



GCSE

Health and Social Care, and Childcare

Single Award (3570QS)

Double Award (3570QD)

Summer 2023 examinations

Unit 1	Human Growth, Development and Well-being	Wednesday, 24 May 2023
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Revision Booklet 2023
(Advanced Information)

	Content	Amplification
2.1.1 Human Development across the life cycle	(c) Expected milestones of growth and development	<p>Learners should be able to describe the expected milestones of physical growth and development and the key intellectual, social and emotional milestones of development that typically take place in each of the main life stages. To include an understanding of the use of centile charts and the Schedule of Growing Skills to record development 0-19 years.</p> <ul style="list-style-type: none"> • Physical development – body growth, gross and fine motor skill development, strength, puberty, menopause, features of age and ageing • Intellectual development – language skills, mental capacity and memory development, how children learn, including learning through play, problem solving, moral development

Physical growth

This is an increase in physical size (height and weight)

Physical Development

The appearance and increase in sophistication of skills, abilities and emotions.

Milestones

Stages in development

Developmental norms

Points in development where a particular change is **expected** to happen for most of the population – development follows a relatively **predictable pattern**. e.g. the *developmental norm* for beginning to walk is 9-18 months

PHYSICAL DEVELOPMENTAL MILESTONES

INFANCY

Between 0 – 3 months a baby:

- If held close to a parent's face, a baby will focus on it (newborn)
- Starts to smile (about 4 weeks)
- eyes follow a moving light
- can slightly lift their head when lying on their stomach
- can hold their head up for a few seconds with support
- can open and shut their hands

- will pull at their own hands
- will be able to use rooting and sucking reflexes.

Between 3 – 6 months a baby:

- Can lift head
- eyes will follow an individual,
- kicks vigorously
- can bring an object they are holding to their mouths
- can rollover
- can grab and play with toys
- can reach for objects
- can sit up (with pillows to prop them up)
- can support their weight on their legs when held up

- begins to eat solid food.

Between 6 – 9 months a baby:

- can crawl
- can grasp and pull objects toward their own body
- can transfer toys and objects from one hand to the other
- keeps hands open and relaxed most of the time
- has the ability to pick up small finger food
- can sit up without being supported
- can reach for objects that are out of the way.

Between 9 – 12 months a baby:

- can move easily from crawling position to sitting
- starts teething
- can sit for long periods
- can crawl up stairs
- can walk while holding onto furniture
- may take first steps alone
- can stand alone
- can point with index finger
- can turn the pages of a book (several at a time)
- will pick up and throw objects
- can roll a ball.

Between 1 and 2 years a baby:

- can pick things up while standing up
- can walk backwards
- can walk up and down stairs without assistance (may go backwards downstairs)
- can move and sway to music
- can colour or paint by moving the entire arm
- can scribble with markers or crayons
- can turn knobs and handles
- can jump
- can pull toys behind them while walking
- will begin to run
- can kick a ball
- can build a tower of 5 blocks.

CHILDHOOD

Between 3 – 5 a child:

- can walk backward and forward; turn and stop well
- can jump off low steps or objects, but find it hard to jump over objects
- will begin to ride tricycles
- can skip unevenly
- can run well
- can stand on one foot for five seconds or more
- will alternate feet when walking down stairs
- can jump on a small trampoline
- can hold a pencil in a pincer grip
- can make shapes out of playdough
- can use round tipped scissors
- is starting to colour neatly.

Between 6 – 9 a child:

- can walk backward quickly
- can skip and run with speed

- can jump over objects and from a height
- can coordinate movements for swimming or bike riding
- will have increased coordination for catching and throwing
- will be able to participate in active games with rules
- will have improved reaction time in responding to thrown balls
- can dress themselves and tie shoelaces
- is independent in all aspects of self-care
- is learning to write within the lines.

Between 10 – 12 a child:

- will enjoy team sports
- will be able to swim
- can use adult type tools such as a hammer or saw
- will have improved handwriting
- will start **puberty*** if a girl.

ADOLESCENCE (also see puberty section)

Between 13 – 15:

- girls body fat increases
- boys muscle mass increases
- girls breasts enlarge
- boys genitals enlarge
- both boys and girls voices lower, with the boys voices lowering much more
- girls experience their first menstrual cycle
- body hair grows
- may sweat more as their sweat glands become more active
- may develop acne due to hormonal changes
- boys may experience a growth spurt.

Between 16 – 19:

- boys will grow facial hair
- girls are usually at full development
- will see an increase in strength and co-ordination
- will have full adult motor skills by 19.

ADULTHOOD

Between 20 – 45:

- growth of skeletal systems continues until age 30
- skin begins to lose moisture
- muscular efficiency is at its peak between 20-30 years
- eye sight may start to deteriorate
- some loss in hearing, especially high tones.

Between 46 - 64: (also see menopause section)

- bone mass begins to decrease
- loss of skeletal height; calcium loss especially after **menopause***

- decreased muscle strength if not used; endurance declines
- loss of skin elasticity, dry skin, increased appearance of wrinkles
- decreased metabolic rate
- decreased heat/cold tolerance
- more prone to infection
- receding hairline in males, more facial hair in females
- slowing of reflexes
- visual changes, especially farsightedness
- noticeable loss of hearing and taste
- muscles and joints respond more slowly
- decreased balance and coordination.

