



Knowledge Organiser

Year 12 HSC

UNIT 1: HUMAN LIFESPAN DEVELOPMENT

A1 Physical development across the life stages

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Growth and development are different concepts: Principles of growth – growth is variable across different parts of the body and is measured using height, weight and dimensions whereas principles of development – development follows an orderly sequence and is the acquisition of skills and abilities.

life stage	age	norms	Characteristics
Infancy	0-2	Sitting up, crawling, standing, cruising, walking,	Physically - grow taller, able to crawl, walk, run, reflexes Gross Motor Skills – control of large muscles in the body to enable you to do activities such as running, walking, hopscotch, skipping, riding a bike, swimming, climbing etc. Fine Motor Skills –allows you to control and co-ordinate your hands & fingers such as gripping, manipulation or hand-eye co-ordination to do activities such as painting, musical instruments etc
Early childhood	3-8	fine motor skills, writing etc., dressing oneself	Physically -grow taller, able to run, skip, hop, jump, improved coordination. Fine Motor Skills –such as painting, writing, drawing, colouring, cutting with scissors, jigsaws, feeding, musical instruments, doing up buttons etc.
adolescence	9-18	Puberty, emotional changes, mood swings, Growth spurts (periods of fast growth), development of primary and secondary sexual characteristics. the role of hormones in sexual maturity	Female – Primary (present at birth)– - Uterus and vagina grow, ovulation and menstrual periods start. Secondary (appear during puberty)– pubic hair grows, hips broaden, breasts develop, gain weight, acne/spots develop Male – Primary Penis enlarges, prostate gland produces secretions, testes enlarge and produce sperm. Secondary - grow taller, voice breaks, pubic hair grows, shoulders broaden, acne/spots develop
Early adulthood	19-45	Reached physical peak	Reached physical maturity (Reached full height and Maximum physical fitness). pregnancy and lactation occur perimenopause – oestrogen levels decrease, causing the ovaries to stop producing an egg each month. The reduction in oestrogen causes physical and emotional symptoms, to include hot flushes, night sweats, mood swings, loss of libido and vaginal dryness
Middle adulthood	46-65	skin less supple, less active, menopause (45-55 years)	causes and effects of female menopause and the role of hormones in this effects of the ageing process in middle adulthood. Menopause - periods stop, hot sweats, tiredness, mood swings (emotional not physical change!) Formal support (professional e.g. GP)- can prescribe HRT (hormone replacement therapy)
later adulthood	65 +	retirement, health or mobility problems	Ageing Process (loss of strength and muscle tone) Skin loses elasticity, Hearing, eyesight, taste deteriorates, May get smaller (Height is reduced as the vertebrae in the spine get closer) Organs are less efficient, Breathing is less efficient because muscles around the lungs are weaker, Bones become more brittle and more likely to break, particularly in women less active/mobile. NB: Grey hair is

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A2 INTELLECTUAL DEVELOPMENT ACROSS THE LIFE STAGES 3 In infancy and early childhood there is rapid growth in intellectual and language skills: • Piaget’s model of how children’s logic and reasoning develops – stages of cognitive development, the development of schemas, his tests of conservation, egocentrism and how his model may explain children’s thoughts and actions • Chomsky’s model in relation to how children acquire language – Language Acquisition Device (LAD), the concept of a critical period during which children may learn language, which may explain how children seem to instinctively gain language. talking - gurgle to 200 words. intellect develops, reading, writing etc.,	PIAGET 4 Piaget believes children are born with a basic mental structure on which all their learning is based. • There are 4 stages of universal development – Sensorimotor 0-2yrs, Pre-operational 2-7, Concrete Operational 7-11 and formal Operational 11-18. Each stage has to be gone through but you can go through at different rates. He developed Schemas which is where there is a pattern of learning that links perceptions, ideas and actions that a child uses to make sense of the world. • A child is in a state of equilibrium when their experience matches what they understand, As children develop they recognise the schema is inaccurate and adapt through assimilation and accommodation. • Assimilation is when knowledge is added to the schema to help understand it. • Accommodation is when are schemas are changed or newly formed as a result of the experience or new information. • Children develop skills such as conversation. Children go from egocentric to understanding others have different views and opinions.
CHOMSKY 5 • Chomsky believes learning a language is a genetic natural process that we are programmed to do, rather than taught and we have something known as a Language Acquisition Device – LAD is a structure that every child is born with and allows them to learn quickly and understand language as they mature (the same as how we learn to walk). • Children follow a similar sequence in their development of language regardless of where they are from. We should be fluent by the age of 5/6. A child can’t learn from imitation alone due to the grammar and syntax. • Even when young children are having the correct grammar spoken to them they will still use ‘I blooded’ rather than bled as they haven’t reached the next stage of the language development	EARLY ADULthood In early adulthood, thinking becomes realistic and pragmatic, with expert knowledge about the practical aspects of life that permits judgement about important matters. University, college, training for career, housing-renting, mortgage, job-promotion, Travel-holidays, backpacking etc 7
ADOLESCENCE 6 In adolescence, start new chapter of learning, examinations for GCSE and A’Level, develop sense of own values. Further language development skills in the form of abstract and critical thinking. .	LATER ADULthood In later adulthood (65+ years), there are many effects of ageing. Health and intellectual abilities can deteriorate, thinking & short term memory decline. Dementia. The effects of age on the functions of memory: memory loss in later adulthood.

