing them.

Barriers – stop people being able to access a service. Meaning people miss appointments, treatments and support.

Barriers to accessing Services	Overcoming Barriers
Physical – something that stops someone physically accessing the service they need. E.g. Stairs into a GP surgery	Special adaptations which enable someone to access the service they need e.g. wider corridors to allow wheelchair access.
Sensory Barriers – something which reduces a persons’ ability to access a service due to a sensory impairment. E.g. not being able to hear what is happening around you due to a deterioration in hearing.	Adaptions put in place to support sensory barriers e.g. large print for sight impairments.
Cultural barriers – something which reduced a persons’ ability to access a service due to cultural beliefs, practices and needs. E.g. worrying they will be judged or not taken seriously because of their beliefs.	Proper training and collaborative approaches to understand cultures and beliefs to ensure that a persons’ wishes/needs are fulfilled e.g. enabling a Muslim to pray regularly during the day in a quiet and private setting in a hospital.
Language Barriers – something which reduces a person’s ability to access a service due to not understanding the words or language used. E.g. having English not as a first language.	Having adapted leaflets, translators etc to enable someone to access the information they need.
Geographical Barriers – Being unable to access a service due to location e.g. poor public transport in a village making it difficult to get to the local GP surgery.	Providing serviced which allow someone to access the service e.g. Phone Consultations with GP. Home visits.
Learning disabilities – being unable to fully understand complex information and make an informed decision without support.	Ensuring that adequate support is given to ensure that someone with a learning disability is supported to ensure that they are able to fully understand/make decisions e.g. Communication cards to help someone express emotions and preferences
Financial Barriers – Being unable to access a service due to money. E.g. not being able to afford care/therapies that will aid their condition.	Some charities and Local Authority provision can be put in place/claimed to help assist with reducing the financial burden that can be created.

LEARNING OBJECTIVES

- A – Understand the different types of health and social care services and barriers to accessing them.
- B – Understanding the skills, attributes and values required to give care.

LAB - Understanding the skills, attributes and values required to give care.

Skills and Attributes in Health and Social Care

- ✓ Problem Solving
- ✓ Observation
- ✓ Dealing with difficult situations
- ✓ Organisation
- ✓ Empathy
- ✓ Patience
- ✓ Trustworthiness
- ✓ Honesty

Values in Health and Social Care ... The 6 Cs



Value	Definition
Communication	The exchange of information between two people that helps to provide care and support.
Care	Looking after and providing for the needs of a person.
Compassion	Working with empathy, respect, and dignity.
Competence	Skills and knowledge to understand a person's needs and to deliver effective care, based on research.
Courage	Doing the right thing for the people being cared for and speaking up when concerns arise.
Commitment	A determination to improve the quality of care.

Obstacles that individuals face

- ⚠ Lack of motivation
- ⚠ Self-esteem issues]
- ⚠ Stress
- ⚠ Previous bad experiences
- ⚠ Anxiety
- ⚠ Lack of support
- ⚠ Time constraints
- ⚠ Unachievable targets
- ⚠ Lack of resources
- ⚠ Disability
- ⚠ Health Conditions
- ⚠ Addiction

Benefits of skills, attributes and values.

- ♀ High quality care
- ♀ Person-Centred Care
- ♀ Respect
- ♀ Independence
- ♀ Involvement in care decisions
- ♀ Not discriminated against
- ♀ Protected from harm
- ♀ Able to raise complaints
- ♀ Protected dignity and privacy
- ♀ Rights promoted
- ♀ Confidentiality maintained

Knowledge Organiser: Health & Social Care / Year 11 / Component 3 – Health & Wellbeing

TOPIC CONTENT:

- You will learn to interpret indicators that can be used to measure physiological health and lifestyle data.
- You will learn how to design a health and wellbeing plan including SMART targets (long/short term)
- This unit combines and builds on everything from Components 1 and 2

Health and Wellbeing

Holistic – looks at the whole person not just the part that needs treatment or care.



