



Health & Social Care

Unit 3: Human Growth & Development

Health and social care - Unit 3 Revision

Stages of development from conception to birth

Period	Effect on growth
5 weeks	<ul style="list-style-type: none">• Formation of the neural tube precedes brain and spinal cord development• Blood circulation is evident• Increased heart development
6–7 weeks	<ul style="list-style-type: none">• Brain growth defines distinct areas• Eyes and ears begin to develop• 'Small buds' develop – early signs of arm and leg growth
8–9 weeks	<ul style="list-style-type: none">• Embryo now referred to as 'foetus' (young one)• Face slowly forming and eyes more defined• Feet and hands beginning to develop and ridges where fingers and toes will begin to appear• Major internal organs begin to develop
10–12 weeks	<ul style="list-style-type: none">• Foetus is fully formed• Almost all organs and structures have formed and continue to grow until delivery• Foetus is active but mother unable to feel this movement
13–20 weeks	<ul style="list-style-type: none">• Foetus is now growing rapidly• Face takes on human appearance• Hair is beginning to grow, including eyebrows and eye lashes
21–24 weeks	<ul style="list-style-type: none">• Lanugo (fine, soft hair) covers the foetus• Movement may be felt by the mother
25–26 weeks	<ul style="list-style-type: none">• Vigorous movement of foetus that is also responsive to touch and sound• Eyelids open
27–29 weeks	<ul style="list-style-type: none">• Heartbeat strong enough to be heard using a stethoscope• Vernix (sticky protective substance) covers foetus
30–31 weeks	<ul style="list-style-type: none">• Growth continues• Skin fills out, giving a plumper appearance• Lanugo and vernix disappear
32 weeks	<ul style="list-style-type: none">• Baby prepares for birth
33–42 weeks	<ul style="list-style-type: none">• Baby's head may 'engage'

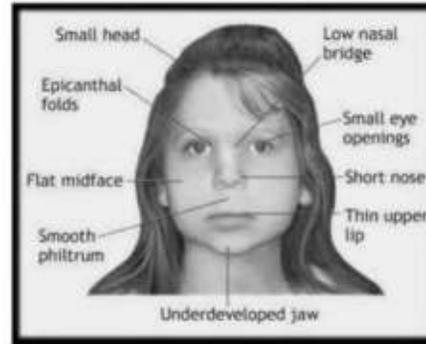
More keywords

- Pre-conception – the period of time before a woman gets pregnant
- Pre-birth – the period during pregnancy when the foetus is in the womb
- Antenatal – ‘ante’ means before and ‘natal’ means birth, so antenatal refers to care provided throughout pregnancy up to the point of birth

Alcohol

- Increase the risk of miscarriage.
- Can pass through the placenta to the baby's blood and cause 'foetal alcohol syndrome'.

Foetal alcohol syndrome



Prescribed and non-prescribed medication

- Some medication , example , ibuprofen, and herbal remedies are not safe to be taken while trying to become pregnant or during pregnancy
- Babies born to drug addicts can experience withdrawal symptoms and may have long term damage to their health.

Smoking

Includes:
Mother smoking
Passive smoking

- Smoking is known to reduce natural fertility for both men and women.
- Ectopic pregnancy
- Placental abruption
- Miscarriage
- Stillbirth
- Premature labour
- Babies are likely to be much smaller. A low birth rate is linked to illness and disabilities in babies.
- Cleft lip and palate
- Smoking limits the supply of oxygen to the foetus, so the heart of the foetus has to beat harder.



Health

Drink plenty of water
during exercise



- Regular exercise can prepare a mother for the physical demands of pregnancy and birth.
- Effects of exercise:
 - strengthen the muscles so that it is easier to carry the extra weight of pregnancy.
 - the joints will be stronger,
 - circulation improves and backache can be eased,
 - leading to a general feeling of wellbeing.
- Babies are exposed to their mothers stress hormones. This can affect the developing foetus.
- Long-term stress can cause the mother to feel tired, depressed and make her more prone to illness.