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A3 EMOTIONAL DEVELOPMENT ACROSS THE LIFE STAGES

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- It is a deep emotional bond that connects a child to their primary caregiver. Attachment forms between birth and 2&1/2 years old. If an attachment isn't formed then, it might not form at all.
- Monotropy – Is an innate need to form an attachment to the main caregiver. A child is biologically pre-programmed to form attachments. Positive attachments are formed during infancy, these will give the child the emotional resources to cope with life's uncertainties.
- Attachments made will form the model for future attachments. If this attachment is disrupted it can have a negative effect on the child's development, if secure attachments aren't formed it reduces the child's ability to cope with stresses and major events through life.
- Schaffer and Emerson take it a step further where they believe 0-3 months responds to any care giver. 4-7mths preference for primary CG. 7-9 mths prefers Primary CG and seeks comfort from them when upset, shows fear of strangers and upset when parted from main CG. At 10months + Child will start to form attachments with others to respond to them, by 18mths multiple attachments have been formed.

THE DEVELOPMENT AND IMPORTANCE OF SELF-CONCEPT:

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factors involved in the development of a positive or negative self-esteem can include life experiences, family, relationships, your circumstances, your health, emotional development and attachments made, your achievements in life and your culture.

- Self image is how individuals see themselves and is influenced by how they feel they are perceived by others
- Self esteem is how individuals value and feel about themselves – positive or negative
- Self concept is a combination of self image and esteem.

A4 SOCIAL DEVELOPMENT ACROSS THE LIFE STAGES

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The stages of play in infancy and early childhood: solo play, parallel play and co-operative play.

The importance of friendships and friendship groups:

- the social benefits of friendships
- the effects of peer pressure on social development.
- The development of relationships with others. This can include Formal relationships with a teacher, doctor, colleague. Intimate relationships with a partner as well as friendships and the changes they go through depending on the life stage.

The development of independence through the life stages:

- peer influence in adolescence, starting employment, leaving home, starting a family.

CRITICISMS- BOWLBY'S THEORY

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- Criticisms- Bowlby's theory is too simple
- They believe that attachment can be a learnt behaviour influenced by the environment, their culture and the child's temperament.
- Mary Ainsworth says there are different type of attachments (secure- shows distress when caregiver leaves and seeks comfort from CG when upset. Is happy with strangers as long as CG is present. Insecure/avoidant – child doesn't show distress when CG leaves and may go to a stranger for comfort. Insecure/Resistant – shows distress when CG leaves but resists their contact on return, shows anxiety and insecurity. Quality of the attachment is what matters not the quantity - Babies respond better to those who respond to them such as communicating, playing etc., not just the person who spends the most time with them.

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B - FACTORS AFFECTING HUMAN GROWTH AND DEVELOPMENT – NATURE / NURTURE

Development across the lifespan is a result of genetic or inherited factors – Gesell’s maturation theory.

- Development across the lifespan is a result of environmental factors – Bandura’s social learning theory.
- Both factors may play a part – stress-diathesis model..

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BANDURA’S SOCIAL LEARNING THEORY

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- Bandura’s Social Learning Theory
- nurture theorists believe that a child is born with a blank slate. The environment leads to the development of skills and behaviour Children learn and copy aggressive behaviour by observing their role models / carers behaving aggressively – Bobo Doll Experiment. Bandura says there are 4 stages of behavioural learning

- 1, Attention – The child notices the behaviour of another person which is usually the person closest to them
- 2, Retention – The child internalises the action by remembering what they have observed
- 3, Production – The child copies the behaviour at an appropriate moment
- 4, Motivation – Depending if there is positive or negative reinforcement the child will either imitate or resist the behaviour.