LATER ADULTHOOD

65+ Years

- decreased tolerance to heat/cold
- decreased circulation
- declining heart function
- loss of teeth leading to changes in food choices
- decreased vision
- possible hearing loss
- decreased ability to taste and smell
- decreased tolerance to pain
- decreased oil in skin
- decreased perspiration
- increased wrinkles
- loss of fat layers on limbs and face
- bones become more prominent
- increase in possibility of high blood pressure
- development of cataracts is common

Emotional Development Milestones

Infancy

0 – 3 months:

- will communicate emotions through crying
- will feel comforted by someone familiar
- will have positive responses to touch
- will become quiet when picked up
- will show happiness and sadness.

3 – 6 months:

- will seek comfort and cry when uncomfortable
- will express excitement by waving her arms and legs
- will start laughing aloud.

6 – 9 months:

- will express a number of emotions including happiness, sadness, fear, and anger
- will show frustration when a toy is taken away
- will begin to understand others' emotions (an angry voice, for example, can make a baby frown)
- may start sucking their thumb or holding a toy or a blanket for comfort.

9 – 12 months:

- may begin having separation anxiety
- will start to develop self-esteem
- will respond to positive feedback by clapping
- may cling to one parent or both.

1 - 2 years:

- will begin to feel jealousy when not the centre of attention
- will show frustration easily
- will react to changes in daily routines
- may have tantrums and show aggression by biting, etc.

Childhood

Age 3 – 5:

- will become less egocentric
- will be more even-tempered and cooperative with parents
- will express more awareness of other people's feelings
- show an understanding of right and wrong.

Age 6 – 9:

- may begin to develop fears
- will be conscious of self-image and may not want parents kissing them in public
- may develop an interest in collecting things
- will have a conscious understanding of right and wrong.

Age 10 – 12:

- will be uncertain about puberty and changes to their bodies

- will be insecure or have mood swings and struggle with self-esteem (especially in girls)
- may develop body image and eating problems around this age
- will be more aware of their own body and will want privacy.

Adolescence

Age 13 – 15:

- is egocentric – "it's all about me!"
- is moody
- is full of self-doubt
- is becoming aware of their sexual orientation.

Age 16 – 19:

- is more self-assured
- is excited but overwhelmed by thoughts of the future
- can experience depression
- now has a fully developed moral conscience.

Adulthood

Age 20 – 45:

- may become concerned about health issues
- moves from being dependent to responsible.

Age 46 - 64:

- future oriented or self-absorbed
- may experience empty nest syndrome expressed positively or negatively
- finds it difficult to adjust to changes in body image
- may have a mid-life crisis
- starts to recognise limitations
- measures accomplishments against goals
- may re-evaluate current life style and value system.

Later Adulthood - Age 65+

- possibility of loneliness due to retirement
- depression following death of spouse and friends
- worry about health
- anger at loss of independence
- frustration at moving from a position of responsibility to one of dependence.

INTELLECTUAL DEVELOPMENTAL MILESTONES

INFANCY

Between 0 – 3 months a baby:

- can see objects within a distance of 13 inches
- can focus on faces of caregivers
- recognises familiar voices
- can respond to their environment with facial expressions.

Between 3 – 6 months a baby:

- can recognise familiar faces
- can recognise and react to familiar sounds
- will begin to imitate facial expressions
- will coo, squeal, and gurgle
- will cry according to need
- will communicate through body movements—waving arms and legs and opening up hands
- will show boredom by crying or fussing
- will practise turn-taking when “talking” with caregivers
- will start testing cause and effect, such as seeing what happens when shaking a toy.

Between 6 – 9 months a baby:

- will use babbling talk to get attention
- will use different sounds for different needs
- will mimic sounds, inflections, gestures
- will anticipate food on sight
- begins to show interest in colours
- makes “raspberry” sounds
- smiles at a reflection of themselves in the mirror
- mimics facial movements
- will follow moving objects with their eyes.

Between 9 – 12 months a baby:

- can put vowels and consonants together
- will use their tongue to change sound
- can say “dada” and “mama”
- will look for a toy that has been dropped
- can find partially hidden objects
- will explore visually and by putting objects in their mouth
- can understand simple requests
- can respond to “no” by shaking their head.

Between 1 and 2 years a baby:

- can recognise the names of familiar people, objects and body parts
- can use 2 words together
- can follow simple instructions (1 or 2 steps)
- is beginning to sort objects by shapes and colour
- can tell the difference between “Me” and “You”
- will imitate the actions and language of adults.

CHILDHOOD

Between 3 – 5 a child:

- can understand two or three simple things to do at once

- can sort objects by size and type
- is starting to use pitch and tone
- may start to use the past tense
- extends their vocabulary towards 1000-1500 words.

Between 6 – 9 a child:

- can understand similarities and differences
- is beginning to understand more complex grammar
- is a fluent speaker able to make up stories
- can handle books well and can read for pleasure by nine
- understands that text carries meaning
- will take a lively interest in certain subjects by nine
- will read aloud
- will be able to spell certain words.

Between 10 – 12 a child:

- can use and understand very complex language
- will become interested in social issues
- will ask lots of questions and argue if they disagree with a point of view
- will realise that thoughts are private and that people see others differently than they see themselves
- can start to predict the consequences of an action
- will begin to use social media, friends and the news to get information and form opinions
- will develop a better sense of responsibility
- will start to understand how things are connected.

