Topic A.2 Key aspects of human growth and development at each life stage

Physical development

Physical growth and physiological change will be rapid during the first year and then steady until puberty. It is important to remember that everyone is an individual who may grow and develop at a different time and rate from their peers.

Infancy and early childhood

This is a period of immense growth across all areas of development, from a very dependent newborn baby to a child who, by the age of three, has mastered many skills, including talking, walking, using the toilet, using a spoon and scribbling. Gross motor skills will develop, for example, an infant learns how to control their head, sit up and crawl. This life stage also sees the development of fine motor skills, for example, an infant learns how to pick up objects or hold a rattle or dummy. A child between the ages of three and five will begin to develop fine-motor skills and by the age of five, most children will be able to use pencils, crayons and scissors. Their gross motor skills should include the ability to skip or hop.

Figure 1.7 A baby showing gross motor skills

Figure 1.8 A baby showing fine motor skills

Adolescence

Between the ages of nine and twelve individual personalities and cognitive skills develop. Growth and development become slower and steady until the start of puberty. The adolescent years are
Learning aim A: Explore human growth and development across life stages

a period of accelerated growth where individuals become taller and begin to gain weight although this will vary from individual to individual and across genders. Sexual maturity is one of the most significant developments during this time although the age for an individual to reach sexual maturity will vary considerably. Females will often develop faster and reach sexual maturity earlier than males. Both primary and secondary sexual characteristics develop during this life stage. Primary sexual characteristics are those related to reproduction – the sex organs. Secondary sexual characteristics are the features that distinguish males from females, but are not directly concerned with reproduction. During adolescence females will begin the menstrual cycle, grow pubic hair and their breasts will enlarge; males will see an enlargement of the testes and penis, an increase in body hair and their voices will become deeper.

**Early adulthood**

This stage is often referred to as the peak years when individuals will have excellent health, coordination and when gross and fine motor skills and sexual activity are at a maximum.

**Middle adulthood**

During the second stage of adulthood the first signs of the ageing process are the appearance of lines and wrinkles. Women will experience hormone changes, their menstrual cycle will stop and the menopause will begin so they will no longer be able to reproduce. Men may begin to gain weight around the abdomen and women around their hips and thighs. Middle adulthood will see, for both genders, a decline in strength, flexibility and muscle tone and hair loss or thinning or hair turning grey.

**Later adulthood**

This stage will see the ageing process deepen with more enhanced lines and wrinkles and blemishes such as age spots and broken vessels will appear. Hair will continue to lose its colour and may become thinner. Some individuals may lose weight or appear smaller as their bones settle and compress. Physical ailments will affect mobility and movement and individuals may experience problems with both their hearing and eyesight. Individuals will experience a decline in both their gross and fine motor skills.
Intellectual/cognitive development across the life stages

This is how a child will learn and develop thinking and language skills. Intellectual and cognitive development will be influenced by the environment in which a child lives and the experiences they have.

The early years are when a child will develop new cognitive skills including learning language, memory, reasoning and thinking. By the age of two most children have started to speak and will go through several stages before they start using adult language around the age of five or six. A child’s moral development is influenced by the people they live and mix with. A child will need to learn how to interact appropriately with others and what acceptable behaviour is. As a child grows and relationships become important, they will begin to think about how they are perceived by others.

By adolescence, a young person will start to think about their future and will have some ability to solve problems in more adult way. Problem-solving skills will continue to develop during adulthood.

In early adulthood, cognitive skills such memory recall and problem-solving skills are at their peak and people are able to think more abstractly and creatively.

During middle adulthood there is small decline in the ability to perform well in tasks requiring speed and agility but this may be compensated for by increased knowledge and experience.

In later adulthood although verbal skills are retained, memory recall and cognitive skills will continue to decline.

Emotional development across the life stages

Emotional development is learning and developing the emotional skills to live within a family and society. Emotional development is the development of a child’s identity and self-image and the development of relationships with family friends and others.

Bonding and attachment

Bonding is the strong attachment that develops between a parent and their baby and what will make the parent want to love and protect their baby. Attachment is the close emotional connection between people and, although it is usually applied to the relationship between a child and their main carer, it is also relevant to relationships between adults. If a child experiences problems with attachments, such as inconsistency in behaviour, long absences, violent behaviour, this may impact on their relationships as they mature.

