

FOCUS AWARDS 



**Health and Social Care**

# Assignment 1

- I. You are asked to select a reading book for a three year old. Describe the features you would want within the book in order to foster a child's intellectual ability, such as colour recognition and shape recognition?
  
- II. **How you would design a book. Describe your layout in terms of language images, colours.**
  
- III. **Explain how the proposed book would assist the child's overall development.**

# Unit 1: The National Health Service

## Introduction

The National Health Service Act was passed in 1946 and since the formation of the National Health Service on 5th July 1948, it has provided the majority of healthcare in the United Kingdom. Defined as a:

*"Publicly funded healthcare system in the United Kingdom"*<sup>1</sup>.

The NHS provides healthcare to anyone normally resident in the UK. The majority of services are available free at the point of use such as: primary care, in-patient care, long-term healthcare, ophthalmology and dentistry. Some charges are associated with eye tests, dental care, prescriptions, and most aspects of personal care. Means tested financial relief is available for people with chronic diseases and age related payment exceptions are also available within the system.

Private health care has continued parallel to the NHS, paid for largely by private insurance; it has risen from 5% of the population in 1980 to 11.5% in 2000 but is often viewed as having a top-up function for NHS services. Recently despite some opposition, the private sector hospital and primary care provision has been increasingly paid for out of NHS funding in order to increase the non-urgent delivery capacity<sup>2</sup>.

## Content of the Section:

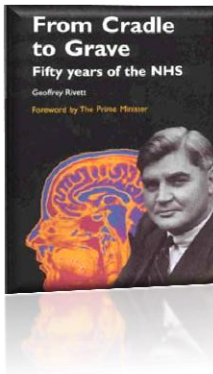
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<sup>1</sup><http://www.wordiq.com/definition/NHS>

<sup>2</sup> [http://www.bma.org.uk/healthcare\\_policy/nhsissuesfaqs.jsp#4](http://www.bma.org.uk/healthcare_policy/nhsissuesfaqs.jsp#4)

- Timeline of the NHS
- Professional Roles in the NHS
- Accident and Emergency Services
- Minor Injuries Unit
- Walk-In Centres

# Time Line History of the NHS



The NHS was born out of a long-held ideal that good healthcare should be available to all, regardless of wealth. This timeline available on <http://www.nhs.uk/Tools/Documents/HistoryNHS.html> as an interactive tool shows what's happened since Aneurin Bevan officially started the National Health Service on July 5 1948.

## **1948 NHS established**

The NHS is born on July 5 1948 out of a long-held ideal that good healthcare should be available to all, regardless of wealth. When health secretary Aneurin Bevan opens Park Hospital in Manchester, it is the climax of a hugely ambitious plan to bring good healthcare to all. For the first time hospitals, doctors, nurses, pharmacists, opticians and dentists are brought together under one umbrella organisation that is free for all at the point of delivery. The central principles are clear: the health service will be available to all and financed entirely from taxation, which means that people pay into it according to their means.

### **1952 Prescription charges introduced**

Charges of one shilling are introduced for prescriptions. Prescription charges of one shilling (5p) are introduced and a flat rate of a pound for ordinary dental treatment is also brought in on June 1 1952. Prescription charges are abolished in 1965, and prescriptions remain free until June 1968 when the charges are reintroduced.

### **1953 DNA structure revealed**

Crick and Watson, two Cambridge scientists, reveal the structure of DNA in Nature Magazine. On April 25 James D Watson and Francis Crick, two Cambridge University scientists, describe the structure of a chemical called deoxyribonucleic acid in Nature magazine. DNA is the material that makes up genes which pass hereditary characteristics from parent to child. Crick and Watson begin their article: "We wish to suggest a structure for the salt of deoxyribonucleic acid (DNA). This structure has novel features which are of considerable biological interest." DNA allowed the study of disease caused by defective genes.

### **1954 Smoking-cancer link established**

Sir Richard Doll establishes a clear link between smoking and lung cancer. In the 1940s, British scientist, Doll, begins research into lung cancer after incidences of the disease rise alarmingly. He studies lung cancer patients in 20 London hospitals, and he expects to reveal that the cause is fumes from coal fires, car fumes or Tarmac. His findings surprise him and he publishes a study in the British Medical Journal, co-written with Sir Austin Bradford Hill, warning that smokers are far more likely than non-smokers to die of lung cancer. Doll gives up smoking two-thirds of the way through his study and lives to be 92.