Diet

- Food to be avoided during pregnancy as they can cause illness or harm to the baby. Example, Unpasteurised cheese and soft blue chees should not be eaten as they provide an ideal environment for harmful bacteria such as listeria to grow. This can cause miscarriage and still birth.
- Folic acid (vitamin B12) has been found to greatly reduce the risk of neural tube defects such as spina bifida.



Environment

- Poor housing (damp, poorly maintained buildings, heating problems) can lead to increased risk of respiratory illnesses and stress-related illness or depression.
- Pollution (car fumes, noise)
- High crime rates all have a negative impact on health and wellbeing.

Complications during pregnancy - Gestational diabetes

- High blood glucose levels in mother will result in high glucose levels in the baby.
- As a result, the baby will produce high levels of the hormone insulin.
- This can make the baby grow larger than normal which can cause difficulties during birth.



Complications during pregnancy –

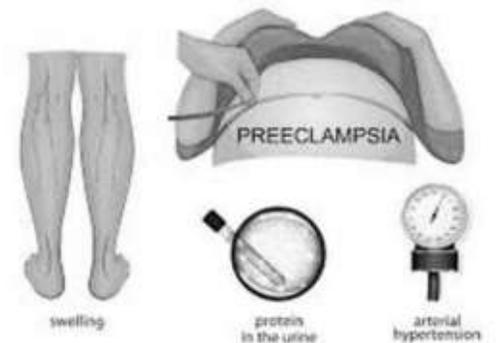
Pre-eclampsia

- Occurs typically after 20 weeks.
- Can increase the risk of pre-mature births.
- Sometimes other organs can be affected, such as the liver. They can also be problems with the blood clotting..
- Pre-eclampsia can lead to eclampsia which can lead to fits, and in severe conditions the death of the mother or baby.

A combination of high blood pressure and protein in the mother's urine

What treatment will the mother receive for pre-eclampsia?

- Blood pressure management – can be controlled with medication.
- More severe pre-eclampsia – hospital admission
- Doctors may make the decision to deliver the baby early if it is only a few weeks before the delivery date.
- If it is as early as 34 weeks, the decision to deliver will depend upon severity of the pre-eclampsia.



Complications during pregnancy –

Causes of premature birth:

- Infection of the membranes that surround the baby, the umbilical cord and/the amniotic fluid in the uterus.
- Pre-eclampsia.
- Multiple pregnancy
- Placenta problems

Complications during labour –

Birth trauma to either the mother or baby

Physical symptoms, such as bone fractures or nerve damage for the baby, or tearing and severe bleeding for the mother as well as psychological distress

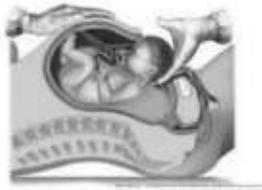
Shoulder dystocia – this occurs when the baby's shoulder is stuck in the mother's pelvis once the head has been born. This can squash the umbilical cord, so the team need to use additional interventions to deliver the baby quickly and safely.



Complications during labour –

Lack of oxygen

A lack of oxygen to the foetus during birth may cause the baby to become distressed. This will result in the baby needing to be delivered by caesarean section



Breech birth

A baby is said to be in the breech position if it is 'bottom down' rather than 'head down'.

Birth injury

This is when the baby suffers a physical injury that occurs as a result of being born. Causes include the baby being larger than average, a long and difficult labour or breech birth position. Being premature is also a risk as babies born before 37 weeks have more fragile bodies and may be more easily injured.



Assisted delivery by forceps (large tongs) or ventouse (vacuum extraction) can cause bruising to the baby's head and face.



Social development



- The ability to interact with others in society and build relationships.
- It involves learning the skills and attributes that enable individuals to live easily and comfortably with other members of the community.

