A: HUMAN GROWTH AND DEVELOPMENT THROUGH THE LIFE STAGES

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A1 PHYSICAL, INTELLECTUAL, EMOTIONAL AND SOCIAL DEVELOPMENT AT EACH LIFE STAGE

Infancy: birth to 2 years

Physical

- Rapid growth of height as bones lengthen.
- Rapid growth of weight as bone widens and becomes denser, and growth in size of tissues and organs.
- Rapid growth of head circumference as skull increases in size to accommodate growing brain.
- Acquisition of physical skills in line with expected development milestones.
- Control of body from top-to- toe, inner-to-outer, all infants following same pattern but at different rates.

Gross Motor Skills Definition	Example	Age
Large movements, like running or jumping, that involve bigger muscles.	Holding head up	3-4 months
	Sitting up	6-9 months
	Crawling	7-10 months
	Walking	9-18 months
Fine Motor Skills Definition	**Example**	**Age**
Small movements, like writing or buttoning clothes, that require hand-eye coordination.	Pincer grasp	9-12 months
	Turns pages	1-2 years

Intellectual

- Learning through interaction with the environment and manipulating objects (play) e.g. grasping and dropping objects.
- Learning through interaction with other individuals e.g. parents.
- Memory develops e.g. recognising familiar objects and routines at 6 months.

Language development	Age
Cooing	0-3 months
Babbling	4-12 months
Understanding words	6-12 months
First words	12 months
Combining words	12-18 months
Increasing vocabulary	18-24 months

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Infancy: birth to 2 years

Emotional

Attachment

- The way in which a child attaches to a parent or primary caregiver that responds to their needs.
- Quality of attachment influences development and future relationships.

Bowlby

- Critical period for attachment, first 2.5 years of life.
- Maternal deprivation is the lack of consistent, nurturing care during this critical period.
- Disrupted attachment can cause antisocial or aggressive behaviour in adolescence, make it difficult for the individual to form relationships and impact on future relationships with own children.

Ainsworth

- **Separation anxiety:** fear or worry about being apart from home or an attachment figure.
- **Stranger anxiety:** distress or fear when approached by or encountering unfamiliar people.
- **Attachment types**
  - **Secure:** wary of strangers, some anxiety, comforted by attachment figure
  - **Insecure Anxious/Avoidant:** no anxiety, avoids comfort, appears independent
  - **Insecure Ambivalent/Resistant:** clingy, extreme anxiety, hard to comfort

Social

- Depends heavily on emotional development i.e. attachment, and intellectual development i.e. language development.
- **Primary socialisation:** learning norms and behaviours from family.
- **Social cues:** understanding and responding to smiles and gestures.
- **Social skills:** interacting with others, exchanging communication.

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Early childhood: 3 to 8 years

Physical

- Continuation of growth in height (5 to 8 cm per year) and weight (2 to 3 kg per year) but variation between children more noticeable.
- Children follow same patterns of growth but at different rates.
- Brain is at 90% of final size at 5 years of age.
- Further development and refinement of gross and fine motor skills as strength and coordination increases.

Gross Motor Skills example	Age
Walking on tiptoe	3 years
Hopping	4 years
Skipping	5-7 years
Fine Motor Skills example	**Age**
Dress/undress self	3-4 years
Do up/undo buttons	3-4 years
Tie/untie laces	3-4 years

Intellectual

- Rapid language development.

Age	Vocab	Language use	Example
3-4 years	1,000 words	4-5 word sentences	State their own name and age
5-8 years	10,000 words	Complex sentences linking ideas	Describe likes and dislikes

- Developing numeracy skills.

Skill	Age
Count to 20	4 years
Add/subtract with objects	5 years
Identify numerals from 0-100	5-6 years
Working with fractions	6-7 years

- Developing problem solving.

Development	Example	Age
Trial and error	Simple puzzles	3-5 years
Simple reasoning	Push button to make toy move	3-5 years
Planning and sequencing	Building a Lego structure	5-8 years
Reasoning and logic	Board games	5-8 years

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Early childhood: 3 to 8 years

Emotional

- **Emotional understanding:** Children learn to recognise their own and others' emotions, eventually understanding more complex emotions like empathy and guilt.
- **Emotional regulation:** Children develop the ability to manage their emotions, control impulses, and cope with stress.
- **Self-awareness and self-esteem:** Children develop a sense of self and their own capabilities, leading to confidence and self-respect.

Social

- Depends heavily on emotional development i.e. emotional understanding and regulation, and intellectual development i.e. language development.
- **Secondary socialisation:** learning norms and behaviours from outside the agency of family e.g. from school.
- Developing relationships with those outside the family e.g. peers.
- Learning sharing, turn-taking and negotiation (social skills) through play (cooperative play).
- **Social Identity:** Children begin to understand their place within different social groups and cultures, developing a sense of belonging.

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Adolescence: 9 to 18 years

Physical

- **Puberty:** hormone initiated process that results in sexual maturity.
- **Primary sexual characteristics:** internal and external genitalia that are present from birth. These characteristics are necessary for reproduction and mature during puberty to become functional.
- **Secondary sexual characteristics:** develop during puberty and are not directly involved in reproduction.

Feature of puberty	Anatomical males	Anatomical females
Age range at onset	9-14 years	8-13 years
Main hormones	Testosterone	Oestrogen and progesterone
Primary sexual characteristics	Penis, testes	Vulva, vagina, uterus, ovaries
Secondary sexual characteristics examples	Shoulders broaden, muscle mass increases, pubic hair	Hips widen, breasts enlarge, pubic hair

Intellectual

- Reasoning skills involve the ability to think logically, make decisions, and solve problems by analysing information and drawing conclusions.
- Thinking logically to solve complex problems more effectively than younger children.
- Abstract reasoning skills, such as understanding hypothetical situations and thinking about future possibilities, become more advanced.

Emotional

- Developing own identity, +/- experimenting with identity.
- Developing self-concept, including self-image and self-esteem.
- Developing intimate and sexual relationships.

Social

- Remains heavily dependent on emotional development and sense of self.
- Strong friendships are formed although can be a source of conflict.
- Influence of peer pressure is strong and can be both positive and negative.
- Strong desire for independence (from family).