### **1954 Children get daily visits**

Daily visits gradually introduced for children who, until now, had been allowed to see parents only at the weekend. Children in hospital are often only allowed to see their parents for an hour on Saturdays and Sundays and are frequently placed in adult wards, with little attempt to explain to them why they are there or what is going to happen. Paediatricians, Sir James Spence, in Newcastle, and Alan Moncrieff, at Great Ormond Street, make considerable steps to change this, demonstrating that such separation is traumatic for children. As a result, daily visiting is gradually introduced.

### **1958 Polio and diphtheria vaccinations**

A programme to vaccinate everyone under the age of 15 against polio and diphtheria is launched. One of the primary aims of the NHS is to promote good health, not simply to treat illness, and the introduction of the polio and diphtheria vaccine is a key part of the NHS's plans. Before this programme, cases of polio could climb as high as 8,000 in epidemic years, with cases of diphtheria as high as 70,000, leading to 5,000 deaths. This programme sees everyone under the age of 15 vaccinated and will lead to an immediate and dramatic reduction in cases of both diseases.

### **1960 First kidney transplant**

An Edinburgh doctor, Michael Woodruff, performs the first UK transplant involving an identical set of twins. The first UK transplant takes place at Edinburgh Royal Infirmary on October 30 and involves a set of 49-year-old twins. The procedure is a success, with both donor and recipient living for a further six years before dying of an unrelated illness. Kidney transplants, which for many are a welcome alternative to a lifetime of regular dialysis, now enjoy a high success rate but demand outstrips

## Unit 3:

# Human Growth and Development

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## Human Growth & Development

### Introduction

Human growth and development are the continuous physical, psychological and social processes that occur throughout an individual's life span<sup>3</sup>. All of us develop and grow at particular rates as a result of our individual progress to maturation and our capacity to learn. Our life skills are determined by the opportunities we have to perform the most basic of physical activities to the performance of the most highly complex cognitive functions.

### Content in this Section:

- Definition and Phases of Growth
- Stages of Development
- Life Expectancy
- Quality of Life Issues
- Psychological Health
- Physical Quality
- Poverty in the UK
- Stress Management

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<sup>3</sup>Sudbery, John (2009) Human Growth and Development: An introduction for social workers London Taylor & Francis



# Definitions and Phases of Growth



Growth is the term used to describe the physical changes in height, size and weight over a life span. It is measured on a centile chart<sup>4</sup> which is a graph that plots the individual's expected growth pattern at a specific age. Human growth to maturity takes many years and has a number of phases that can be considered from four perspectives: Childhood (which can be subdivided into infancy, early childhood, preschool and school ages), Adolescence, Adulthood and Later Adulthood.

Childhood begins at *Infancy* which last from birth to eighteen months and during this phase a baby grows from a completely helpless new-born to a child who can lift their head at 3 months, sit unsupported and crawl at 6 months, walk at 16 months and throw or kick a ball at 2 years. Newborn babies grow very quickly; they start by losing some of their birth weight and then gain 18-19 grams per day. At three months of age babies will grow 2.5 – 3.8 centimetres in length, and gain 700 – 900 grams in weight each month. When a baby gets to six months old, this rate of growth begins to slow down to a weight gain of 450 – 600 grams a month. By the time they reach their first birthday, babies have almost tripled their birth weight and measure 25 centimetres.

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<sup>4</sup>[www.nhs.uk/Planners/.../Yourchildsweightandheight.aspx](http://www.nhs.uk/Planners/.../Yourchildsweightandheight.aspx)

In the *Early Childhood* years they continue the growth spurt until they are approximately 10 kilograms for girls and 11 kilograms for boys. Both however, will be around 86 centimetres in length. Around this age, children will become more muscular, due to their increased activity, and have completely lost their babyshape. A *Pre School* child of three is likely to increase by around 1.8 kilograms and measure approximately 5 – 8 centimetres. They continue to steadily grow taller and slimmer but the rate of increase will depend on their genetic makeup and nutritional factors. The *School Age* child (six to twelve years) continues to rapidly increase in height and weight, around 6 centimetres a year with weight gain increasing more rapidly, particularly at 8 – 9 years of age.