Abraham Maslow designed a hierarchy of needs – basic needs are constant however depending on life stages other needs can vary. E.g. a sense of belonging may look different in adolescence than in Middle Adulthood.

Physical Factors

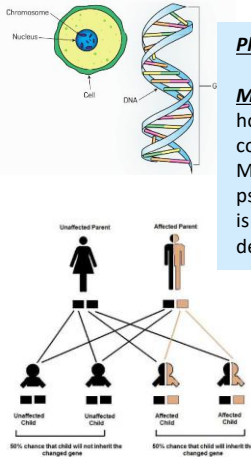
Inherited conditions:

Most people have 23 pairs of chromosome in each of our cells.
One from each pair from Birth Mother
One from each pair from Birth Father.

There are two types of inheritance:

Dominant – only one parent needs to have/carry the condition for the child to inherit the condition e.g. Huntington's Disease.

Recessive – Both parents need to have/carry the condition for the child to inherit it e.g. cystic fibrosis.



Physical Factors

Physical ill health – can be acute, chronic or both.

Acute = comes on quickly, is short-term and can be cured.
Chronic = Lifelong.

e.g. Asthma is a chronic condition impacting the lungs lifelong. There is no cure. HOWEVER, ... an asthma attack is an acute condition which can be remedied with medication.

LEARNING OBJECTIVES

- A – Factors that affect health and wellbeing
- B – interpreting health indicators
- C- Person-centred approaches to improving health and wellbeing.

Physical Factors

Physical abilities – how well you can perform a physical action such as walking, doing buttons etc. can be hugely impacted if we experience any kind of temporary or permanent physical impairment.

Sensory impairments – The loss of one of the 5 senses can have a devastating ability on someone's ability to perform everyday tasks. e.g. loss of vision could reduce someone's ability and confidence to socialise.

Physical Factors

Mental ill Health – Mental health determines how we think/feel and behave as well as how we cope with situations. Mental ill health is when emotionally, psychologically and socially someone's wellbeing is affected by a condition such as anxiety, stress, depression etc.

Lifestyle factors

Alcohol – Can have a detrimental impact on someone's physical health. Excessive drinking can lead to addiction and increased risks of cancer.
Smoking – Cigarettes contain highly addictive Nicotine which can have huge impacts on a person's wellbeing and health.
Illegal drugs and misuse of prescribed drugs - can have a profound impact on your health and wellbeing

Social Factors

Bullying – can take many forms physical, verbal, cyber, emotional and sexual – it is a repetitive intention to harm, coerce or intimidate.
Discrimination – treating someone differently because they are seen as different. This could be for lots of reasons. E.g. gender, age

CHALLENGING TEXTS



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Lifestyle factors

Nutrition – A balanced diet is essential for a healthy body and mind. People who eat poorly are more prone to illness, being over/under weight



Figure 3.4: The Eatwell Guide recommends our diet contains these food items

Lifestyle factors

Physical Activity – Regular exercise is essential for our health and wellbeing

Key terms –

- Holistic
- Disability
- Impairment
- Illness
- Sensory Impairments
- Dominant Genes
- Recessive Genes
- Nutrition
- Mental Ill Health
- Addictions
- Nicotine
- Hazards
- Supportive relationships
- Unsupportive relationships
- Social inclusion
- Social Exclusion
- Coerce
- Sexual Orientation
- Gender Identity
- Stereotypes
- Diversity
- Barriers to accessing care
- Formal support
- Informal Support
- Lifestyle indicators
- BMI
- Pulse Rate
- Recovery Rate
- Blood Pressure
- Sphygmomanometer
- Person-Centred Approach
- SMART targets

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Cultural Factors

Religion – being part of a religious group can be positive for health and wellbeing. Many religious groups offer lots of support for individuals within their community.