A1 PHYSICAL, INTELLECTUAL, EMOTIONAL AND SOCIAL DEVELOPMENT AT EACH LIFE STAGE

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Early adulthood: 19 to 45 years

Physical

- **Physical maturity:**
  - Peak physical strength, fitness, stamina, mobility due to peak muscle mass, bone density and cardiovascular function.
  - Peak fertility - males and females.
  - Pregnancy and lactation (production of breastmilk) - females.
- **Brain development:**
  - Pre-frontal cortex fully mature early to mid-twenties (responsible for high-level cognitive functions like planning, decision-making, and impulse control).
  - **Synaptic pruning:** the process of eliminating unnecessary connections between neurones, making the brain more efficient.
  - **Myelination:** the process of coating nerve fibres with a fatty substance called myelin, which speeds up signal transmission.

Intellectual

- Improved cognitive performance due to synaptic pruning and myelination.
- More pragmatic decision making and less risk-taking due to pre-frontal cortex maturation.
- Opportunities to learn and acquire skills.
  - Further/higher education.
  - Work.
  - Hobbies.

Emotional

- Long term intimate relationships can increase security and contentment.
- Changes to self-concept including self-esteem and self-image are related to lifestyle e.g. career, developing family life.
- Bonding and attachment with own family e.g. life partner, children.

Social

- Full independence from family.
- Social networks:
  - Colleagues.
  - Friends.

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Middle adulthood: 46 to 69 years

Physical

- **Perimenopause:** transitional phase leading to menopause. Onset approx. 10 years prior to menopause.
  - Hot flushes, night sweats, vaginal dryness as oestrogen declines.
- **Menopause:** cessation of menstrual periods (end of reproductive capability). Average age in UK 51 years.
- **Ageing process commences:**
  - Decline in physical strength, especially if low/no physical activity.
  - Decline in vision and hearing.
  - Weight gain especially if low/no physical activity.
  - Joint wear and tear and pain especially if low/no physical activity.

Intellectual

- Accumulation of knowledge and experience leads to improvement in verbal and reasoning skills.
- **Crystalised intelligence:** knowledge, skills, and vocabulary acquired through learning and experience and the ability to apply that knowledge to solve problems and make decisions.

Emotional

- Re-evaluation of and changing priorities e.g. focus on family and leisure rather than work.
- Contributing to the next generation: in terms of own family, as well as through work and hobbies.
- **Empty Nest Syndrome:** sense of emptiness or sadness as children grow up and leave the family home.
- Emotional factors relating to menopause including changes to self-image (no longer fertile, hormonal changes altering physical appearance), mood (especially during perimenopause when hormone levels fluctuate) and libido (sex drive, which can also be influenced by physical changes to body size, shape and vaginal dryness).

Social

- Relationships with peers at work.
- More social lifestyle with no children/early retirement/retirement; OR
- Limited social life due to work pressures.
- Changing roles e.g. becoming a grandparent.

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Late adulthood: 70 to 84 years

Physical

- **Ageing process continues:**
  - Lung capacity reduces due to less elastic lung tissue and weaker breathing muscles (intercostal muscles and diaphragm).
  - Heart becomes less efficient and blood pressure increases, as arteries and heart muscle thickens.
  - Brain tissue shrinks and loses connections so brain cells lose some function.
  - Age-related changes in muscles, bones, joints, vision, and balance contribute to a decreased ability to move safely, increasing the risk of falls.
- **Note:** all these impacts can be reduced by maintaining a healthy lifestyle, including a balanced diet, physical activity, and avoiding alcohol, smoking and drug use.

Intellectual

- **Ageing of the brain:**
  - Learning new skills may take longer.
  - Short term memory less easily recalled.
  - Reaction times increase/lengthen.
- Wisdom and creativity remain.

Emotional

- **Positives:**
  - May feel younger than age.
  - May feel calm, confident and content.
- **Negatives:**
  - May experience loneliness.
  - May feel frail.

Social

- **Role change:**
  - Retired.
  - Grandparent/great grandparent.
  - Widow/widower.
- **Increased social opportunities:**
  - More opportunity for meeting friends due to retirement.
  - Meeting new people as taking on new activities due to increased leisure time or role change.
- **Reduced social opportunities:**
  - Reduction in social circle of peers through this life stage due to both retirement and ageing/end of life.
- Potential for increased dependence on others due to ageing process.

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Later adulthood: 85+ years

Physical

- **Ageing process advances:**
  - Reduction in organ function.
  - Loss of bone density.
  - Ligaments and tendons lose elasticity leading to less flexibility and stiffness in movement.
  - Skin becomes thinner, less elastic and tears easily due to lack of collagen, elastin, and fat.
  - Chronic/long term health conditions more likely e.g. cardiovascular diseases, arthritis, diabetes.
  - Further deterioration of vision e.g. cataracts and hearing.

Intellectual

- Potential for lapses in memory function due to normal ageing process.
- Cognitive decline due pathology/disease e.g. stroke or dementia.
- **Cognitive super-agers:** an individual who maintains cognitive abilities and physical health comparable to those decades younger (more likely in those that have led healthy lifestyles, and remained intellectually stimulated and socially connected through the lifespan).

Emotional

- **Positive:**
  - Improved emotional regulation.
- **Negatives:**

  Depression relating to:
  - Loss of peers.
  - Loss of independence.
  - Loss of skills.
  - Increased sense of own mortality.
  - Increased frailty.

Social

- **Significant reduction in social activity:**
  - Increased support required to be able to meet friends and family outside of home environment.
  - Decrease in peer groups.
- **Disengagement theory:** suggests that as people age, they naturally withdraw from social roles and relationships.
- **Activity theory:** argues that older adults maintain better health and wellbeing by staying socially and physically active.

B: FACTORS AFFECTING HUMAN GROWTH AND DEVELOPMENT ACROSS EACH LIFE STAGE

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B1 GENETIC FACTORS

Genetic predisposition

Definition

When an individual carries specific genes or genetic variations that make them more susceptible to certain diseases, though they may not necessarily develop the condition.

Knowing you have a genetic predisposition can lead to an individual living a healthier lifestyle, to avoid environmental risks/triggers for the disease. It may also contribute to intellectual development as you learn more about the disorder and how to avoid it.

Breast cancer

- BRCA1 and BRCA2 are cancer risk genes that increase an individual's risk of developing breast cancer.
- Tumours grow in the breast and can spread to other organs and body systems.

Cardiovascular disease

- There is no single gene responsible, but a family history of risk factors such as hypertension (high blood pressure), diabetes (elevated blood sugar) and high cholesterol may indicate an increased genetic predisposition to cardiovascular disease (coronary heart disease, stroke).
- Effects include shortness of breath, chest pain and increased risk of heart attack and heart failure.

Prostate cancer

- BRCA1, BRCA2 and HOXB13 are cancer risk genes that increase a male's risk of developing prostate cancer.
- The prostate is part of the male reproductive system and cancer here can cause urinary and sexual issues.