ADOLESCENCE

Between 13 – 15:

- will start to question school and family rules
- will have very distinct views - something is right or wrong, good or bad
- is unable to plan or think into the future
- will think they know everything
- will develop intellectual curiosity
- will start to experiment
- will have idealistic views.

Between 16 – 19:

- are better at solving problems than younger teens, but is inconsistent
- tend to make rash decisions even though they weigh the consequences first
- has improved organizational skills and is better at balancing school, activities, social life, and work
- will explore job and college options, religion, social and political issues
- will frequently question and challenge rules.

ADULTHOOD

Between 20 – 45:

- mental abilities reach their peak
- greater reasoning powers
- a greater creative imagination
- master information recall
- well-developed verbal skills.

Between 46 - 64:

- decrease in short-term memory or recall
- harder to understand information or learn something new
- decrease in mental performance speed.

LATER ADULTHOOD

65+ Years

- ability to share wisdom with others
- decrease in memory
- slowing of mental functions
- cognitive function is dependent on general health and involvement in society

SOCIAL DEVELOPMENTAL MILESTONES

Infancy

0 – 3 months:

- will enjoy social stimulation and smiling at people
- will respond to touch
- responds to love and affection
- may imitate facial expressions.

3 – 6 months:

- begins to play with people
- may cry when playing stops
- will respond to their own name
- will raise their arms to signal “pick me up”
- will turn their head towards someone speaking.

6 – 9 months:

- will want to take part in activities with people
- will point to things for a reason
- will seek attention.

9 – 12 months:

- will hold out their arms and legs while being dressed
- will mimic simple actions
- will imitate other children
- will repeat sounds or movements that make people laugh
- will always need to be within sight and hearing of their caregiver
- will display affection in hugs, kisses, pats, and smiles.

1 and 2 years:

- will begin to feel jealousy when not the centre of attention
- will show frustration easily
- will react to changes in daily routines
- may have tantrums and show aggression by biting, etc.
- enjoys playing alone for short periods
- likes to do things without help
- has trouble sharing and may hit, push, and grab to keep toys
- demonstrates concern for others
- is wary of adults they don't know.

Childhood

Age 3 – 5:

- will enjoy dramatic, imaginative play with other children
- will enjoy competitive games but will want to win
- will get better at sharing and taking turns with other children

- will begin to feel more secure and able to cope with unfamiliar surroundings and adults for periods of time
- is becoming more cooperative with adults and likes to help.

Age 6 – 9:

- is becoming less dependent on close adults for support
- enjoys being in groups of other children of similar age
- is becoming more aware of their own gender
- is developing understanding that certain kinds of behaviour are not acceptable
- will have a strong sense of fairness and justice
- starts to form closer friendships at about eight years old
- likes to play with same-sex friends
- still needs an adult to help to sort out arguments and disagreements in play
- can be arrogant and bossy or shy and uncertain.

Age 10 – 12:

- will be strongly influenced by peer group
- will want to fit in with peer group rules
- are becoming increasingly independent from family
- has a deeper understanding of how relationships with others can include more than just common interests
- has a first crush or pretends to have crushes to fit in with peers.

Adolescence

Between 13 – 15:

- thinks that friends are more important than family
- will complain about lack of privacy
- will fluctuate between clinging to adults and rebelling against them
- will start to form an identity, through hobbies, friends, clothes, hairstyles, music, etc.
- will often push the limits of adults to assert their independence
- will spend a lot of time on their phone or social media chatting to friends.

Between 16 – 19:

- is more self-assured
- is excited but overwhelmed by thoughts of the future
- can experience depression

- now has a fully developed moral conscience
- may feel like they are in love
- will begin to have strong sexual urges and may become sexually active.

Adulthood

Between 20 – 45:

- achievement orientated – working their way up the career ladder
- searching for and finding a place for themselves in society
- starts a career
- develops loving relationships
- becomes a parent
- takes on responsibility for children and ageing parents.

Between 46 – 64:

- achievement orientated – working their way up the career ladder
- children leave home; re-establish as couple
- adjust to the possibility of retirement and life-style change.

Later Adulthood 65+

- grandchildren
- new friends and hobbies
- loss of structure following retirement
- loss of work colleagues

Schedule of Growing Skills (SGS)

This is an assessment tool used by professionals to establish the developmental levels of children, used anytime between 0-5 (and can be repeated to see progress).

The SGS provides a reliable 'snapshot' of a child's developmental level, including areas of strength and potential delay. It examines nine key areas of development:

- passive posture
- active posture
- locomotor
- manipulative
- visual
- hearing and language
- speech and language
- interactive social
- self-care social.

Here is a SGS visit in action:

- <https://www.youtube.com/watch?v=IScBF2FvjYY>

Physical Development

Fine motor skills

Involve manipulative movements made with fingers – control over small muscles is needed for skills such as playing an instrument, sewing or writing.

Gross motor skills

Involving whole body movements, control of larger muscles is needed for skills such as walking, hopping or balancing.

Childhood

Growth	Development
<ul style="list-style-type: none">-Develops distinct features-Muscle tissue increases, baby fat decreases.-Becomes taller-Head is larger, but smaller in proportion to body-Second (permanent) teeth grow	<ul style="list-style-type: none">-Run, hop and skip (4-6 years)-Improved sense of balance-Enjoys ball games-Becomes more dexterous (fine motor skills improvement)

Adolescence:

A transitional stage between childhood and adulthood. Adolescents gain more independence and need less supervision.