*Adolescence* occurs around the age 10 until 19, and both sexes are significantly affected by puberty. With the onset of puberty comes the maturation of both primary sexual organs and secondary characteristics. It normally affects girls between the ages of 8 and 13 and coincides with a rapid growth spurt in which their breasts develop and their hips become more rounded. Menstruation occurs after a girl has reached her peak growth rate height, at approximately 12 ½ years of age. Another 2.5 – 5 centimetres of growth can be expected until they finally reach their adult height at around 15 years of age.

Boys begin puberty later than girls normally between 10 – 13 years and take longer to reach sexual maturity. During this time a boy's penis and testicles will increase in size and begin to produce sperm. Their voice will deepen, the larynx cartilage will get bigger and they will begin to develop pubic hair, underarm and facial hair. Although boys are on average 2 cm shorter than girls before puberty begins, on completion they are on average about 13 cm taller than girls. Most of this sex difference in adult heights is attributable to a later onset of the growth spurt and a slower progression to completion.

*Adulthood* is the post pubescent phase between 20 to 35 years of age where there is no further structural change and when the body is considered to be at its peak of physical health and strength. It is typically associated with sexual maturity and reproductive activity but after 30 years they start to slow down both physically and mentally.

*Later Adulthood* from 35 years onwards involves deteriorating physical changes such as wrinkles, menopause and a dulling of the senses. There is an increased susceptibility to illness, slower recovery times and slower physical and cognitive response rate. From 65 onward, the body continues to change depending on genetic makeup and nutritional factors, with dryer, thinner skin, thinner hair, and bone and muscle loss until death.

## Stages of Development



Development refers to the process of learning new skills and abilities, and acquiring emotional maturity<sup>5</sup>. Although developmental change runs parallel with chronological growth and age, age itself cannot cause development. All developmental changes are the result of both genetic and environmental factors. Genetic factors and diet are in the main responsible for growth and changes in proportion of body and brain parts; whereas environmental factors such as the quality of the diet and disease are responsible for the emotional and cognitive life experiences. However, genetic and environmental factors generally interact with each

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<sup>5</sup>Berk L (2005). *Infants, Children, and Adolescents*. Boston: Allyn & Bacons

other to affect developmental change. Some aspects of development are driven by environmental factors as well as others that are initiated by genetic factors such as allergies. Increased research and interest in human development has resulted in new theories about roles, norms and rules that can powerfully shape family structures.

### **Cognitive Development Theory**

Jean Piaget (1896-1980) was a Swiss biologist who became interested in the intellectual development of children<sup>6</sup>. He theorised that cognitive skills changes were a function of age and relevant experience and could be explained in relation to four distinct and universal thinking stages: Sensorimotor, Preoperational, Concrete and Formal Operational. The sensorimotor stage, which Piaget defines as from birth to approximately two years, is a time when infants have relatively little competence. They have no awareness of objects or people that are not immediately present at any given moment in time. According to Piaget, a lack of permanence means that to an infant, if a person or object has disappeared it is gone forever. The preoperational stage, from two to seven years is the most important period of language development. Preschool children acquire an internal representation of the world that allows them to describe people, events, and feelings but solely from their own perspective. The concrete operational stage lasts from the age of seven to twelve years. School children learn to think in a more logical manner and they begin to overcome some of the egocentric characteristics of the preoperational period. At this stage the important but limited concepts of reversibility and abstract thinking occurs. The formal operational stage begins in most people at age twelve and continues into adulthood. At this stage, thinking is no longer tied to events that can only be observed and problems can be solved using hypothetical and logical thought.

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<sup>6</sup><http://psychology.about.com/od/piagetstheory/a/keyconcepts.htm>

## **Constructivist Theory**

Lev Vygotsky (1896-1934) was a Russian theorist who was interested in the role culture played in child development<sup>7</sup>. He postulated that children learnt through hands on experience and interpersonal interactions within particular cultural groups. He introduced the notion of zone of proximal development; an innovative metaphor capable of describing the distance between the actual development level of a person as determined by independent problem solving and the level of potential development as determined through problem solving under adult guidance or in collaboration with more capable peers. He uses the term scaffolding to describe the changing of the level of support provided to the learner. Over the course of a teaching session, a more-skilled person adjusts the amount of guidance to fit the other's current performance. A two way dialogue is used as an important tool in the zone of proximal development. In any dialogue, the unsystematic, disorganised, and spontaneous concepts of the child are met with the more systematic, logical and rational concepts of the skilled helper in order to guide thinking.