Figure 1.9 Bonding and attachment.
and become adults. In adulthood it may be difficult to find a good balance between work and home life and this could have an impact on creating effective bonds and attachments.

**Security**

A small baby provided with consistent care will feel emotionally secure. With regular contact a child can develop strong bonds with others such as grandparents, siblings or friends and when separated from their main carer will still feel safe and secure. Leaving the security of home life can be daunting for a young adult but when the time is right it will provide the opportunity for increased independence and self-reliance. From early adulthood and through to retirement, finding and maintaining employment to provide security for the family will have an impact on emotions.

**Self-image**

Self-image is how an individual will think and feel about themselves and how they imagine other people see them. To adopt a positive self-image means an individual will like who they are and how they look. Having a positive self-image will be about recognising that everyone is unique and different. Adopting a positive self-image will improve self-confidence and interpersonal skills although negative comments from others will impact on self-image. A negative self-image will mean never thinking you are good enough and this can have an impact on the development of interpersonal skills, confidence and could be responsible for depression or eating disorders.

**Self-esteem**

Self-esteem concerns the opinions you have and how you feel about yourself. People who have positive self-esteem will be able to find it easier to make friends and will know and accept their strengths and weaknesses. They will feel valued and confident in trying new things. People with negative self-esteem will focus on their weaknesses, the things that have gone wrong and the mistakes they have made. Negative self-esteem could make a person more self-critical where they find it difficult to deal with problems or are reluctant to try new things. Negative self-esteem could lead to depression, drugs or excessive drinking.

**Contentment**

Contentment is about feeling satisfied and happy with what you have and what you have achieved. Contentment will mean different things for different people but will happen when self-image and self-esteem are positive.
Social development across the life stages

Social development provides the skills to manage and survive within the family home and the society in which we live.

A child’s social development will involve learning how to make friends and become a good friend. In the first few years a child will generally socialise with close family and friends and here is where they will build their confidence and self-esteem and learn how to interact with others. A child will need these skills when they move into nursery, school and later employment and have to interact appropriately with other children and adults.

Figure 1.10 Social development

Between the ages of thirteen and eighteen there will be several important changes in social development with the move from dependent childhood to a more independent adulthood. During adolescence a young person will become more independent of their family and their friendship groups will have a larger impact on the development of their social skills. Adolescence is often seen as a stressful time when conflict may occur with parents and the beginning of possible sexual relationships.

Young adults will become socially independent and have a high ambition to succeed. Their social network will change as they begin employment, learn to drive, move away from home, settle down with one partner and plan a family.

Many retired people will have more time and opportunity to join new or different social groups. However, in late adulthood there may be change or decline in social interaction due to mobility problems, finances, or the loss of a long-term partner. A decline in health or mobility may see older adults depending on younger family members and friends for social activities.
Knowledge recap questions

1. State the five life stages.
2. What is meant by the term ‘puberty’?
3. Give two examples of fine motor skills.
4. Give two examples of gross motor skills.
5. Describe the likely ageing process in a man aged 58.
6. Explain the differences between abstract and creative thinking.
7. Why do young people learn more quickly than older people?
10. Explain why is it important for people to take part in activities that promote independence as well as belonging to friendship groups.
Unit 1 External assessment: sample paper

Information

- The total mark for this paper is 50.
- The marks available for each question are shown in brackets.

Section A

1. The following information is about the Frost family.
   Read the information and answer the questions below.
   Cherry is a 65-year-old grandmother. She is married to Geoff.
   They have a daughter, Ariadne, who is 40. Ariadne has two daughters: Katherine, 8, and Isabella, 12.
   Ariadne works full-time as the manager of a high-class jewellers.
   The girls attend a private school.

(a) State Cherry’s current life stage. (1)

(b) State Katherine’s current life stage. (1)
2. Cherry enjoys knitting and, with other enthusiasts, has founded the Sareen Knitting Circle.