Puberty

Puberty is when a child's body begins to **develop and change as they become an adult.**

The **average age** for girls to begin puberty is 11, while for boys the average age is 12. It's completely normal for puberty to begin at any point from the ages of 8 to 14. The process takes about four years overall. Hereditary and environmental factors (e.g. diet, exercise) influence the onset of puberty.

The physical changes happen to girls and boys during puberty

Boys	Girls
<ul style="list-style-type: none">- the first signs of puberty is when the testicles become red and swollen- pubic hair will also start to appear- after a few years, both the penis and the testicles will have grown and hair will appear under the arms and on the face- boys will experience a growth spurt and their voices will deepen- they may suffer with mood swings and become aggressive- they can also develop skin problems such as acne.	<ul style="list-style-type: none">- the first sign - breasts start to grow- pubic hair will also start to appear- after about two years breasts will be more fully developed, periods will start- girls may experience a growth spurt- it is usual for girls to put on weight on their hips and thighs, and their waist will become narrower as their body shape changes- girls can develop mood swings during this time as their hormone levels fluctuate- they can also develop skin problems such as acne.

Menopause

<https://www.youtube.com/watch?v=U8UWOuOjZ-4>

Menopause happens when a woman's body stops producing eggs and her oestrogen hormone levels drop. Her periods will become infrequent and eventually stop. After this, she cannot get pregnant naturally. **Typical age: 45 - 55 years**

Typical physical complaints	Less common physical complaints	Psychological complaints
Irregular periods	Hair loss	Mood swings
Hot flashes	Loss of libido	Fatigue
Heavy sweating	Itching	Anxiety
Fatigue	Urinary tract infection	Apathy
Muscle aches		
Heart palpitations		
Headaches		

Features of age and ageing

- 25 - **First signs** of ageing will appear: fine lines around the eyes, drier and less supple skin (produces less oil). Age spots can appear on the skin.
- **Hair** can lose its colour and become white or fall out.
- **Vision** – deteriorates. Many individuals need to wear glasses.
- **Hearing** - Older individuals may find it more difficult to follow conversations in background noise, or cannot hear high-pitched sounds.
- **Teeth and gums** - gums can begin to recede. Without care, older individuals are at risk of losing their teeth.
- **Heart** - arteries become stiffer, meaning the heart has to work harder to pump blood around the body. This can lead to high blood pressure and other heart problems.
- **Bones**: Around the age of 40 to 50, bones start to weaken and become brittle. Height can reduce by up to 2" - the disks in the spine can shrink
- **Joints**: Fluid and cartilage lining the joints wears away with age and this can lead to pain and arthritis.
- **Muscle strength** - decreases with age, harder to carry out everyday tasks.
- **Incontinence** - Individuals in their 60s may find it more difficult to control their bladder. Coughing and sneezing can cause leakage.

Intellectual Development

Language skills

The ability to **understand language** usually happens **before the ability to communicate**. This chart shows that as well as building vocabulary and sentences, children develop their ability to understand others.

Adults help babies and children develop language by talking to them in a particular way and by repeating the same words and phrases repeatedly.

In young children cognitive development is the way children develop thought processes, perception, memory, imagination and problem solving, and are able to increase their knowledge and understanding of their environment.



Children also develop communication and language. Communication and language development is the way children communicate and develop speech, including reading and writing.

Play

Between three and eight years of age children begin to widen their social group and form friendships with others. In the early part of this life stage children often have temper tantrums if they cannot have their own way. Gradually they begin to realise that they have to cooperate with others. By the age of eight, children will usually have a number of friends and often have what they call a 'best friend'.

Between three and five years, children develop a wider network of social relationships. They are more able to play cooperatively with others and show preferences for friendships.

Type of play	Age	Description of play
Solitary play	0-2 years	Children play alone using their imagination and do not interact with other children.
Parallel play	2-3 years	Children play alongside other children, but not together. Toys are not shared cooperatively.
Social or Cooperative play	3-8 years	Children lay together, sharing their toys. By the age of eight they will engage in quite complex games, often requiring the use of imagination and rules.