- Positive Reinforcement is where the behaviour is repeated because of personal satisfaction or rewards.
- Negative reinforcement is where the behaviour is not repeated to avoid being told off.
- Vicarious Reinforcement is where the child will copy behaviours that they see others gaining a reward for.
- Criticisms
- The Bandura theory doesn’t take into account the person’s biological state
- Genetic, brain and learning differences are rejected / not taken into account

GESELL

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- Gesell investigated large groups of children to find skills and abilities they have in common
- Gessel developed a maturation theory of child development. He considered that development is based on biology and genetic makeup. He believed there was a fixed prenatal sequence and after birth and although growth rates may vary the sequence of how children develop does not.
- Gessel (1925) formulated a cyclical spiral divided into stages repeated throughout life. Although Gessel acknowledged the environment can influence, he believed that this did not change the genetic makeup of a child, but provided stability for genetics to develop.
- Milestones provide measures to show a child’s development and highlights any delays the child might have
- Development is predetermined and environment has little influence (Nature v Nurture)

Criticisms

The theory doesn’t explain individual or cultural differences or children with learning difficulties. Doesn’t consider the influence the environment can have on a child

STRESS-DIATHESIS MODEL

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Stress caused by nurture – (life events) can interact with nature (genetics) to develop psychological disorders. People can be born with biological / genetic vulnerability to diathesis (mental illness)

A person with a genetic disposition to a psychological disorder won’t necessarily show this disorder if that don’t experience stress

High levels of stress might trigger mental illness if they have the disposition

You don’t know if the development through life is due to nature or nurture

Better to assume nature and nurture interact to influence the type of person they become and the behaviour they display

The stress-diathesis model combines these factors and can be used to explain some mental illness. Diathesis is the ‘nature’ or genetic function. Stress refers to an environmental stimulus that is generally unpleasant such as a traumatic event. The diathesis function increases the risk for developing a disorder, but the stress may actually trigger the onset.

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B2 Genetic factors that affect development

•Genetic predispositions mean you are likely to inherit a gene from your parents that determine physical growth, development, health and appearance. disorders to particular conditions. Conditions arise from defective inherited diseases. These include

Diseases- cystic fibrosis, brittle bone disease, phenylketonuria (PKU),
Conditions - Huntington's disease, Klinefelter's syndrome, Down's syndrome, colour blindness, Duchenne muscular dystrophy, Certain diseases and conditions you are more susceptible to. These are diseases such as cancer, high blood cholesterol and diabetes.

• Biological factors that affect development – foetal alcohol syndrome, effects of maternal infections and lifestyle/diet during pregnancy, congenital defects.

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B4 Social factors that affect development

Family dysfunction – parental divorce or separation, sibling rivalry, parenting style – Authoritative, child is more resilient able to conform to societal norms. Authoritarian child is more rebellious from having such a strict upbringing with so many rules. Permissive child is likely to lack self control, respect, difficulty managing relationships from having too much freedom and few boundaries.

• Bullying – effects of bullying on self-esteem, self-harm, suicide.

• Effects of culture, religion and belief – beliefs that may prevent medical intervention - Jehovah's Witness not blood transfusions.

Dietary restrictions – Hindu and Sikh vegetarianism, Muslims no alcohol.

Gender and gender stereotyping. Should people have to behave a certain way due to their gender. What impact does it have on our self esteem, mental health when behaving in a role you might feel trapped in?

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B3 Environmental factors that affect development

Exposure to pollution – respiratory disorders, cardiovascular problems, allergies.

Poor housing conditions – respiratory disorders, cardio vascular problems, hypothermia, and anxiety and depression.

Access to health and social care services – availability of transport, opening hours of services, ability to understand the needs and requirements of particular services.

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B5 Economic factors that affect development

Income and expenditure – Lower income can result in higher levels of pollution, higher crime rates, poorer housing conditions, less nutritious diets and lower levels of education.

• Employment status – can effect life decisions as well as all of the above in a positive or negative way depending on the status.