Cognitive development



- Development of the mind.
- Includes skills such as learning to talk, understanding, memory, concentration, reasoning, problem solving, imagination, reading, asking questions, telling stories, listening and following instructions.

Emotional development



- The development and expression of feelings.
- Learning to manage emotions and displaying them appropriately as we grow older.
- Developing attachments or bonds with others and feelings of belonging.
- Developing self-confidence, self-esteem and a sense of security.
- Becoming aware of your self, working out your feelings towards others and developing a self-image and personal identity.

Physical development



- Development of the body
- Development of the ability to do physical skills such as crawling to walking to running.

Social development during infancy (0-2 years)

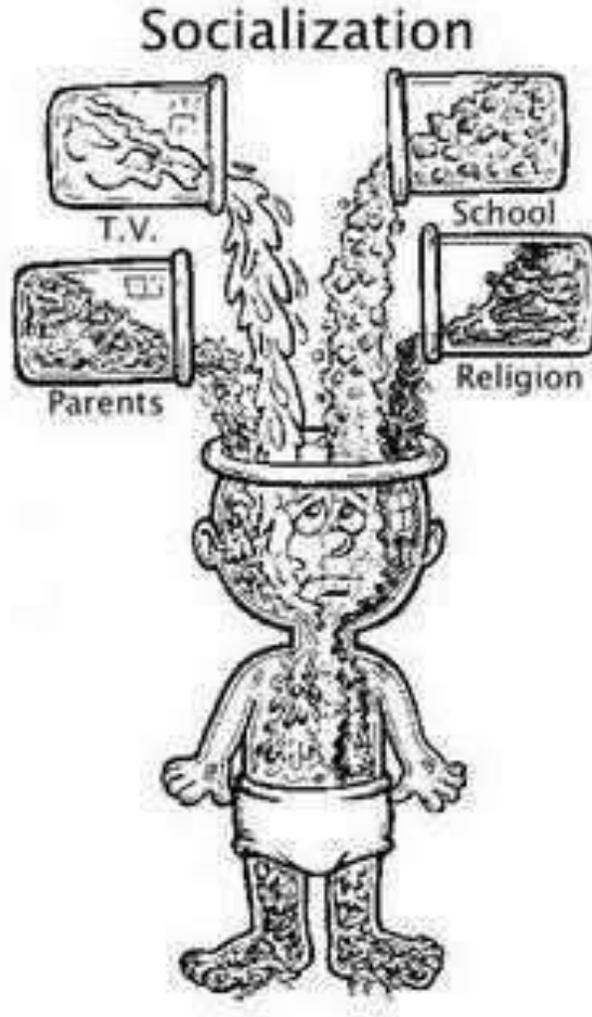
Age	Social development
Newborn	<ul style="list-style-type: none">• Cries to indicate need• Imitates adults, for example facial expressions such as sticking their tongue out• Makes eye contact
1 month	<ul style="list-style-type: none">• Starts to make non-crying noises such as gurgling and cooing• Crying and other noises become more expressive• Will look attentively at the carer's face when being fed
3 months	<ul style="list-style-type: none">• Beginnings of conversation – will exchange 'coos' with another person• Will cry loudly to express a need• Will smile in response to being spoken to
6 months	<ul style="list-style-type: none">• Enjoys playtime• Will pass toys to others• Imitates sounds and enjoys babbling• Makes a wide variety of different sounds – laughs, squeals, screams
9 months	<ul style="list-style-type: none">• Prefers to be with a familiar adult• Can tell the difference between family and strangers• Copies sounds made by adults, for example animal noises, train noises• Follows simple instructions such as 'kiss Granny'• Expresses likes and dislikes at mealtimes
12 months	<ul style="list-style-type: none">• Likes to be with someone they know• Imitates simple words• Language starts to become conversation• Babbling becomes more speech-like and can speak two to six recognisable words
18 months	<ul style="list-style-type: none">• Happy to play on their own (solitary play)• Likes to be near a familiar adult• Wants to be independent• Can use a cup and spoon reasonably well• Enjoys repetitive stories and rhymes
2 years	<ul style="list-style-type: none">• Able to feed themselves without much spillage• Plays near other children but does not play with them (parallel play)• Likes to help with chores• Engages in role-play such as putting a baby doll to bed

Social development during childhood (3-10years)

Primary socialisation

Family are the main contributors to learned attitudes and beliefs.