How children learn

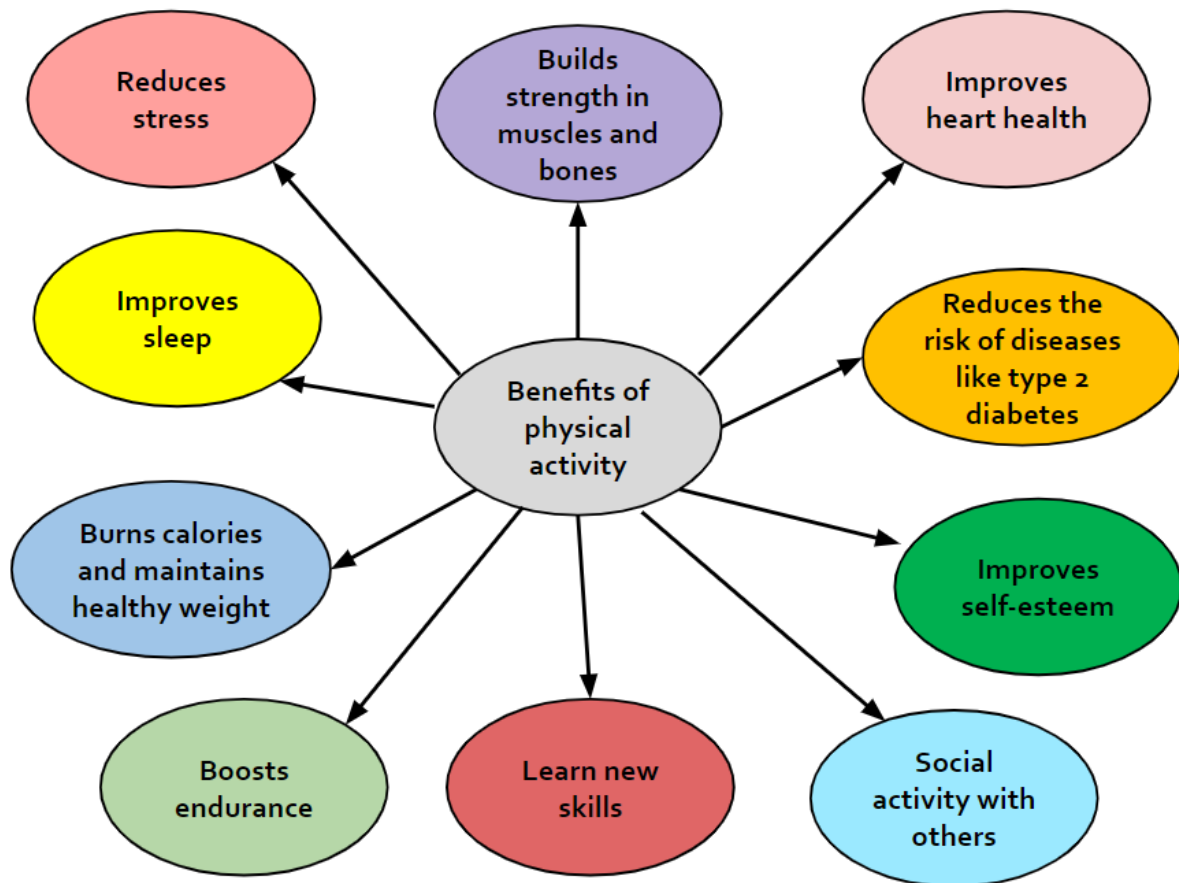
Children learn in many different ways but primarily they learn through:

- watching
- listening
- investigating and exploring
- using books and looking at pictures
- asking questions
- imitation (*copying those around them*).

They learn **more quickly** if they are in a **safe, nurturing environment**.

2.1.2 Physical, social, emotional and intellectual health	(a) Interdependence between physical health and good mental health	Physical activity and exercise can have immediate and long-term health benefits and can improve an individual's quality of life. Being physically active is good for the body, but physical health and mental health are closely linked – so physical activity can be beneficial for mental health and well-being too. <ul style="list-style-type: none">• Physical health benefits• Mental health benefits
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Physical activity and exercise can have immediate and **long-term** health benefits and can improve an individual's quality of life. Being physically active is good for the body, but physical health and mental health are closely linked – so physical activity can be beneficial for mental health and well-being too.



Mental health is something that affects daily life. It is influenced, and influences how everyone feels about themselves, mood, thinking and behaviour. It is important to recognise that there is a difference between not being mentally healthy and having a mental health problem.

Think about having good mental health and poor mental health sitting on a horizontal line with one at each end. Every individual's experience of mental health will be on this line somewhere and, of course, it changes over our lifetime. Feelings of being stressed and scared about something (such as sitting an exam) can go once the results are in. When these feelings stay for a longer time and stop us doing the things we want to do, it can be an indication of a more serious problem.

Having good mental health is linked to our well-being and ability to cope with what life throws at us. Taking care of our mental health helps us develop the resilience to bounce back after an upsetting or stressful time and to get on with our lives in the way we want to.

If you take part in physical activity you will feel good. Physical activity helps us to stay in shape, to lose excess body fat and tone our muscles. If we feel good about how our body looks, that will give us a positive self-esteem and self-image and will boost our confidence. It will also strengthen our bones and prevent us from getting an illness or a disease like diabetes, a heart condition, joint problems etc. which will mean we will have a better quality of life and feel happier.

When we exercise we usually do this with a friend or in a social group which will also boost how we feel about ourselves. We will feel valued in our friendship groups and feel that we are part of something.

It also helps us to de-stress and control our emotions.

<p>2.1.3 The importance of active participation on development and well-being</p>	<p>(a) Active participation</p>	<p>Learners should know that active participation is a way of working that regards individuals as active partners in their own care rather than passive recipients.</p> <p>Active participation recognises each individual's right to participate in the activities and relationships of everyday life as independently as possible.</p>
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Active participation is a way of working that regards individuals as active partners in their own care rather than passive recipients.

Active participation recognises each individual's right to participate in the activities and relationships of everyday life as independently as possible

There are numerous **benefits** on an individuals' development and well-being from the inclusive approach of the active participation process.

An individual who actively participates in their own development and well-being can feel empowered to make positive choices to aid recovery and improve/maintain overall development and well-being.

The benefits of active participation can be divided into two categories - primary and secondary.