(a) Give **one** reason why this is important for Cherry’s physical development. (1)

(b) Other than physical development, give **two** examples of how knitting could help Cherry in her current life stage. (2)
UNIT 2
Health and Social Care Values

Unit 2, Health and Social Care Values, is an internally assessed core unit with two learning aims. It provides the opportunity to investigate how care values are applied in health and care services. The unit provides an introduction to the importance of a duty of care and how the health and social care services are regulated. Learning aim B focuses on the methods used to empower individuals who use the health and care services. The unit introduces why the person-centred approach encourages independence and improves self-confidence and self-esteem.

This unit is divided into three sections:

● The first section focuses on guidance for the two learning aims. All of the topics in the learning aims should be covered in the delivery of the qualification.
● The second section provides support with assessment by using evidence generated by a learner, for each grading criterion, with feedback from an assessor. The assessor has highlighted where the evidence is sufficient to satisfy the grading criterion and provided developmental feedback when additional work is required.
● The third section includes sample assignment briefs for this unit. The unit has been covered by two assignment briefs: the first focuses on learning aim A; the second assignment brief covers learning aim B. The assignment briefs provide the learner with clear guidance on the evidence they will need to generate and submit for the grading criteria and clearly identifies the format in which the evidence should be submitted.

Answers to the knowledge recap questions in this unit can be found at the back of the guide.
Learning aim A

Explore the care values that underpin current practice in health and social care

Anyone working in health and social care should have an awareness of the values that are important when working with the (often vulnerable) individuals who are using care facilities. It is important to understand the impact of effective and ineffective application of these values in health and social care. You will have the opportunity to demonstrate the practical application of the care values in selected health and social care contexts.

Assessment criteria

2A.P1 Describe how care values support users of services, using relevant examples.

2A.P2 Demonstrate the use of care values in selected health and social care contexts.

2A.M1 Discuss the importance of the values that underpin current practice in health and social care, with reference to selected examples.

2A.D1 Assess the potential impact on the individual of effective and ineffective application of the care values in health and social care practice, with reference to selected examples.

Topic A.1 Defining and demonstrating care values

Confidentiality

People who work in health and social care will have access to personal information about the people they care for and it is their responsibility to ensure that the information is only shared when necessary. To implement appropriate care and support, there will be times when people who work in health and social care services will have to share patients’ personal details with colleagues and other professions. However, personal information on individuals who use health and social services should never be passed on without the individual’s consent and permission.
Learning aim A: Explore the care values that underpin current practice in health and social care

Figure 2.1 Confidentiality

There needs to be a relationship of trust between the people working in health and social care services and the individuals who use their services. Confidentiality is important and should ensure that information on individuals is only accessible to those authorised to have access.

When a child, young person or vulnerable adult is at risk and it is difficult to obtain consent or consent is refused, information will be shared to prevent harm or remove risks.

To provide effective health and social care support, it is important that accurate records are maintained and regularly updated. To maintain confidentiality, records that are stored electronically should be password protected with restricted access. Paper files should be stored in locked filing cabinets which can only be accessed by authorised staff.

There are laws which protect confidentiality including:

- **Data Protection Act 1998** – this law states that information should be kept secure and only used for the purpose for which it was obtained.

- **Human Rights Act 1998** – this law states that everyone has the right to have their private life respected and this includes the right to keep your health records confidential.
Dignity

Dignity is often linked with receiving respect from others, having privacy and independence. People involved in providing health or social care have a duty to respect and preserve the dignity of their patients and encourage self-respect.

Communication and getting to know the individual, and not dismissing their views and opinions, are important factors which will contribute to maintaining self-respect and dignity.

An individual will often be using the health and care services when they are vulnerable and may often need support with personal tasks such as bathing, using the toilet, eating or drinking. Care and support should be provided but the individual should never be made to feel embarrassed. An adult will feel that their dignity is being undermined if they are treated like a child.