## **Behavioural Theories**

Behavioural theories focus on how environmental interaction influences behaviour and are based upon the work of John Watson (1878 - 1958), Ivan Pavlov (1849-1936) and B. F. Skinner (1904-1990)<sup>8</sup>. These theories deal only with observable behaviours and consider development as a basic automatic response to the environmental rewards, punishments, stimuli and reinforcement. They believe that all behaviour can be explained without the need to consider internal mental states or consciousness. This would mean that a child is ready to attend school when they are capable of responding appropriately to a school environment and can follow instructions from the class teacher or another adult.

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<sup>7</sup>Santrock, J (2004). A Topical Approach to Life-Span Development. Chapter 6 Cognitive Development Approaches (200 – 225). New York, NY: McGraw-Hill.

<sup>8</sup><http://www.learningandteaching.info/learning/behaviour.htm>

## **Maturationist Theory**

Arnold Gesell (1880 -1961) was an American psychologist and paediatrician who believed that development can be explained as a biological process which occurs automatically in predictable and sequential stages over time. He was one of the first psychologists to systematically describe children's physical, social, and emotional achievements, particularly in the first five years of life. In fact, the developmental norms established by Gesell and his colleagues are still used by paediatricians and psychologists today<sup>9</sup>.As a result of this it is thought that children will automatically and naturally acquire knowledge as they become older and grow physically, on the condition that they are healthy. In this respect, if a child is not developmentally ready to attend school for example, maturationists believe that it is in the child's best interest for them to be held back from school for an additional year, until their school readiness is at an appropriate level.

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<sup>9</sup>Gesell, Arnold, Francis Ilg, Louis Bates Ames, and Glenna Bullis. *The Child from Five to Ten*. New York: Harper and Row, 1977.

# Unit 8:

# Abuse

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## Introduction

Abuse is when people mistreat or misuse others in a manner that degrades them, showing no concern for the integrity or innate worth of the individual.<sup>10</sup> Abusers control their victim by manipulating them into submission or compliance with their wishes. It may take many different forms, including physical, sexual, emotional, and verbal abuse. Alternatively they may totally neglect dependent victims, and cause damage by disavowing any responsibilities they may have towards them.

Victims come from a variety of backgrounds and across the lifespan from children through to elders. It occurs in many different environments such as; the home (domestic violence, spouse rape, incest), the workplace (sexual harassment), and in institutional (elder abuse, bullying) and religious and community settings (hate crime).

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<sup>10</sup>[http://www.mentalhelp.net/poc/center\\_index.php?id=2](http://www.mentalhelp.net/poc/center_index.php?id=2)

# Types of Abuse



According to Katheryn Patricelli, becoming aware of the forms that abuse can take help people recognise abusive behaviour. Once it is labelled, people can then begin to take the necessary steps to stop it.<sup>11</sup>

Verbal Abuse occurs when one person uses words and body language to inappropriately criticize another person. Verbal abuse often involves name-calling intended to make the victim feel they are not worthy of respect, and that they do not have any ability or talent. If the victim speaks up against these statements, they are often told that the criticisms were imagined or it's a joke, and they are at fault for not thinking it funny. It is not easily recognised and as a result it can go on for extended periods, causing severe lasting damage to the victim's self-esteem.

Psychological Abuse occurs when one person controls information available to another person in order to manipulate that person's sense of reality. For example, psychological abuse might occur when a violent person blames the victim for causing them to lose their temper. The abuse often contains strong emotionally manipulative content designed to force the victim to comply. It is designed to cause emotional pain to victims in an attempt to gain compliance and counter any resistance.

Physical Abuse occurs when one person uses physical pain or threat of physical force to intimidate another person. Actual physical abuse may

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<sup>11</sup>[http://www.mentalhelp.net/poc/view\\_doc.php?type=doc&id=8476&cn=2](http://www.mentalhelp.net/poc/view_doc.php?type=doc&id=8476&cn=2)



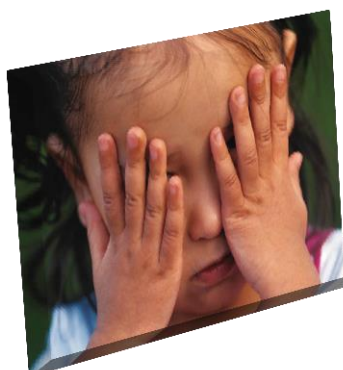
involve simple slaps or pushes, or it may involve a full on physical beating complete with punching, kicking, hair pulling, scratching, and real physical damage which requires hospitalisation or causes death. It is abuse whether bruises or physical damage occurs or not.