Primary benefits of an individual actively engaging with active participation are viewed as direct improvement to aspects of their development and well-being.

These would include:

- more independence and autonomy in what they can do
- greater physical benefits including being more active
- more opportunity to have a say in matters of direct concern to their lives
- more social contact and interpersonal relationships
- greater self-awareness and involvement
- increased opportunities for learning and developing skills, knowledge, education and employment
- a greater sense of well-being with increased self-esteem and self-confidence.

Secondary benefits are not direct improvements or the original main aim of active participation, though are likely to be results of the primary benefits gained.

These would include:

- a decrease in the likelihood of abuse
- a decrease in the risk of vulnerability.

Benefits for children and young individuals could include but are not limited to the following:

- developing independence and a sense of responsibility
- developing leadership skills
- developing a sense of belonging
- increased self-esteem
- improved relationships
- improved communication and collaboration skills
- increased motivation to do well.

Benefits for adults could include but are not limited to the following:

- feeling in control
- having a sense of dignity
- feeling connected to others in the community
- developing relationships
- increased independence
- increased self-awareness
- greater levels of physical activity
- increased self-esteem
- enhanced well-being.

If an individual is unable to participate in an activity, the reasons for this need to be identified, and ways to remove or minimise any barriers should be considered. This can help the individual have more independence and control over their life, which will positively affect their self-esteem and well-being.

- **Physical barriers** (for example, a lack of wheelchair access). Ensuring the location of any activity is free from accessibility issues would remove this barrier.
- **Intellectual barriers** (for example, not understanding the reasons an individual should be participating). A consideration could be ensuring the best methods of communication for the individual, as described in their care plan, are used.
- **Emotional barriers** (for example, depression or anxiety). Offering lots of praise and ensuring the individual is allowed to do things at their own pace would minimise this barrier. Seeking outside expert advice from the individual's wider care team would also be advisable.
- **Social barriers** (for example, an individual locking themselves in their room so they don't have to interact with anyone). Encouraging the individual to remove the barrier whilst also respecting their right to choice and privacy would help.
- **Cultural barriers** (for example, religious observations may prevent an individual from participating in a particular activity or at a particular time). A consideration

could be to read the individual's care plan before planning activities for them, to ensure the individual's background has been understood.

<p>2.1.4 Early intervention and prevention to promote and support growth, development and well-being for a range of conditions and circumstances</p>	<p>(a) Ways to promote and support growth, development and well-being</p>	<p>Learners should be aware that individuals may benefit from support for their well-being at an early stage to prevent, or at least delay, the use of formal health and social care, and childcare services.</p> <p>Learners must know and understand ways in which individuals' growth, development and wellbeing may be promoted and supported by early intervention and prevention methods.</p> <ul style="list-style-type: none"> • screening programmes – breast, cervical, bowel, abdominal aortic aneurism, maternal, child (e.g. personal child health record (PCHR, known as the 'red book')), including new born hearing, Newborn Bloodspot Screening Wales, Cymru Well Wales: The First 1000Days (F1000D). • immunisation programmes through the life stages • services • GP/health centre/hospitals • antenatal/postnatal care • child health clinic • well woman/man clinic • family planning clinic/sexual health clinic • mobile services, e.g. NHS Breast Screening Programme/Breast Test Wales • counselling • government guidelines designed to promote the health and well-being of individuals relating to: diet, sexually transmitted diseases, alcohol and substance misuse, smoking, healthy living • government initiatives, including Flying Start, The Active Offer • community involvement and support, e.g. playgroups, networks of friends, access to community centre activities, faith groups.
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Early intervention and prevention methods.

Early intervention

Not all individuals are lucky enough to live life without having any negative effects on their health and well-being. Most illnesses can be managed and treated and even cured.

Ill health can be prevented by:

- Eat healthy
- Get regular exercise
- Avoid drinking too much alcohol
- Get the regular amount of sleep
- Avoid smoking cigarettes, e-cigs etc

Screening

Sgrinio Cyn Geni Cymru Antenatal Screening Wales

People who are pregnant are offered **antenatal screening tests** to check their health and the health of their baby.



Sgrinio Smotyn Gwaed Newydd-anedig Cymru Newborn Bloodspot Screening Wales

Newborn bloodspot screening identifies babies who may have **rare but serious conditions**.

Babies are offered newborn bloodspot screening (a heel prick) usually **5 days** after birth.



Sgrinio Clyw Babanod Cymru Newborn Hearing Screening Wales

Newborn hearing screening identifies if a baby has a **hearing loss** that could affect their speech and language development.

Babies are offered screening **once they are born**.



Sgrinio Llygaid Diabetig Cymru Diabetic Eye Screening Wales

Diabetic eye screening looks for **retinopathy (damage to the back of the eye)** which can happen when you have diabetes.

People with diabetes, aged **12 and over** are invited for **regular** diabetic eye screening.



Sgrinio Serfigol Cymru Cervical Screening Wales

Cervical screening looks **for high-risk** types of Human Papillomavirus (HPV) that can cause cell changes on the cervix.

People aged **25-64** are invited for cervical screening every **5 years**.



Breast screening looks **for breast cancer** before symptoms show. This involves taking mammograms, which are x-rays of the breast.

Women aged from **50 up to 70** are invited for breast screening every **3 years**.