![Figure 2.2 Individuals should be treated with dignity](image)

Respect for the individual

Everyone using the health and social care services should be treated as an individual and should never be labelled by their age, illness or disability. Health and social care providers should understand the feelings and the wishes of the people they are caring for and never make assumptions. They should adopt a non-discriminatory and non-judgemental approach to practice. The attitude and behaviour of care services should encourage individuality and any service provided should be personalised to meet the need of the individual.
Other factors which will help individuals maintain their dignity and respect are:

- Involving the individual in making decisions about their lives, care and the support they will need.
- Developing effective communications – providing clear information but listening to the views of the individual without making assumptions.
- Using language which an individual will understand and never using jargon.
- Not making assumptions about gender, culture, age or disability.
- Asking how the individual would prefer to be addressed and respecting their wishes.
- Awareness and respect of issues of sensitivity which relate to modesty, gender, culture or religion.
- Ensuring that the modesty of patients and clients is protected but also respecting cultural differences.
- Knocking before entering rooms.
- Knowing and understanding the needs of different cultures.
- Providing support to maintain personal hygiene and appearance but respecting personal preference to products and routine.
- Respecting the choice of dress.
- Ensuring that food and drink is sufficient for the individual but taking into consideration individual dietary needs and food preferences. When necessary providing discrete support.
- Ensuring that individuals have access to medication.
- Providing privacy for individuals to use the toilet and the bathroom.
- Encouraging and providing support with social interaction.
- Providing support to maintain their living environment.
- Resolving any problems quickly.
Safeguarding and duty of care

People who are employed in the health and social care services will be responsible for keeping the people they work with safe. This includes ensuring both the physical and emotional safety of individuals, including ensuring that negligence is avoided.

Duty of care is a legal obligation to work by set standards, as far as it is reasonable to do so, in order to prevent any harm or danger to individuals in their care. Service providers are responsible for the safeguarding of the vulnerable people they work with. Maintaining standards and a safe environment could prevent harm or risks to individuals who depend and rely on the service provided by professionals working in health and social care services.

Figure 2.3 It is important to maintain a safe environment

Codes of Practice

The regulator of social workers and social work education in England was previously the General Social Care Council (GSCC), which closed on 31 July 2012. The register of social workers transferred to the Health and Care Professions Council (HCPC) (previously the Health Professions Council (HPC)). The HCPC was set up to protect the health and well-being of the people who use health and social services and maintains a register of all health and care professionals who satisfy their standards. The HCPC is an independent regulator for professions such as paramedics, social workers in England, physiotherapists and speech and language therapists. If a registrant does not meet the required standards, action can be taken which may include stopping them from practising.

The **Health and Social Care Act 2008 (Regulated Activities) Regulations 2010** are the regulations that ensure that health and adult social care in England satisfies essential quality and safety standards. Health and social care providers are continually monitored to ensure that individuals receive a quality and safe service and maintain self-respect and dignity.
The role of the **Care Quality Commission** is to check that the care and treatment provided by hospitals, dentists, care homes and care services provided for individuals at home are meeting and maintaining national standards. The Commission will monitor the treatment and care provided by hospitals, dentists, the ambulance service and the services for mental health care. They will also monitor the service and care provided for care homes and for individuals who live at home. The monitoring of National Standards is by regular visits to the health and social care providers. National Standards cover all care elements, including treating individuals with dignity and respect and maintaining a clean and safe environment.

**Legislation**

The **Mental Capacity Act (2005)** was set up to ensure that individuals were empowered to make as many life-changing or routine decisions for themselves as possible. The Act outlines that everyone is assumed to have the capacity to make decisions unless proved otherwise and that when decisions are made for an individual who lacks capacity, they are done in the best interest of the individual.

![Mental Capacity Act 2005](image)

**Figure 2.4** Mental Capacity Act 2005

The **Humans Right Act 1998** was introduced to ensure that everyone was treated equally, fairly, and with dignity and respect. Everyone should be protected from harm or danger and cared for in ways that they choose.
Professional practice

People who work in the health and social care services have an important role to play in safeguarding individuals. They will work in partnership with other professionals to secure sufficient resources to meet the needs of individuals who use care services and maintain standards of good practice.

Excellent communication channels should be established and provide sufficient and up-to-date advice to all relevant people and organisations. Effective communication is essential in building and maintaining relationships with the individual, colleagues and other professionals. Correct procedures should be implemented which comply with legislation on the storage and forwarding of individuals’ personal information.