B: FACTORS AFFECTING HUMAN GROWTH AND DEVELOPMENT ACROSS EACH LIFE STAGE

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B1 GENETIC FACTORS

Genetic disorders

Definition

Diseases caused directly by abnormalities in an individual's DNA e.g. a gene mutation or chromosomal change.

Individuals with genetic disorders become experts by experience. Their knowledge of the condition is extensive, promoting intellectual development. They may also feel connected to others living with the same condition, enhancing emotional and social wellbeing.

Cystic fibrosis (CF)

- Inherited disorder that causes mucus in body to become thick and sticky.
- Both parents must carry the altered gene for a child to be affected – then there is a 1 in 4 (25%) chance of having cystic fibrosis; a 2 in 4 (50%) of being a carrier but not having CF; a 1 in 4 (25%) chance of not being a carrier or having CF.
- Effects include a mucus producing cough, wheezing and shortness of breath, frequent infections and problems with the digestive system.

Huntington's disease

- Inherited disorder that causes nerve cells (neurones) in parts of the brain to gradually break down and die.
- If one parent carries the altered gene, there's a 1 in 2 (50%) chance that any children will have the gene and develop Huntington's disease.
- Effects include problems with thinking, memory and problem solving, difficulties with coordination, balance and eating/swallowing.

Sickle cell anaemia

- Inherited disorder that causes red blood cells to be an unusual shape which means they do not live as long as healthy RBCs and can block blood vessels.
- Follows same inheritance pattern as for CF.
- Effects include painful crises, increased risk of serious infections, anaemia and increased risk of stroke.

B: FACTORS AFFECTING HUMAN GROWTH AND DEVELOPMENT ACROSS EACH LIFE STAGE

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B2 LIFESTYLE FACTORS

Diet and weight management

Positives (healthy diet and weight management)	Negatives (unhealthy diet and poor weight management)
• Supports healthy physical development, especially during growth spurts in childhood and adolescence. • Maintains healthy weight, reducing risk of obesity-related conditions (e.g. type 2 diabetes, cardiovascular disease). • Adequate nutrients contribute to brain function and emotional wellbeing. • Good diet in early years supports cognitive and motor skill development. • Promotes strong immune system across life stages.	• Poor diet (e.g. high in saturated fats, sugar, and salt) can lead to obesity or malnutrition. • Deficiencies (e.g. iron, calcium, vitamin D) can stunt physical and cognitive development. • Negative body image due to diet-related weight issues may lower self-esteem.

Level of exercise

Positives (good level of exercise)	Negatives (lack of activity)
• Encourages muscle and bone development, particularly important in childhood and adolescence. • Supports cardiovascular and respiratory health throughout life. • Boosts mental health by releasing endorphins and reducing stress or anxiety. • Promotes social development through team sports or group activities. • Improves sleep quality and weight management.	• Lack of physical activity increases risk of chronic conditions (e.g. heart disease, diabetes). • Sedentary lifestyle can lead to weight gain and low energy levels. • Excessive exercise can lead to fatigue, injuries, and obsessive behaviours. • Limited opportunity or access to exercise (due to disability, financial, or environmental barriers) can affect holistic development.

Quality of sleep

Positives (good sleep quality)	Negatives (poor sleep quality)
• Essential for brain development in children and adolescents. • Supports memory, concentration, and learning across all life stages. • Boosts mood and emotional regulation. • Allows the body to rest and repair, promoting physical wellbeing. • Contributes to healthy immune system function.	• Poor sleep can lead to irritability, anxiety, and depression. • In children and teens, sleep deprivation affects growth, academic performance, and social interaction. • Long-term poor sleep quality linked to obesity, heart disease, and diabetes. • Sleep disturbances in older adults can lead to cognitive decline.

B: FACTORS AFFECTING HUMAN GROWTH AND DEVELOPMENT ACROSS EACH LIFE STAGE

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B2 LIFESTYLE FACTORS

Use or not of:

Alcohol

Positives (non-use)	Negatives (use)
• Supports healthier brain development in children and young people. • Reduces risk of alcohol-related diseases (e.g. liver cirrhosis, heart disease, cancers). • Lowers likelihood of addiction, antisocial behaviour, and mental health issues. • Improves focus, judgement, and academic/work performance. • Helps maintain safer relationships and social interactions. • Supports a healthy pregnancy and better outcomes for mother and baby.	• Can impair brain development and decision-making, especially harmful during adolescence and early adulthood. • May cause liver damage, cardiovascular problems, and certain cancers with long-term or heavy use. • Increases risk of accidents, injury, and risky behaviours (e.g. unsafe sex, criminal activity). • Can negatively affect mental health, contributing to depression and anxiety. • Dependency or misuse can damage personal relationships, reduce work or academic performance, and impact financial wellbeing. • Excessive drinking in pregnancy can cause foetal alcohol spectrum disorders (FASD), harming the unborn baby's physical and cognitive development.

Tobacco

Positives (non-use)	Negatives (use)
• Promotes healthy lung and heart function, improving physical fitness and energy. • Reduces risk of life-limiting diseases (e.g. cancer, stroke, emphysema). • Supports a better appearance (e.g. clearer skin, healthier teeth), boosting confidence and social wellbeing. • Avoids addiction and its financial and emotional impact. • Safer environment for others (no secondhand smoke). • In pregnancy, supports better oxygen supply and growth for the foetus, reducing health risks.	• Damages lungs and cardiovascular system, increasing the risk of diseases like cancer, COPD, and heart disease. • Causes bad breath, stained teeth, and gum disease, affecting self-esteem and social development. • Highly addictive, leading to long-term physical dependence and reduced life expectancy. • Increases risk of pregnancy complications and harm to the unborn child (e.g. low birth weight, premature birth). • Secondhand smoke affects the health of others, particularly children and vulnerable adults. • Can reduce athletic performance and physical stamina, especially in young people.

Oral health

Positives (good oral health)	Negatives (poor oral health)
• Good oral hygiene reduces risk of tooth decay, gum disease, and infections. • Supports confidence and self-esteem through healthy appearance and speech. • Enables comfortable eating and speaking – important for physical and social development. • Good habits early on often lead to better health behaviours later in life.	• Poor oral hygiene can cause pain, tooth loss, and infection. • Untreated dental issues can affect nutrition and speech. • Low self-esteem due to visible dental problems, particularly in adolescence. • Infections may spread and lead to wider health issues, including heart problems.