Bowel screening can find **bowel cancer** early. The test looks for hidden blood in your stool (poo).



Rhaglen Sgrinio Ymlediadau Aortig Abdomenol Cymru Wales Abdominal Aortic Aneurysm Screening Programme

AAA screening looks for a **swelling (aneurysm)** of the aorta (main blood vessel) in the abdomen.

Screening is a way of finding out if people have a higher chance of having a health problem, so that early treatment can be offered or information given to help them make informed decisions. The NHS offers a range of screening tests to different sections of the population.

The aim is to offer screening to people who are most likely to benefit from it. For example, some screening tests are only offered to newborn babies, while others such as breast screening and abdominal aortic aneurysm screening are only offered to older people.

Immunisation

Immunisations protect against disease. Until an individual is immunised they are at risk of infection from the diseases they haven't been immunised against.

Once the immunisation is complete, their bodies have the ability to fight the disease. Some individuals have natural immunity to certain diseases and will not require further immunisation.

In Wales, immunisation occurs at different points throughout an individual's life cycle. This is known as an immunisation schedule. Most of the immunisations that are required will happen during childhood.

Immunisations are also offered to people when they travel abroad to high risk locations across the world. This may include countries in Asia, South America and Africa.

Age due	Immunisation
2 months	<ul style="list-style-type: none"> •5-in-1 vaccine against diphtheria, tetanus, pertussis (whooping cough), polio and Haemophilus influenzae type b (Hib). The vaccine is known as DTaP/IPV/Hib. •Pneumococcal vaccine (PCV13) •Rotavirus vaccine •Meningococcal B vaccine (MenB)
3 months	<ul style="list-style-type: none"> •5-in-1 vaccine second dose (DTaP/IPV/Hib) •Rotavirus vaccine second dose
4 months	<ul style="list-style-type: none"> •5-in-1 vaccine third dose (DTaP/IPV/Hib) •Pneumococcal vaccine second dose (PCV13) •Meningococcal B vaccine second dose (MenB)
Between 12 and 13 months of age	<ul style="list-style-type: none"> •Haemophilus influenza type b (Hib) and meningitis C (Hib/MenC) •MMR vaccine against measles, mumps and rubella •Pneumococcal vaccine third dose (PCV13) •Meningococcal B vaccine third dose (MenB)
2, 3 and 4 years old and children in school	Influenza (flu) every year, usually by nasal spray
At three years and four months of age (pre-school vaccinations)	<ul style="list-style-type: none"> •MMR vaccine second dose •4-in-1 vaccine against diphtheria, tetanus, pertussis and polio (known as dTaP/IPV or DTaP/IPV)

Benefits of immunisation

- Immunisation is a way of protecting against serious diseases. Once we've been immunised, our bodies are better able to fight these diseases if we come into contact with them.
- The development of effective vaccines has led to a huge decrease in childhood deaths (especially from diseases such as polio, measles and whooping cough)
- When a child is immunised they're helping to protect the health of the whole community.
- When enough people are immunised against an infection, it's more difficult for it to be spread to those who are not immunised. This is called 'herd immunity' or 'population protection'.

Cymru Well Wales: The First 1000Days (F1000D).

The first 1000 days, starting just before a baby is conceived, continuing during pregnancy and up to the age of two, are most important. It is a critical part of childhood when we form attachments to our caregivers, learn how to safely explore and trust the world around us, and start to communicate. It is also during a phase in which the foundations of a child's development are laid. If a child's body and brain develop well then their life chances are improved.

Flying Start

Flying Start is the Welsh Government's targeted Early Years programme for families with children **under four** years of age. Its aim is to reduce inequalities that exist in health, education and economic outcomes for children and families living in low income households.

Flying Start offers additional support to families which will give their children the best possible start in life and bring about improved outcomes in language, cognitive, social and emotional development and physical health. It offers families access to intensive health support; quality part-time childcare for two to three year olds; parenting support; and support for the development of speech, language and communication.

The Flying Start health workforce also comprises a range of other professionals that may include midwives, speech and language therapists, child psychologists, educational psychologists, psychotherapists, nursery nurses and dieticians.

The Active Offer

The 'active offer' means that staff provide a service in Welsh without someone having to ask for it. This might mean answering the phone in Welsh or carrying out a full care assessment through the medium of Welsh

(c) Circumstances	Learners will need to know and understand that individuals' circumstances <ul style="list-style-type: none">• birth, e.g., of a sibling, becoming a parent• starting and leaving nursery/school/college/university• starting work/changing employment/redundancy/unemployment/retirement• marriage and civil partnership• divorce• bereavement• serious illness or accidents
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	<ul style="list-style-type: none"> • acquired disability • moving home/moving into residential care. <p>Likely impacts of life events can largely be predicted and there may be p</p> <p>Impacts include:</p> <ul style="list-style-type: none"> • physical, such as disturbed eating or sleeping patterns from illness or s • intellectual, such as skills acquisition or difficulty in concentrating • emotional, such as enhanced happiness from becoming a parent, gett <p>or depression, as a result of bereavement or unemployment</p> <ul style="list-style-type: none"> • social, such as change of social opportunities and interactions, as a cor <p>starting nursery or primary school, starting higher education or a new jo</p> <p>isolated as a consequence of separation, divorce, unemployment or ber</p>
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Expected life events are those we can predict will happen, so they will not come as a surprise to the individual. Regardless of whether or not they are expected, they can have a positive or negative impact on the individual's well-being, depending on the type of event.