Working in a health and social care role will require adopting an approach that meets the needs of the individual and an understanding of their beliefs and values.

People employed in health and social care service should regularly reflect on the service they provide and be able to adapt to changes in the needs of the individual and the environment. It is important that anyone working in the sector is up to date with organisational practices in their place of work and any changes in relevant legislation or national standards.

A person-centred approach to care delivery

A **person-centred approach** is making the individual the main focus and involves:

- planning with the individual rather than planning for them
- ensuring decisions are made with the individual and not for them
- providing the support which will allow the individual to live how they want.
A person-centred approach focuses on treating people as individuals, allowing them to make decisions and choices about their care. It will involve listening to what an individual wants and understanding what is important to them. A person-centred approach will make the individual feel more in control of their own life and have a choice in how they are supported.

Knowledge recap questions

1. What is meant by the term 'confidentiality'?
2. State three rules of confidentiality.
3. Lily has told the school nurse she is pregnant. Why must this information remain confidential?
4. What is meant by a non-discriminatory approach?
5. What is meant by a non-judgemental approach?
6. Why might you use the term ‘Ms’ when speaking with a woman you have just met?
7. Colin is a social worker with responsibility for several elderly people. Why should he not tell the people he visits about his own illnesses?
8. Explain the term ‘duty of care’.
9. Explain what is meant by the term ‘safeguarding’ in a health and social care situation.
10. What is the difference between physical and emotional safety?
Assessment guidance for Learning Aim A

**2A.P1 Describe how care values support users of services, using relevant examples.**

Assessor report: The command word for 2A.P1 is describe. This means give a clear description that includes all the relevant features of how care values support users of services.

The question asks you to describe values in plural. This means that, to achieve 2A.P1, the learner will need to describe how all of the care values listed in the unit content support users of services.

**Learner answer**

There are a range of values within health and social care that support users of services.

Confidentiality is one of these values. It will keep users safe by making sure that personal information does not get into the wrong hands.

Dignity is another value which can support users of services. This makes sure that users are treated with respect.

Another example of values that support users of services is safeguarding. One way that this can be carried out is by following professional practice, such as listening to what users are communicating.

Assessor report: The learner has listed three examples of values that are used in health and social care (confidentiality, dignity and safeguarding). However, these are not fully described. The learner should now provide more detail on what each value actually is, and how each value supports users of services. They should include at least one relevant example for each value.
Learner answer

Confidentiality ensures that users’ personal information is handled correctly and in line with the rules of confidentiality. These rules state that users’ records should be stored securely – for example, in a locked filing cabinet in an office or on a password-protected computer. (a) Users’ personal information should not be discussed with inappropriate people and written permission should be sought by the user before any personal information is passed on to other services.

Another value is dignity. This value ensures appropriate action is taken to preserve the dignity of individuals, by respecting the individual and having a non-judgemental approach. An example of this is not judging people based on their background. (a) Dignity also includes finding out how to address an individual, making sure the individual is addressed in the way that they wish to be. For example, in a care home the elderly may wish to be called ‘Mr Black’ rather than ‘James’. (a) Dignity also ensures that a user’s cultural and religious requirements are met. For example, this could be providing kosher food for a person of the Jewish religion. (a)

Safeguarding is also a value which supports service users. This involves ensuring that the physical and emotional safety of individuals is met. An example of this is ensuring that services users are treated in a professional way, ensuring a relationship built upon trust and respect is established and that people feel emotionally secure in their environment. This can include making sure a building is secure so that users do not feel threatened by outsiders. (a)
Assessor report: The learner has described how three care values support users of services. They have included relevant examples for each value (a). They have not described how a person-centred approach to care delivery supports users of services.

Assessor report – overall

What is good about this assessment evidence?

The learner has provided good descriptions of how confidentiality, dignity and safeguarding support users of services. They have provided at least one relevant example for each value.

What could be improved in this assessment evidence?

To achieve 2A.P1, the learner needs to describe how all of the values listed in the unit content support users of services. In their answer they have not described how a person-centred approach to care delivery supports users of services. To achieve 2A.P1, they will need to provide a similar level of detail for this as they have for the other care values, providing at least one relevant example.