• Education. Depending on economic factors it can prevent people from attending university and further education – money reasons or beliefs

• Lifestyle. Diet, exercise, drugs, alcohol and smoking – impacts Physically, Intellectually, Emotionally and Socially

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Many events can be either predictable or unpredictable depending on the life course of the individual. They can include:

- o starting school/nursery
- o moving house
- o marriage and divorce
- o starting a family
- o beginning employment
- o retirement
- o death of a relative/partner/friend
- o accidents or injury
- o changing employment
- o leaving home
- o promotion or redundancy
- o serious illness.

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B6 MAJOR LIFE EVENTS THAT AFFECT DEVELOPMENT

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Predictable events:

these are events that are expected to happen at a particular time. While expected, they may still have an effect on a person's health and wellbeing. This effect can be positive or negative, regardless of the event.

Unpredictable events:

these are events that happen unexpectedly and can have serious physical and psychological effects on an individual. These effects can be positive or negative, regardless of the event.

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- The effects of life events on health.
- Holmes-Rahe social readjustment rating scale and the effects of life events on a person's stress levels and health.

Life Event		Effect	20
starting a new school/college,/uni	E	✓ New friends, skills & better self esteem ✗ Anxious meeting new people, new routines, feel insecure	
physical injury or illness	U	✓ change way of life ✗ depression, lack of interest in appearance / relationships	
starting work	E	✓ Improve self image & esteem, develop new relationships & Skills ✗	
the death of a friend or relative	U	✓ Re-evaluate importance of things in life ✗ grief, low self confidence, loss of friends, unable to cope/function	
going through puberty	E	✓ Feeling grown-up ✗ confusion, frustration, lots of physical changes, lower self esteem	
getting married / moving in with partner	E	✓ feeling secure and content, develop intimate relationships ✗ Learning to share, loss of independence	
the birth of a brother or sister	E	✓ Happiness, more family time ✗ jealousy, tiredness, isolation	
divorce or breakup	U	✓ Fresh start, new opportunities ✗ isolation, loss of friendships, stress, depression	
going through the menopause	E	✓ Relief, new beginnings ✗ sense of loss, physical changes, lower self esteem, ageing	
Redundancy / unemployment	U	✓ Opportunity to try something new, retrain, meet new people ✗ Low self image & confidence, stress, less people around, few skills	
Moving house	U	✓ New opportunities, friends, fresh start ✗ Anxiety, stress, isolation, loss of friends	
retirement	E	✓ Socialise with friends and family, reduced stress, high self image ✗ Loss of relationships, poor self image, lower fitness, less money?	

C1 The physical changes of ageing

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- Cardiovascular disease – age can increase the risks of cardiovascular disease. This can be exacerbated by lifestyle choices.
- The degeneration of the nervous tissue. • Osteoarthritis. • Degeneration of the sense organs. • The reduced absorption of nutrients. • Dementia, to include Alzheimer's disease.
- Effects of illnesses that are common in ageing.. Artery walls lose their elasticity and get furred up with fatty deposits. The kidneys tiny filtration systems decline in number and insulin may not be produced. Bones weaken, become more porous and take a long time to heal if they break. Brain cells do not regenerate and the blood flow to the brain is not as good. Immune system weakens. Sleep quality lessens. More trips and falls. Depression

C3 The societal effects of an ageing population

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- Health and social care provision for the aged.
- Economic effects of an ageing population.

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EFFECTS ON CONFIDENCE AND SELF-ESTEEM

Effects of social change:

*role changes *loss of a partner *loss of friends

increase in leisure time.

*Financial concerns. *Effects of culture religion and beliefs.

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CUMMING AND HENRY - SOCIAL DISENGAGEMENT THEORY

Cumming and Henry - Social disengagement theory – A way of explaining behaviour and development in old age - that older people naturally withdraw from social involvement as they get older. • Suggested disengagement could happen for a number of reasons: • Ill health • Retirement • Illness and death of partners, friends and relatives. • Inability to use communication technology. • Disengagement is a natural part of ageing.

Criticisms - believes a reduction in social contact is natural in older age. People naturally withdraw from social contact in older age. Society withdraws from older people. People focus on their previous life and activities. Family expects less from older people. Older people become more dependent. Ageing can result in tranquillity and be a positive development

HAVIGHURST - ACTIVITY THEORY

Havighurst - Activity theory - Individuals can achieve healthy ageing through continued social activity. Social and psychological needs of individuals remain the same. People need activity and social interactions. Individuals adjust to their declining health and mobility and strength. People continue to involve themselves in the community. Theory recognised that later adulthood often involves changes in health and/or mobility but older people's needs can be met by taking on new roles following retirement.