Expected life events

- **Living with a partner/marriage or civil partnership** – whilst this can be a very happy time as two people commit to one another and begin their lives together, the reality of getting used to living with another individual can also cause stress. Differences in attitudes towards finances and housework are just two of the issues that may arise.
- **Having children** – this is a longed for event for many individuals and can be a time of great joy. Problems with fertility can have a negative impact on a couple as they try to start a family. Once children arrive, whilst they may complete the family and bring the parents happiness and contentment, they can also be a cause of stress. Money worries are common as families live on a reduced income if a parent takes time off work to look after the child. Lack of sleep can also make parents irritable, leading to possible issues with each other and issues at work due to difficulty concentrating.
- **Birth of a sibling** – this can bring great joy to children as they welcome a new sibling into the family. It can also be a time of negative feelings of neglect as parents won't have the same time to devote to the older child. This can lead the child to resent the new baby and they may act up to get attention, leading to a stressful situation for both the parents and the child.
- **Puberty** – this is a major milestone in a teenager's life. Their body will change and they may feel insecure about their new looks or shape. This can lead to self-image issues as the individual tries to fit in with their idealised image of how a young person should look. In some cases, this can potentially lead to eating disorders.
- **Menopause** – whilst all women expect this to happen once they reach a certain age, many may be unprepared for the symptoms their fluctuating hormone levels will cause. In addition to hot sweats, many women also suffer with low mood and anxiety, which can be difficult for those around them to understand. Menopause can

also affect a woman's feeling of self-worth and self-image as they come to terms with the fact their child-bearing years are over.

- **Starting nursery/school/college/university** – this is a nervous time for individuals as they wonder whether they will make friends and fit in. A positive start to the new routine can have a positive impact on the individual, giving them the confidence to strive for success if they feel they are supported by those around them. However, if an individual struggles to form a social circle, they can feel isolated and this will affect their well-being.
- **Leaving nursery/school/college/university** – this can be a time of optimism for the individual, as they look forward to moving on to the next stage of their life. However, it can also cause feelings of anxiety as they consider the possible loss of friendship groups, and the daunting prospect of having to build new relationships along with settling in to a new environment.
- **Starting work** – most individuals will be nervous about starting a new job. They may be concerned about meeting new people and not understanding the processes when everyone around them does. However, starting a new job can also have a positive impact on an individual's self-worth and self-esteem. The salary may also help ease the stress of possible money worries.
- **Retirement** – many individuals may look forward to retirement and being able to focus on their hobbies or their family. The lack of work-based stress may have a positive impact on an individual's emotional well-being. Even if an individual looks forward to retirement, they may still struggle at first with the lack of routine, and experience feelings of isolation and loneliness once they are no longer part of a work-based social circle.
- **Moving home** – this can lead to feelings of excitement and achievement as an individual moves into their new home. It can provide feelings of security and comfort. However, a greater financial commitment may lead to feelings of stress.

Unexpected life events

- **Death of a partner/friend (bereavement)** – the loss of a loved one leads to a series of complex emotions an individual may struggle to understand, such as feelings of anger. It's important for an individual's well-being to understand and accept each stage of grief. Many individuals will feel a sense of isolation as they feel less inclined to socialise. It can also cause stress if the death of a partner brings money worries. Being unable to sleep or eat can have a negative impact on an individual's physical and mental well-being too.
- **Redundancy** – this can cause stress as an individual worries about how they will pay their bills or support their family. The stress can lead to sleep deprivation and a loss of appetite. High levels of stress over a long period of time can cause serious health problems including heart attack. It can also cause an individual to make unhealthy lifestyle choices such as smoking, drinking alcohol, taking drugs or over-eating. Redundancy can also impact an individual's self-worth when they feel they are no longer useful or productive.

- **Serious accident or illness** – these events can lead the body to produce stress hormones which can lead to high blood pressure, increased heart rate, increased sweating and a loss of appetite at a time when the body needs nutrition to help the healing process. These feelings are normal, but if they continue for a long period of time, they may lead to post-traumatic stress disorder. In this case, the individual would need to seek professional help.
- **Acquired disability** – this can lead to depression as an individual comes to terms with no longer being able bodied. Depending on the severity of the disability, it may lead to feelings of hopelessness and defeat. Some individuals may even consider taking their own life. It's important that these individuals receive professional help for their mental well-being, in addition to the medical support they will be receiving.
- **Divorce** – a sense of failure is common among couples whose marriages end in divorce. Individuals can also feel overwhelming anger towards their ex-partner, and feelings of isolation as mutual friends take sides, leading to partners having to rethink their social interactions. Individuals experiencing divorce will feel similar emotions to a bereaved individual, as they mourn the loss of their past life. Money worries can also lead to anxiety, and arguments over access to children can cause depression. For some individuals, divorce can also bring a sense of relief and freedom, particularly if the relationship was abusive.
- **Moving into residential care** – elderly individuals may experience anxiety and possibly anger at the thought of losing their independence. If the individual lived alone, the move to a care home could have a positive impact on their well-being as their meals will be cooked for them and their medical needs will be supported. They will also develop new social connections with other residents in the home, reducing feelings of loneliness and creating a sense of belonging.