B: FACTORS AFFECTING HUMAN GROWTH AND DEVELOPMENT ACROSS EACH LIFE STAGE

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B2 LIFESTYLE FACTORS

Pregnancy

Positives (healthy lifestyle behaviours)	Negatives (risky lifestyle behaviours)
• Healthy maternal diet supports brain and organ development of the foetus. • Avoiding harmful substances (e.g. alcohol, tobacco, drugs) reduces risk of birth defects and developmental delays. • Adequate prenatal care can detect and manage complications early. • Physical activity and rest in pregnancy promote maternal and foetal health.	• Prenatal alcohol, tobacco, or drug misuse can lead to low birth weight, premature birth, or developmental disabilities. • Poor maternal nutrition increases the risk of neural tube defects and growth restrictions. • Chronic stress in pregnancy can affect the baby's emotional development. • Exposure to harmful environmental toxins or infections may disrupt healthy development.

B: FACTORS AFFECTING HUMAN GROWTH AND DEVELOPMENT ACROSS EACH LIFE STAGE

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B3 HEALTH INEQUALITIES

Definition

"Unfair and avoidable differences in health across the population, and between different groups within society." NHS England, June 2025.

Groups

Socio-economic

- Strong link between poverty and reduced life expectancy (e.g. those in most deprived areas live significantly fewer years in good health).
- Higher rates of preventable diseases like obesity, type 2 diabetes, and cardiovascular disease.
- Greater prevalence of mental health difficulties due to stress, financial instability, poor housing, and unemployment.
- Less likely to access regular check-ups and preventive care due to cost, awareness, or service availability.
- Overcrowded or damp housing increases risk of respiratory conditions.

Gender

- Women may experience gender bias in healthcare – pain and symptoms sometimes not taken seriously.
- Higher prevalence of anxiety and depression in women; higher suicide rates in men.
- Men are statistically less likely to seek help for physical and mental health concerns.
- Gender-related conditions (e.g. menopause, prostate cancer) may be overlooked in general provision.

Race & Ethnicity

- Black, Asian, and Minority Ethnic (BAME) groups may face systemic barriers to accessing timely, effective healthcare.
- Higher prevalence of some conditions, e.g. type 2 diabetes and hypertension in South Asian and Black communities.
- Cultural or language barriers can limit effective communication with health professionals.
- Experiences of racism and discrimination in the healthcare system can result in lower trust and poorer outcomes.
- Underrepresentation in clinical trials or public health messaging may mean needs are not fully met.

Disability

- People with learning disabilities often experience poorer quality healthcare and shorter life expectancy.
- Barriers to access include physical inaccessibility, communication difficulties, and assumptions made by professionals.
- More likely to experience delays in diagnosis and treatment.
- Limited health promotion tailored to their needs (e.g. less accessible screening).

B: FACTORS AFFECTING HUMAN GROWTH AND DEVELOPMENT ACROSS EACH LIFE STAGE

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B3 HEALTH INEQUALITIES

Factors

Discrimination

- Can occur based on race, disability, gender identity, sexual orientation, age, or religion.
- Impacts mental health through stress, exclusion, and stigma.
- Reduces quality of care when service users are not listened to or treated equitably.
- May lead to delayed or avoided healthcare, worsening conditions.

Economic

- Low income limits ability to afford nutritious food, safe housing, heating, and leisure activities.
- Unemployment or unstable work can damage mental health and self-esteem.
- Economic hardship may reduce access to healthcare (e.g. transport costs, prescription charges).
- Wealthier groups are more likely to engage in preventive healthcare and live longer in better health.

Environmental

- Poor housing (e.g. damp, overcrowded, unsafe) linked to respiratory issues like asthma and higher risk of injury.
- Exposure to air pollution increases risk of lung diseases and cardiovascular problems.
- Lower-income groups more likely to live near busy roads or industrial sites.
- Higher incidence of tuberculosis in overcrowded and poorly ventilated accommodation.

Occupational related health

- Manual labour jobs can cause long-term musculoskeletal issues (e.g. back pain, joint damage).
- Workplace exposure to dust, fumes, or chemicals linked to COPD and asthma.
- Stress and anxiety are common in high-pressure or insecure jobs.
- Shift work disrupts circadian rhythms and increases risk of cardiovascular disease, obesity, and mental health problems.

C: HEALTH AND SOCIAL CARE PROMOTION, PREVENTION AND TREATMENT AT DIFFERENT LIFE STAGES

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C1 PREVALENT HEALTH CONDITIONS
C3 HEALTH AND SOCIAL CARE PROFESSIONALS

Obesity across all life stages

Infancy, early childhood and adolescence	Relevant professionals
• Children and adolescents are considered to be living with obesity if their body mass index (BMI) is on or above the 95th centile on their growth chart. • Around 10% of children aged 4-5 are classified as living with obesity. • Around 15% of children aged 2-15 are classified as living with obesity. • Childhood and adolescent obesity increases likelihood of becoming an obese adult and developing chronic diseases like type 2 diabetes and heart disease. It also impacts mental health, potentially leading to anxiety, depression, and low self-esteem.	Health visitor (C3.1) – for preschoolers School nurse (C3.1) – for school aged children GP doctor (C3.3) Physiotherapist (C3.4) Dietitian (C3.7) Social prescriber (C3.11) Youth worker (C3.10) – for children and young people aged 11 to 25

Adulthood (all stages)	Relevant professionals
• Adults are considered to be living with obesity if their body mass index (BMI) is greater than 30 kg/m2. • Around 29% of adults are classified as living with obesity. • Obesity in adults increases likelihood of developing chronic diseases like type 2 diabetes, heart disease, stroke and some types of cancer. It also impacts mental health, potentially leading to anxiety, depression, and low self-esteem.	GP doctor (C3.3) Physiotherapist (C3.4) Dietitian (C3.7) Social prescriber (C3.11)

Statistics from *NHS Health Survey for England 2022,* published in 2024.