Criticisms - Overestimates the ability of the elderly to maintain their level of activity. • Whilst some older people can remain active, others cannot

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Support -Professional or Formal

GP	Prescribe medication, refer to hospital and further support, talk through symptoms, offer advice, give encouragement Dentist, Opticians. Use of acute services such as A&E / Paramedics, Podiatrists
District nurse	Give medication (NOT prescribe), change dressings, give injections, give encouragement, talk to patient, refer patient to other professional support if needed. Community support needed before hospital
Social Worker	Offer support to a later adult if unable to look after him/herself in own house. Check that children are well cared for and safe
Counsellor	Talk through problems, offer advice, can refer to other support. Might also use Mental Health Services, Dementia support etc
Dietician	To talk through problems, to help set up a diet plan (having analysed old eating routine), monitor new diet, exercise plan alongside
Physiotherapist	To help patient move limbs after an operation, offer support and encouragement, exercises at home to improve mobility
Pharmacist	To give advice for minor illnesses, to offer support and encouragement, to encourage a patient to refer themselves to further professional support
Home care assistant	To help a patient get in/out of bed, to help wash/bathe, to help with food and cooking, to help with daily jobs, to help with cleaning

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Support -Informal

Partner	Talk to person, refer person to professional support and take person out to make them feel better. Encourage them to stop smoking and exercise etc...
Family (children)	Behave to take pressure off parent, help with jobs around house, work hard in school to take pressure off parents, take a part-time job if old enough
Family (adults)	Take person out, cook for them, help out with jobs around house, refer person to professional support
Neighbour	Talk to person, help with shopping, take person to hospital/shops by car, cook for them, refer person to professional support
Ex-Work colleagues	Talk to person, help with shopping, take person to hospital/shops by car, cook for them, refer person to professional support

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Voluntary

Religious Groups - Priest/ vicar	Talk to person, pray for person, seek professional support for person if necessary, visit person, based on religious beliefs and morals
Community group –self help	Based in local area to understand local needs, offer support such as food banks, meals on wheels, transport etc
Voluntary -Age UK	Talk to person and encourage, comfort and encourage to seek professional/informal support where necessary, welfare needs such as bereavement
Equipment might need to be provided such as frames, walking sticks, wheelchairs, toilet and bath support etc.	
Financial support such as benefits, pension, bus pass, reduced council tax, tv licence, free prescriptions and eye care.	

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Types of support

Formal Support can be physical or emotional support from trained professionals eg doctors, physiotherapists, counsellors etc.
Informal Support is unpaid emotional or physical support given from family and friends
Physical support for day to day care needs such as getting around (mobility), dressing, shopping
Emotional Support to help cope with feelings such as counselling, talking to a family member or friend

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How do we use Knowledge Organisers in health and social care

How can you use knowledge organisers at home to help us?

- **Retrieval Practice:** Read over a section of the knowledge organiser, cover it up and then write down everything you can remember. Repeat until you remember everything.
- **Flash Cards:** Using the Knowledge Organisers to help on one side of a piece of paper write a question, on the other side write an answer. Ask someone to test you by asking a question and seeing if you know the answer.
- **Mind Maps:** Turn the information from the knowledge organiser into a mind map. Then reread the mind map and on a piece of paper half the size try and recreate the key phrases of the mind map from memory.
- **Sketch it:** Draw an image to represent each fact; this can be done in isolation or as part of the mind map/flash card.

How will we use knowledge organisers in HSC?

- **Test:** We will do regular low stakes tests to check your ability to retrieve information from memory.
- **Mark our answers:** Once you have done a low stake test you can mark your work using the knowledge organiser.
- **Improve our work:** Once you have finished a piece of work you may be asked to check your knowledge organiser to see if there is any information on it that you could add into an answer.

<u>ASSESSMENT</u>	<u>SECTION ON KNOWLEDGE ORGANISER</u>	<u>DATE</u>	<u>SCORE</u>
A1: Physical			
A2: Intellectual			
A3: Emotional			
A4: Social			
End of LAA test			
B1 & B2: Genetic factors			
B3: Environmental factors			
B4: Social factors			
B5: Economic factors			
B6: Major life events			
End of LAB test			
C1: Physical changes of ageing			
C2: Psychological changes of ageing			
C3: Societal effects of an ageing population			
End of LAC test			
MOCK EXAM			