Community Participation – belonging to a group with which someone identifies e.g. a street organising events together, or a member of the LGBTQIA+ community taking part in a Pride march.



Gender Roles and expectations – The roles and behaviours often stereotypically expected of men and women.

Gender Identity – how a person identifies. There are over 100 genders in the UK.

Sexual Orientation – The emotional, romantic or sexual attraction someone feels for another person/s

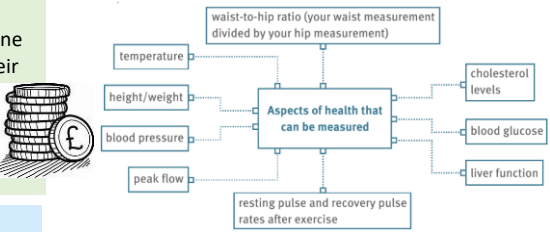
Life events

- Physical events** such as accidents, puberty etc. can have a profound impact on someone's health and wellbeing.
- Relationships changes** – both positive e.g. getting married or negative e.g. bereavement have a huge impact on someone's wellbeing.
- Expected life events** – things that are an accepted part of someone's life e.g. getting a job, going to school etc.
- Unexpected life events** – things that are not the norm e.g. being made redundant, going to prison etc.

LEARNING OBJECTIVES

- A – Factors that affect health and wellbeing
- B – interpreting health indicators
- C- Person-centred approaches to improving health and wellbeing.

Health indicators – Physical and measurable indicators of someone's health.



Health indicators –

Pulse rate – Resting pulse rate compared to rate after exercise and recovery time. The quicker your pulse returns to normal the fitter you are.

Blood Pressure – The pressure exerted by your blood against the walls of your arteries. Long-term High blood pressure can have devastating consequences on the organs.

Health indicators –

BMI – Body Mass Index

Used to determine if someone is overweight.

$$BMI = \frac{\text{Weight in kg}}{(\text{Height in m})^2}$$

	Systolic (top number)	Diastolic (bottom number)
High blood pressure	140–190	90–100
Pre-high blood pressure	120–140	80–90
Ideal blood pressure	90–120	60–80
Low blood pressure	70–90	40–60

BMI	Meaning
Less than 18.5	Underweight
Between 18.5 and 24.9	Healthy weight
Between 25 and 29.9	Overweight
Between 30 and 39.9	Obese
40 and above	Severely obese

Economic Factors

Employment situation – whether someone is working can have a huge impact on their health and wellbeing

Financial Resources – the money and personal wealth at someone's disposal.



Environmental Factors:

Housing needs, conditions and locations
The type of housing and the location of housing can hugely impact health and well-being. E.g. small flat in the city could lead to stress and ill-health due to air pollution.

Home environment – living with abuse or neglect can hugely impact health and wellbeing.

Pollution –
Air pollution can lead to lifelong health conditions.
Water Pollution can lead to illness.



CHALLENGING TEXTS



Person-centred approach.
Recognising that each person is individual and therefore it is important to approach their care and needs in the individually. You place the person in the centre of their care and ensure that their care plan is developed specifically around their individual needs, wishes and circumstances.

SOURCES OF SUPPORT

- Formal Support** – Support from a professional. E.g. GP, Pharmacist
- Informal Support** – support from someone close the service user e.g. Family, Friends and Neighbours

Barriers to accessing care and support.
Things that prevent someone being able to easily access support for specific health and wellbeing needs.

- Physical** – being physically unable to get to a health and social care setting e.g. no wheelchair access.
- Sensory disability** – Being unable to communicate with or access a facility due to sensory limitations.
- Social and Cultural** – limitations due to social or cultural background e.g. men being uncomfortable having a female practitioner due to cultural beliefs.
- Language and speech** – a language barrier between service user and health care practitioners.
- Geographical** – unable to access a service due to its location e.g. you live in a rural location.
- Financial** – Limitations due to financial limitations e.g. being unable to access medication due to fees.