C: HEALTH AND SOCIAL CARE PROMOTION, PREVENTION AND TREATMENT AT DIFFERENT LIFE STAGES

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C1 PREVALENT HEALTH CONDITIONS
C3 HEALTH AND SOCIAL CARE PROFESSIONALS

Infancy and early childhood:

Influenza (flu)

Condition	Relevant professionals/MDT
• Flu is a virus that causes respiratory symptoms. • It is spread through airborne droplet transmission, making it highly contagious. • It is more prevalent in winter. • Under 5s are susceptible due to developing immune system. • Usually does not have lasting effects but can be more serious in individuals with asthma or lead to pneumonia.	Most individuals with flu will not require healthcare, however relevant professionals for information/advice would be: • Health visitor (C3.1) • Practice nurse (C3.1) • GP doctor (C3.3)

Chickenpox

Condition	Relevant professionals/MDT
• Chickenpox is a virus which causes systemic symptoms. • It is spread through airborne droplet transmission, making it highly contagious. • It is most prevalent in under 5s. • Usually does not have lasting effects but can re-emerge as shingles in later life.	Most individuals with chickenpox will not require healthcare, however relevant professionals for information/advice would be: • Health visitor (C3.1) • Practice nurse (C3.1) • GP doctor (C3.3)

Ear infection

Condition	Relevant professionals/MDT
• Most common childhood infection, often as the result of a cold causing fluid build-up in the ear. • Usually does not have lasting effects but may contribute to hearing difficulties.	Health visitor (C3.1) Practice nurse (C3.1) GP doctor (C3.3)

Meningitis

Condition	Relevant professionals/MDT
• Meningitis is inflammation of the membranes covering the brain and can be life-threatening. • Can be bacterial or viral (viral covered by vaccination program). • Can cause permanent disability.	Children and young people nurse (C3.1) Practice nurse (C3.1) GP doctor (C3.3)

C: HEALTH AND SOCIAL CARE PROMOTION, PREVENTION AND TREATMENT AT DIFFERENT LIFE STAGES

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C1 PREVALENT HEALTH CONDITIONS
C3 HEALTH AND SOCIAL CARE PROFESSIONALS

Infancy and early childhood:

Conjunctivitis

Condition	Relevant professionals/MDT
• Infection of the eyes, which can be bacterial or viral or linked to allergies. • Highly contagious and therefore prevalent in under 5s particularly in group/childcare settings. • Usually does not have lasting effects.	Health visitor (C3.1) Practice nurse (C3.1) GP doctor (C3.3)

Speech development problems

Condition	Relevant professionals/MDT
• Children develop at different rates. Sometimes they are far enough behind in speech development that intervention is required. • Untreated speech and language delay places children at a higher risk of social, emotional, behavioural, and cognitive problems in adulthood.	Health visitor (C3.1) School nurse (C3.1) Speech therapist (C3.4)

Dental carries

Condition	Relevant professionals/MDT
• Tooth decay is the most common chronic disease in children. • Affecting around 23% of children aged 5. • Loss of primary teeth can affect speech development and alignment of permanent teeth. In severe cases, adult teeth may erupt already decayed.	Dentist (C3.5) Dental hygienist (C3.5)

Statistics from *National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old children 2022,* published in 2023.

C: HEALTH AND SOCIAL CARE PROMOTION, PREVENTION AND TREATMENT AT DIFFERENT LIFE STAGES

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C1 PREVALENT HEALTH CONDITIONS
C3 HEALTH AND SOCIAL CARE PROFESSIONALS

Adolescence

Smoking and vaping

Condition	Relevant professionals/MDT
Smoking • Around 1% of 11-15-year-olds and 2% of 15-year-olds only are regular smokers of tobacco. • Individuals that start smoking in childhood are more likely to become adult smokers and/or heavy smokers due to dependency. • Can impair lung growth, as well as damage respiratory system and function. **Vaping** • Around 9% of 11-15-year-olds and 19% of 15-year-olds only are current users of e-cigarettes. • There is a potential that e-cigarette smokers may become tobacco smokers in future. • Exposure to nicotine can negatively impact brain development, increasing the risk of addiction and impairing cognitive function.	School nurse (C3.1) Practice nurse (C3.1) GP doctor (C3.3) Youth worker (C3.10)

Drugs

Condition	Relevant professionals/MDT
• 12% of young people reported having ever used drugs in their lifetime with laughing gas (nitrous oxide) and cannabis the most commonly used drugs. **Drug use may result in:** • Impaired judgement and risk of accidents. • Poor academic performance due to impaired memory and concentration. • Health issues like nausea, increased heart rate, or overdose risks. • Emotional instability.	Social worker (C3.6) School nurse (C3.1) GP doctor (C3.3) Psychologist (C3.9) Counsellor (C3.9) Youth worker (C3.10)

C: HEALTH AND SOCIAL CARE PROMOTION, PREVENTION AND TREATMENT AT DIFFERENT LIFE STAGES

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C1 PREVALENT HEALTH CONDITIONS
C3 HEALTH AND SOCIAL CARE PROFESSIONALS

Adolescence

Alcohol

Condition	Relevant professionals/MDT
• As many as 14% of 11-year-olds have tried alcohol compared to 70% of 15-year-olds. **Alcohol use may result in:** • Impaired judgement and risk of accidents. • Alcohol poisoning. • Memory problems. • Nausea, vomiting and dehydration.	Social worker (C3.6) Psychologist (C3.9) Counsellor (C3.9) Youth worker (C3.10)

Sexual health

Condition	Relevant professionals/MDT
• The age group most likely to be diagnosed with a sexually transmitted infection (STI) is people who are 15-24. • Immediate symptoms include skin lesions and painful urination. • Long-term complications include infertility and pelvic inflammatory disease. They can also cause psychological distress and social stigma.	School nurse (C3.1) Practice nurse (C3.1) GP doctor (C3.3) Youth worker (C3.10)

Statistics from *Smoking, Drinking and Drug Use among Young People in England 2023,* published in 2024.

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C1 PREVALENT HEALTH CONDITIONS
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Early and middle adulthood

Stress, depression and anxiety at work

Condition	Relevant professionals/MDT
• Annually an estimated 875,000 workers suffer from work-related stress, depression or anxiety, resulting in 17.1 million working days lost.	Mental health nurse (C3.1) Occupational health nurse (C3.1) GP doctor (C3.3) Psychiatrist (C3.3) Psychologist (C3.9) Counsellor (C3.9) Social prescriber (C3.11)

Inactivity/sedentary lifestyle

Condition	Relevant professionals/MDT
• 22% of adults can be classified as 'inactive', due to participating in less than 30 minutes of moderate or vigorous physical activity per week. • Physical inactivity is linked to increased risk of premature deaths, particularly deaths from coronary heart disease (CHD). • Physical activity is positively linked to physical and cognitive function.	GP doctor (C3.3) Physiotherapist (C3.4) Social prescriber (C3.11)

Accidents from risk-taking behaviour: acquired brain injury

Condition	Relevant professionals/MDT
• Damage to the brain that happens after birth – can be caused by trauma or ill health. • Can affect cognitive, physical, emotional, or behavioural functions depending on its severity and location in the brain.	Adult nurse (C3.1) Learning disability nurse (C3.1) GP doctor (C3.3) Physiotherapist (C3.4) Occupational therapist (C3.4) Speech therapist (C3.4) Radiographer (C3.4) Care/support worker (C3.8)

Accidents from risk-taking behaviour: life-changing injury

Condition	Relevant professionals/MDT
• Serious injuries that significantly change an individual's life e.g. spinal cord injury, limb loss, burns.	Adult nurse (C3.1) GP doctor (C3.3) Surgeon (C3.3) Physiotherapist (C3.4) Occupational therapist (C3.4) Radiographer (C3.4) Care/support worker (C3.8)

Statistics from *Health and safety at work: Summary statistics for Great Britain 2023, and NHS Health Survey for England 2022,* published in 2024.