The child will learn the way of behaving according to the particular culture of the family in which he or she lives.



Secondary socialisation

The child will learn from wider society as she or he meets more people. Some of the views and opinions previously learned and accepted from their family will be questioned.

Peer groups, media, education

Social development during adolescence (11-17years)

Socialise more and have more independence and freedom.

Young people are also greatly influenced by the views, opinions and behaviour of their close friends. This is known as **peer group** pressure.



Social development during adulthood (18-60+ years)

Continue friendships made at school.

New friendships formed at work with parents of their children's friends.

Retirement provides opportunity to take up hobbies and new interests and there is more time for socialising or travelling.

Emotional development during infancy (0-2 years)

Age	Emotional development
Newborn	<ul style="list-style-type: none">• Expresses pleasure when being cuddled, fed or bathed
1 month	<ul style="list-style-type: none">• Smiles at main carer• May be described by a carer as developing a particular temperament or personality, such as lively and excitable or calm and placid
3 months	<ul style="list-style-type: none">• Loves to receive attention and cuddles• Smiles at familiar people• Stares intently at carer's face when feeding and shows enjoyment when being bathed
6 months	<ul style="list-style-type: none">• Gets upset when main carer leaves• Cries and laughs when others do• Wary of strangers
9 months	<ul style="list-style-type: none">• Prefers to be with a familiar adult and expresses fear of strangers by crying• Enjoys songs and rhymes with actions• Enjoys games such as 'peek-a-boo'
12 months	<ul style="list-style-type: none">• May have a comfort object such as a blanket or soft toy• Shows affection for family members• Likes to be with people they know• Waves good-bye
18 months	<ul style="list-style-type: none">• Shows emotions clearly, such as fear, anger, happiness• Temper tantrums may occur when they cannot get their own way• Begins to use words to express own feelings
2 years	<ul style="list-style-type: none">• Able to express feelings• Can be very clingy with carers• Likes to be independent and do things for themselves• Can be confident and independent

Emotional development during childhood (3-10 years)

- Learns to control emotions, including feelings of anger, jealousy and frustration.
- Develop a sense of right and wrong.
- Increase in self-confidence, making friendships and independence.
- Begin to co-operate and to understand the viewpoints and feelings of others.



Emotional development during adolescence (11-17 years)

- Adolescents tend to experience extreme feelings and intense emotions, changing from happy to upset.
- They may be very moody and aggressive which can make it difficult for families to deal with.

Hormones have a big impact

Emotional development during adulthood (18- 60+ years)

- Life events such as, marriage, divorce, parenthood, work responsibilities, loss of elderly parents and children leaving home can all have major impact on emotions during this life stage.
- Health and illness can also have an influence on how an individual feels about life.

Cognitive development during infancy (0-2 years)