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Late and later adulthood

Dementia

Condition	Relevant professionals/MDT
• Dementia is the loss of cognitive functioning (thinking, remembering, and reasoning) to the extent that it interferes with a person's daily life and activities. • 982,000 people are estimated to be living with dementia in the UK. • 1 in 14 people over the age of 65 have dementia in the UK.	Adult nurse/practice nurse (C3.1) GP doctor (C3.3) Psychiatrist (C3.3) Social worker (C3.6)

Heart disease

Condition	Relevant professionals/MDT
• 7.6 million people in the UK live with heart disease. • Age related changes such as hardening arteries and heart muscle can increase heart disease risk in older adults. • Can cause chest pain (angina), heart failure and heart attack.	GP doctor (C3.3) Surgeon (C3.3) Adult nurse/practice nurse (C3.1) Physiotherapist (C3.4) Occupational therapist (C3.4)

Oral health

Condition	Relevant professionals/MDT
• Age related changes to tissues in the mouth e.g. receding gums can worsen oral health. • Poor oral health can lead to eating and drinking problems and is associated with systemic diseases such as heart disease.	GP doctor (C3.3) Dentist (C3.5) Dental hygienist (C3.5)

Injury from falls

Condition	Relevant professionals/MDT
• Age related changes such as declining bone density and muscle mass, combined with slower reaction times and balance/ coordination issues make falls more likely. • Injuries from falls can be more serious due to less dense bones, fragile skin and less fat/ muscle protection.	GP doctor (C3.3) Surgeon (C3.3) Physiotherapist (C3.4) Occupational therapist (C3.4) Social worker (C3.6)

Statistics from *Alzheimer's Research UK Dementia Statistics Hub and British Heart Foundation UK Factsheet* 2025.

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C1 PREVALENT HEALTH CONDITIONS
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Late and later adulthood

Weakened immune system

Condition	Relevant professionals/MDT
• Age related changes weaken the immune system, making older adults more susceptible to illnesses and disease such as colds and flu, which can also affect them more seriously.	GP doctor (C3.3)

Complications from influenza (flu)

Condition	Relevant professionals/MDT

• Due to weakened immune system older adults are more susceptible to complication from the flu such as:
  ◦ Secondary infections (pneumonia).
  ◦ Respiratory distress.
  ◦ Death.
	Adult nurse (C3.1)
	GP doctor (C3.3)

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C2 HEALTH AND SOCIAL CARE PREVENTION AND PROMOTION

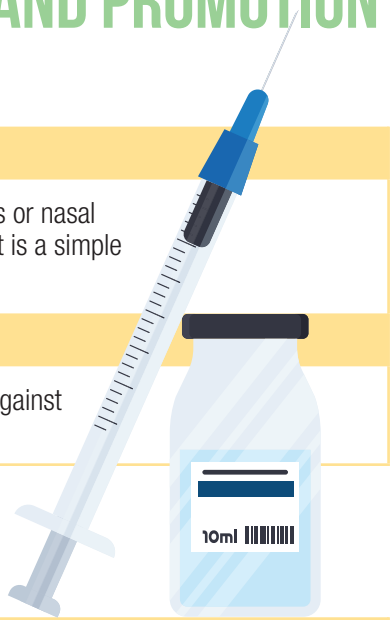
Vaccination

Purpose and role

Vaccination is a process of administering a vaccine, usually by injection but can be via oral drops or nasal spray, to stimulate the body's immune system to develop protection against a specific disease. It is a simple and effective way to protect individuals from disease.

Herd immunity

A type of disease immunity that occurs when a large proportion of a population are vaccinated against a disease which prevents the spread of the disease to unvaccinated individuals.



Age-related health checks and screening

Definitions

Age-related health checks aim to identify health conditions or issues that are prevalent at certain life stages/ages.

Screening is a process used to identify individuals who may be at an increased risk of developing a health problem or condition, even if they don't currently have symptoms.

Newborn hearing screening (infancy)

- A program offered by the NHS which aims to screen all babies for moderate, severe, and profound hearing loss within 4-5 weeks of birth.
- Early identification allows for timely interventions, such as hearing aids and speech therapy.

Growth of height and weight (infancy/childhood)

- The growth of infants and young children is regularly measured and monitored from birth to school age by the health visiting team.
- Height and weight measurements for children in Reception (4-5 years) and Year 6 (10-11 years) are part of the National Child Measurement Programme (NCMP) carried out by school nursing team.
- This helps to identify possible growth issues early so action can be taken.

Developmental milestones (infancy)

- Health visitors conduct regular health and development reviews, including checks on developmental milestones, for babies until around age two.
- This helps to identify possible growth issues early so action can be taken.

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C2 HEALTH AND SOCIAL CARE PREVENTION AND PROMOTION

Age-related health checks and screening

Hearing and eyesight (all ages/stages)

- Hearing and vision school screening in Reception (4-5 years) and Year 6 (10-11 years) carried out by school nursing team.
- Remains free up to aged 18 years.
- This helps to identify possible issues early so action can be taken.

NHS Health Check (over 40s)

- The NHS Health Check is a free check-up of overall health usually carried out by practice nurses.
- Done between ages of 40 and 74, every 5 years.
- Blood tests, blood pressure, height and weight measurements, and lifestyle questions are used to determine whether an individual is at higher risk of getting certain health problems, such as: heart disease, diabetes, kidney disease and stroke.
- Individuals are given health and lifestyle information/education based on their risk, or referred for intervention.

Early cancer screening (adulthood)

Early cancer screening involves screening apparently healthy populations for early signs of cancer so action can be taken.

Cervical cancer screening:
Offered to women and people with a cervix aged 25-64. It involves taking a sample of cells from the cervix to check for HPV (a virus linked to cervical cancer) and when necessary to check for changes in those cells that could develop into cancer.

Breast cancer screening:
Offered to women aged 50-70. The screening involves a mammogram, a specialised x-ray of the breast, which can detect early signs of cancer.

Bowel cancer screening:
Offered to people aged 54-74 in England. A stool sample is analysed for early signs of cancer.

Dementia screening (adulthood)

A systematic dementia screening program is not currently used in the UK. However, over-65s are advised of symptoms to look out for at the NHS Health Check and GP doctors may use simple questioning with individuals they may be concerned about.

Health education

Definition

Sharing health-related knowledge to help individuals understand health issues and risks, so they are empowered to make changes to their lifestyle or behaviours to enhance their personal health and wellbeing.

Mental health

- Raising awareness of the risks of poor mental health/benefits of good mental health.
- Empowering individuals across the lifespan to manage their own mental wellbeing.
- Reduces impact of poor mental health (emotional upset, social isolation, poor physical health) on individuals and populations.
- Example:
  - Better Health: Every Mind Matters.

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C2 HEALTH AND SOCIAL CARE PREVENTION AND PROMOTION

Health education

Smoking

- Raising awareness of the risks of smoking to health.
- Empowering individuals across the lifespan to quit smoking.
- Reduces impact of smoking (poor lung health, cancer) on individuals and populations.
- Example:
  - Better Health: Quit Smoking

Alcohol and drugs

- Raising awareness of the risks of alcohol and drug use to health.
- Empowering individuals across the lifespan to drink less alcohol and follow the low risk drinking guidelines, and to avoid misuse of drugs.
- Reduces impact of alcohol (poor cardiovascular and liver health, cancer) on individuals and populations.
- Example:
  - Better Health: Drink Less.

Sexual health

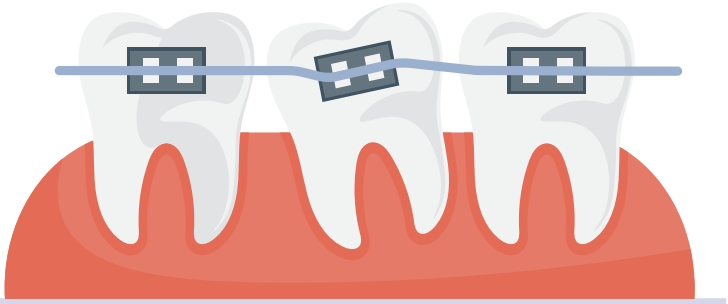
- Raising awareness of the risks of poor sexual health/benefits of good sexual health.
- Empowering individuals across the lifespan to manage their own sexual health.
- Reduces impact of poor sexual health (emotional upset, sexually transmitted infections, unwanted pregnancy) on individuals and populations.

Dental checks

- Raising awareness of the risks of poor oral health/importance of good oral health.
- Empowering individuals across the lifespan to take good care of oral and dental health.
- Reduces impact of poor oral/dental health (dental carries, tooth loss, gum disease, links to systemic diseases e.g. cardiovascular disease, dementia) on individuals and populations.

Accident prevention

- Promoting and raising awareness of safe environments and activities to reduce the risk of accidents.
- Empowering individuals across the lifespan to act in ways to reduce their individual risk of accidents and risks to those they are responsible for or care for.
- Reduces impact of accidents (injuries) on individuals and populations.



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C3 HEALTH AND SOCIAL CARE PROFESSIONALS

Role of nurses

Patient care and support

- Deliver hands-on care: assist with hygiene, mobility, nutrition, and comfort.
- Monitor vital signs and symptoms, report changes in condition.
- Provide emotional support and build trusting relationships with patients.
- Advocate for patient needs and preferences.

Health promotion and education

- Educate individuals and communities on healthy lifestyles and disease prevention.
- Support public health campaigns (e.g. smoking cessation, sexual health).
- Help patients manage long-term conditions (e.g. diabetes, asthma).

Clinical assessment and decision-making

- Carry out routine assessments and observations.
- Recognise signs of deterioration and escalate appropriately.
- In some roles, diagnose conditions and prescribe treatment.

Safeguarding and advocacy

- Identify signs of abuse or neglect and act in line with safeguarding policies.
- Uphold patient dignity, rights, and informed consent.
- Speak up for vulnerable individuals or those with reduced capacity.

Types of nurse

- **Adult Nurse:** work with adults.
- **Mental Health Nurse:** work with individuals with poor mental health and psychiatric disorders.
- **Learning Disability Nurse:** work with individuals with learning disabilities.
- **Children's and Neonatal Nurses:** work with children up to age 18 and newborn infants.
- **Specialist Community Public Health Nurse: Health Visitor (HV):** work with preschool children and families.
- **Specialist Community Public Health Nurse: School Nurse (SN):** work with school age children and families.
- **Specialist Community Public Health Nurse: Occupational Health Nurse (OHN):** work with employers and employees in workplaces.

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C3 HEALTH AND SOCIAL CARE PROFESSIONALS

Role of midwives

Antenatal care

- Monitoring maternal and foetal health.
- Conducting routine check-ups.
- Offering advice on diet, lifestyle, and pregnancy-related concerns.

Labour and delivery

- Providing hands-on support during childbirth, ensuring a safe delivery for both mother and baby.

Postnatal care

- Supporting women in recovery after birth and promoting the health of newborns.

Infant care education

Teaching new mothers about:

- Breastfeeding.
- Safe sleeping practices.
- Recognising signs of illness in newborns.

Emotional support

- Offering reassurance and guidance to expectant and new mothers, particularly those experiencing anxiety or complications.

Referrals

- Collaborating with obstetricians, paediatricians, and other specialists when additional care is needed.

Role of doctors

Diagnosis and treatment

- Assess symptoms, take medical histories, and order tests.
- Diagnose illnesses, injuries, or conditions.
- Prescribe medications and plan appropriate treatments.

Monitoring and follow-up

- Review patient progress and adjust treatment plans as needed.
- Manage long-term and complex conditions (e.g. diabetes, heart disease).
- Refer to specialists when necessary.

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C3 HEALTH AND SOCIAL CARE PROFESSIONALS

Role of doctors

Health promotion and prevention

- Offer advice on healthy lifestyles and disease prevention.
- Provide vaccinations, screenings, and routine check-ups.

Decision-making and leadership

- Review patient progress and adjust treatment plans as needed.
- Manage long-term and complex conditions (e.g. diabetes, heart disease).
- Refer to specialists when necessary.

Types of doctor

- **General practitioner (GP):** working in primary healthcare.
- **Surgeon:** provide operative care.
- **Psychiatrist:** work with individuals with psychiatric disorders.

Role of allied health professionals

Assessment and rehabilitation

- Evaluate individuals' physical, mental, or communication needs.
- Design and deliver personalised rehabilitation plans.
- Help patients regain or maintain independence.