Age	Cognitive development
Newborn	<ul style="list-style-type: none">• Begins to develop connections through the senses and growing understanding• Aware of physical sensations such as hunger and discomfort• Imitation of adults, for example facial expressions
1 month	<ul style="list-style-type: none">• Will recognise primary (main) carers• Will repeat enjoyable movements• Will turn to look at the face of someone speaking
3 months	<ul style="list-style-type: none">• Shows an increasing interest in playthings and their surroundings• Recognises familiar situations• Shows an understanding of cause and effect by shaking a rattle to hear its noise
6 months	<ul style="list-style-type: none">• Shows understanding of words such as 'bye-bye', 'mama', 'dada'• Raises arms to be picked up – demonstrating understanding of cause and effect, up and down
9 months	<ul style="list-style-type: none">• May say 'mum-mum', 'dad-dad' – repeats sounds, practising them• Looks for fallen/dropped toys• Looks at small objects and reaches for them• Explores objects by touching, banging, shaking• Will look for a hidden object – knows it still exists even though it cannot be seen
12 months	<ul style="list-style-type: none">• When asked 'where is the ball?' they will point to the ball• Uses trial and error to learn about objects• Begins to treat or use objects in an appropriate way, such as cuddling a soft toy and using a hairbrush• Enjoys looking at picture books
18 months	<ul style="list-style-type: none">• Able to recognise parts of the body• Responds to commands• Knows own name
2 years	<ul style="list-style-type: none">• New words learned quickly• Asks questions constantly• Can name familiar objects, for example cat or bus

Cognitive development during childhood (3-10 years)

- Increase in their language and understanding
- Develop their vocabulary
- Asks lots of questions
- Express themselves in more complex ways
- Reads more complex stories and uses language in their writing

Cognitive development during adolescence (11-17 years)

- Abstract thinking skills

Cognitive development during adulthood (18- 60+ years)

- Most adults use abstract thinking and problem-solving skills.
- Adults can think quickly and make reasoned, informed decisions.
- Gain new knowledge and skills is necessary to deal with changes in employment and family life, such as looking after children.
- Thinking skills may be further developed through education and training.

Older adults:

- Response times and thinking speed may slow.
- Intelligence and mental ability remain.
- Become wiser and make better judgements as a result of a lifetimes experience.
- A minority of older people may develop conditions such as dementia where they lose their mental abilities.



Physical development during infancy (0-2 years)

Physical development		
Age	Fine motor skills	Gross motor skills
Newborn	Natural reflexes: swallowing and sucking, grasping, rooting, getting startled, walking, falling	
1 month	<ul style="list-style-type: none"> • Opens hand and will grasp an adult's finger • Facial expressions – shows interest and excitement 	<ul style="list-style-type: none"> • Turns from their side to their back • May move head towards a bright light • Jerky, uncontrolled leg and arm movements
3 months	<ul style="list-style-type: none"> • Moves their head to follow adult movements • Watches their hands and play with their fingers • Holds a rattle briefly without dropping it 	<ul style="list-style-type: none"> • Lifts head and chest when in the prone position (lying on their front) • Sits with their back straight when held • Kicks vigorously with legs
6 months	<ul style="list-style-type: none"> • Reaches and grabs when a small toy is offered • Uses the whole hand (palmar grasp) to pass a toy from one hand to the other • Explores objects by putting them in their mouth 	<ul style="list-style-type: none"> • When held sitting or standing can do so with a straight back • Lying on their back, can lift their legs into vertical position, grasping their feet with their hands • Changes the angle of their body to reach out for an object • Rolls over
9 months	<ul style="list-style-type: none"> • Grasps objects using finger and thumb in a pincer grasp • Continues to explore objects by putting them in their mouth • Releases a toy from grasp by dropping it – cannot yet put it down • Imitates adult gestures 	<ul style="list-style-type: none"> • Sits up unsupported, with a straight back, for a short while • Pulls themselves into a standing position • Stands by holding on to furniture • May take some steps when being held • Moves along the floor – bottom shuffling or crawling
12 months	<ul style="list-style-type: none"> • Points at interesting objects with index finger • Throws and drops toys deliberately • Builds with a few bricks • Releases a small object into another person's hand 	<ul style="list-style-type: none"> • Now mobile, so can probably walk alone with feet wide apart or with one hand held • Rises to a sitting position from lying down • May crawl upstairs or onto low items of furniture
18 months–2 years	<ul style="list-style-type: none"> • Climbs stairs with support • Climbs stairs one at a time • Runs • Throws a ball but cannot catch it yet 	