Health promotion and prevention

- Educate patients on lifestyle changes (e.g. diet, mobility, speech strategies).
- Support early intervention to prevent worsening of conditions.
- Promote safe movement and wellbeing in homes, schools, and workplaces.

Specialist interventions

- Provide therapies such as:
  - **Physiotherapy** (mobility and movement).
  - **Occupational therapy** (daily living skills).
  - **Speech and language therapy** (communication/swallowing).
  - **Dietetic advice** (nutrition and special diets).
  - **Radiography** (medical imaging).
  - **Podiatry** (foot and lower limb care).

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C3 HEALTH AND SOCIAL CARE PROFESSIONALS

Role of dentists

- Diagnose and treat issues with teeth, gums, and mouth.
- Carry out procedures like fillings, crowns, extractions, and root canals.
- Lead the dental team and develop treatment plans.
- Educate patients on oral health and disease prevention.

Role of dental hygienists

- Clean teeth and remove plaque and tartar (scale and polish).
- Apply preventative treatments like fluoride or sealants.
- Educate patients on brushing, flossing, and diet for good oral health.
- Monitor early signs of gum disease and refer to the dentist if needed.

Role of social workers

Support individuals and families

- For example when facing challenges such as poverty, abuse, illness, or disability.

Safeguarding

- Protecting vulnerable children and adults from harm and abuse by assessing risk and intervening when needed.

Care planning

- Coordinating care and services to promote wellbeing and independence.

Advocacy

- Advocate for people's rights, ensuring they are treated fairly and with dignity.

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C3 HEALTH AND SOCIAL CARE PROFESSIONALS

Role of care and support workers (domiciliary/residential)

- Assist individuals with daily tasks like washing, dressing, eating, and moving around.
- Provide emotional support and companionship in people's homes or care settings.
- Monitor wellbeing and report concerns to senior staff or health professionals.
- Promote dignity, independence, and person-centred care.

Role of psychologists and counsellors

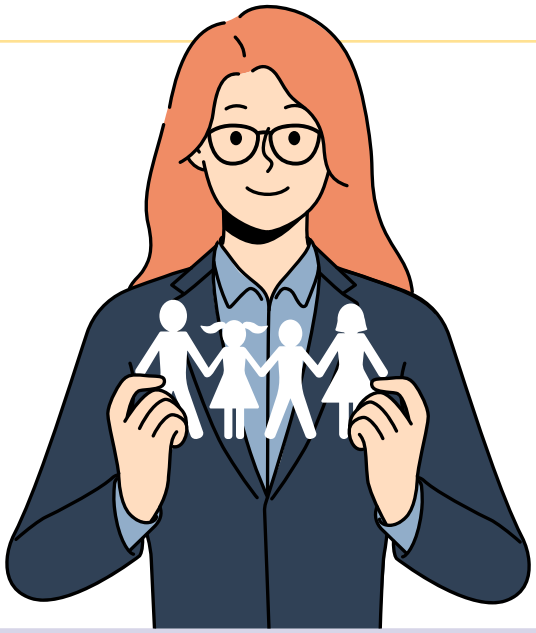
- Help individuals understand and manage emotional, behavioural, or mental health difficulties.
- Use talking therapies and assessments to support wellbeing and coping.
- Support recovery, self-awareness, and positive behaviour change.

Role of youth workers

- Support young people's personal, social, and emotional development between the ages of 11 and 25.
- Run activities, workshops, and drop-ins in youth centres, schools, or communities.
- Provide guidance on education, relationships, health, and wellbeing.
- Build trusting relationships to help young people make positive choices.

Role of social prescribers

- Connect people with non-medical support (e.g. exercise, hobbies, social groups).
- Help tackle issues like loneliness, stress, or long-term condition management.
- Work alongside GPs and healthcare teams to improve overall wellbeing.
- Encourage confidence, social connections, and healthier lifestyles.



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C4 PERSONALISED CARE AND MULTIDISCIPLINARY WORKING

Integrated Care Systems

Definitions

Integrated Care System (ICS): in England this is a local partnership between various health and care organisations (also known as agencies), including the NHS, local authorities (councils), and other community partners, which together take collective responsibility for planning services which are designed to improve health and care and reduce inequalities for a specific regional population.

Multi-agency approach: involves different organisations (like local authorities, health services, police, youth justice, and the third sector) working collaboratively to address the needs of individuals, families, or communities.

Why are they important?

- Individuals often have multiple health conditions and/or care/support needs.
- ICS enables services to be delivered in a more joined up way, to meet the holistic needs of individuals.
- Should improve overall population health, as individuals are less likely to 'fall through gaps' in care.

Person-centred approach

Definition

An approach to care that places the individual at the centre of decisions, respecting their preferences and values.

Holistic care

- Care that considers the full spectrum of a person's needs, including physical, intellectual, emotional and social factors.
- Central to good person-centred care.

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C4 PERSONALISED CARE AND MULTIDISCIPLINARY WORKING

Person-centred approach

Assessment of needs

A structured process used to determine an individual's care needs and identify the most appropriate support and services to meet those needs.

- Starting point for good person-centred care.
- Should be based on activities of daily living (ADLs).

Roper and Tierney activities of daily living (ADLs)

- ADLs are routine tasks essential for personal care and independent living. They can be used to assess an individual's functional ability.
- The Roper, Logan, and Tierney model identifies 12 key activities of daily living (ADLs):

1	Maintaining a safe environment
2	Communication
3	Breathing
4	Eating and drinking
5	Elimination (toileting)
6	Personal cleansing and dressing
7	Controlling body temperature
8	Mobilisation
9	Working and playing
10	Expressing sexuality
11	Sleeping
12	Dying

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C4 PERSONALISED CARE AND MULTIDISCIPLINARY WORKING

Multidisciplinary team (MDT) working

Definitions

A group of healthcare professionals from various disciplines (professions) working together to assess needs and deliver care.

Ways of working

- Collaboration and cooperation.
- Regular meetings.
- Shared information.
- Focus on patient/service user needs.
- Coordinated care.
- Must understand each professional's role, responsibility and accountability.
- Communication must be timely, open and honest.

Shared decision making

- Supporting individuals to make decisions that are right for them.
- A collaborative process through which a professional supports an individual to reach a decision about their care/support/treatment.
- Brings together:
  - The clinician's expertise, such as treatment options, evidence, risks and benefits; and
  - The individual's preferences, personal circumstances, goals, values and beliefs.

Working with families and significant others

- Families, friends and carers are an essential part of the life of someone who needs care and support.
- Working well with families/significant others is an important part of delivering person-centred care:
  - Positive relationships.
  - Good communication.
  - Collaboration.