Physical development during childhood (3-10 years)

- Continue to grow steadily
- Motor skills continue to develop
- Develop increased body strength and co-ordination
- At eight or nine years, children will begin to join letters together in handwriting

Physical development during adolescence (11-17 years)

- Puberty – child's body turns from that of a child to an adult.
- Body becomes capable of reproduction
- Growth spurt which includes the fast growth of bones and muscles

Physical development during adulthood (18- 60+ years)

Examples of aging effects:

- Eyesight – cataracts and glaucoma may develop
- Hearing – deteriorates
- Heart – blood pressure may increase, blood vessels become less elastic and this can lead to heart attack or stroke



An individual's growth and development is influenced by both nature and nurture

- **Nature** - Characteristics the individual is born with. Example genetic diseases
- **Nurture** - Result of learning from environmental influences and the people around them. Example, choosing not to drink alcohol



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Nature cannot be changed.
The ways people are nurtured can be changed.

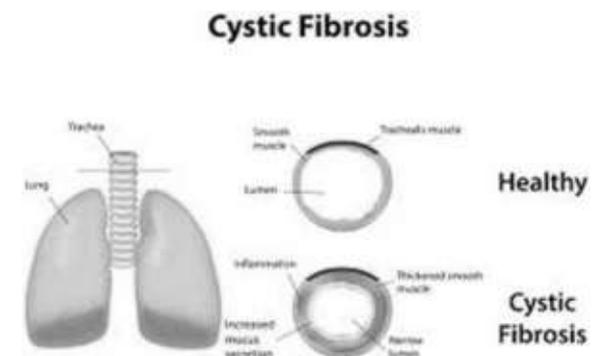
Nature affects an individuals development and behaviour

Genes

- Down's syndrome is a condition caused by having one additional chromosome. Children with Down's syndrome have physical features and have some degree of learning disability. Life expectancy is reduced.
- Cystic fibrosis is caused by a faulty gene that results in the body producing too much mucus that clogs up the lungs and other organs. It results in impaired lung function and can lead to reduced growth, due to the effects on the digestive system. Regular physiotherapy is required and patients tend to suffer from frequent lung infections that result in hospital stays. Emotional, intellectual and social development may be affected as schooling and social interaction is disrupted.



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Nurture affects an individuals development and behaviour.

- Lifestyle and health – alcohol, smoking
- Education
- Socio-economic
- Relationships
- Culture (social media)
- Physical development - Poor housing conditions
- Lack of food
- Bullying
- Aspiration



Lifestyle and health

- How someone chooses to live their life can have a huge impact on their health and wellbeing.
- Choosing to drink alcohol, smoke or take drugs will have a negative effect on an individual's development and health.
- Choosing a healthy diet and not drinking excessive alcohol and making positive choices which will promote holistic health.

Education

- Engaging education can have a very positive influence on a person's whole life as it increases their chances of finding employment satisfaction, which can raise their self-esteem.
- During learning, an individual will learn new skills, make new friends and become independent. This gives them confidence and a sense of achievement.

Employment

- Individuals who enjoy their work and find it fulfilling, interesting and worthwhile, will be most likely to benefit in their mental health and self-development. They will often gain a sense of achievement and success in their lives, which benefits their overall health and wellbeing.

Socio-economic

- These factors relate to the level of income a person has and how this affects their housing, health, education, environment and access to services.
- Income is received from paid work, benefits, savings or pensions.

Bullying

- Cyber-bullying, emotional, physical – can affect an individual's self-esteem. This may lead to anxiety, loss of concentration, physical harm (self-harming).
- Bullying may even prevent them from attending school.

Relationships

Family

- it can provide a safe loving home and provide a caring environment for a child to be brought up in
- They can provide practical or financial support when needed
- Having someone to talk to may reduce stress which is positive
- If there are family arguments about family issues or about money it can cause a lot of tension for family members.

Friendships

- Provide company, enjoyment and good times.
- They can be great support in bad times.
- If older adults have friends this can provide stimulation through shared interests and keeping each other company, preventing loneliness and depression in later life.

Working relationships

- Can be positive if you are made to feel you are a valued member of the team.
- Some working relationships can have a negative impact on an individuals life.
- It can be hard to manage if you are not appreciated or, in some cases, are bullied or taken advantage of.

Culture

- Media (including social media) – can have positive and negative effects.
 - Social media has contributed to unrealistic beauty standards, which can place pressure on individuals.
 - TV – documentaries inform and inspire people and may introduce children to new careers.

Physical environment

A clean and safe environment offers a safe setting for children to play, explore and make friends. Inadequate housing creates stress and damages an individual's physical and mental health as the conditions may be poor. For example, overcrowded housing may make it difficult to study and do homework.

Aspiration

- Good educational experiences and a supportive family will promote a child's development and open their minds to the many opportunities in life, helping them to aspire and achieve success.
- A lack of education may mean a child will not have the skills required to obtain employment: adults without basic skills are far more likely to be unemployed.

Expected and unexpected transitions

As we pass through the various stages of our life we experience many different transitions. They are a normal part of growing up and maturing.

Infancy (0-2 years)

Weaning

Separation

Toilet training

Moving from being home all day to starting nursery (leaving primary carer for the first time)

Birth of a sibling

Childhood (3-10 years)

Starting school

Learning to read

Birth of a sibling

Moving house

Being taken into care

Adolescence (11-17 years)

Transfer to secondary school

Taking exams

Puberty

Boyfriend/girlfriend

Leaving home

Driving test

Expected and unexpected transitions

As we pass through the various stages of our life we experience many different transitions. They are a normal part of growing up and maturing.

Early adulthood (18-29years)

Go to university

Leave home

First job

Exams

Get married

Become a parent

Middle adulthood (30-60 years)

Get married

Become a parent

Unemployment

Change job

Promotion

Move to a new house

Loss of parents

Menopause

Divorce and family break-up

Late adulthood (60+ years)

Retirement

Move to a new house – downsizing

Age-related medical conditions

Move into residential care

Family illness/disability

Bereavement

Transitions and significant life events can have **long term** and **short term** impacts on us.

These impacts can affect an individual's emotions, relationships, independence, health and resilience.

Example of effect on emotions

- The birth of a planned baby will bring joy
- Diagnosis of a serious illness will be devastating

Example of effect on relationship change

- A divorce may make an individual wary of starting a new relationship. They may lack trust and not want to get involved with anyone for a long time.

Example of effect on independence

- A child starting school may feel 'grown up' and independent.

Example of effect on health

- Mental health – If an individual accesses counselling (MIND, etc), this may help them to deal with their issues and improve their self-esteem.

Example of effect on resilience

- Your resilience will affect your ability to adapt to a situation which was not your choice, for example, redundancy.

Role of a health and social care practitioner

- Adhere to policies and procedures
- Work in partnership with other health and social care practitioners
- Builds positive relationships with clients and colleagues
- Partnership working
- Safeguard
- Access to services
- To be a 'key-worker' (first point of contact for patient)
- Assessment of patients needs
- Discuss, explore and reassure patients

Planning care and support

- Person-centred planning – The individual works with the practitioner to plan any care and support to meet their needs. The patient has control in how they want their support to be.
- Active participation – The patient is ‘active’ in their own care and support. They will take part in the activities and relationships of everyday life as independently as possible.

What is a 'care plan'?

It is a plan used to ensure an individuals care and support needs are met.

What is the purpose of individualised care plans?

- Identifying individual needs
- Recognising support needs
- Action planning and goal setting
- Risk management
- Ensuring consistency of care
- Maintaining continuity of care

This means an individual can:

- stay as independent as possible
- have as much control over their life as possible



The care planning cycle: what is involved