Sexual Abuse of children or adults includes any sort of unwanted sexual contact. Molestation, incest, inappropriate touching with or without intercourse, and partner or date rape are all instances of sexual abuse. It is often associated with physical abuse (or threat of physical abuse) and or emotional abuse.

Neglect occurs when a person fails to provide for the basic needs of one or more dependent victims they are responsible for. The idea of neglect presupposes that the neglectful person is capable of being responsible in the first place. It can only happen to dependent persons so it typically involves children or dependent elders who are not taken care of properly by their families or caregivers.

Hate crimes are a type of abuse that involve verbal, physical, emotional, or sexual abuse toward an individual or a group of individuals based solely on some characteristic they may share in common with others such as their religious or sexual affiliations or the colour of their skin. It involves scapegoating by placing blame for something that has occurred or is believed to have occurred on an undeserving individual or group. For example, hate crimes against people involved in the Islamic faith rose in the aftermath of the 9/11 terrorist attacks after it was made clear that the terrorists were Muslims.

# Child Abuse



Child abuse is any form of physical, emotional or sexual mistreatment or neglect that leads to harm.<sup>12</sup> Abuse can happen to children regardless of their age, gender, race or ability. The abusers can be either male or female people who are usually known to and trusted by the child and family. The abuser may well be a family member, but they could also be someone the child encounters in a residential or community setting. An individual may abuse or neglect a child directly, or may be culpable because they fail to prevent another person harming the child.

It's estimated that at least one child dies every week in England and Wales as a result of physical abuse.<sup>13</sup> Babies are particularly vulnerable and are five times more likely to be killed than all other ages. Currently 30,000 children are on the child protection register because health or social services staff are concerned that they are at risk of abuse. It must be remembered that not all abusers intentionally harm their children. Many are inadequate carers as a result of being abused themselves or lack control due to the influence of addictive substances.

Child abuse is more than bruises or broken bones and while it leaves horrible scars, other forms of abuse are less obvious but result in serious emotional harm. The effects are long lasting, damaging a child's sense of self, ability to

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<sup>12</sup>[http://www.nspcc.org.uk/Inform/cpsu/helpandadvice/organisations/defining/definingchildabuse\\_wda60692.html](http://www.nspcc.org.uk/Inform/cpsu/helpandadvice/organisations/defining/definingchildabuse_wda60692.html)

<sup>13</sup>[www.bbc.co.uk/health/physical\\_health/child.../safety\\_abuse.shtml](http://www.bbc.co.uk/health/physical_health/child.../safety_abuse.shtml)

have healthy relationships, and ability to function at home, at work and at school. An abused child will find it very difficult to learn to trust people or to distinguish who is trustworthy. This can lead to fear in maintaining any relationships or proclivity for making unhealthy relationships. The warning signs of abuse are:

- Excessively withdrawn, fearful, or anxious about doing something wrong
- Shows extremes in behaviour either compliant, demanding or aggressive
- Not attached to the parent or caregiver
- Acts inappropriately either adult or infantile.

Severe abuse early in life can lead to reactive attachment disorder.<sup>14</sup>It results in aversion to physical affection; subjects are often disobedient, defiant, and argumentative; have repressive anger; show inappropriate affection to strangers while displaying little or no affection towards their parents; fail to show guilt, regret, or remorse after behaving badly. Children with this disorder are so disrupted that they have extreme difficulty establishing normal relationships and attaining normal developmental milestones. They need special treatment and support.

Physical abuse may be the result of a deliberate attempt to hurt the child, but it can also result from severe discipline. Many physically abusive parents and caregivers insist that their actions are simply forms of discipline or ways to make children learn to behave. However the point of discipline is to teach children right from wrong, it is not unpredictable anger that controls a child with abject fear. The signs are:

- Frequent injuries or unexplained bruises, welts, or cuts.
- Is always watchful and waiting for something bad to happen.

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<sup>14</sup>[www.helpguide.org/.../parenting\\_bonding\\_reactive\\_attachment\\_disorder.htm](http://www.helpguide.org/.../parenting_bonding_reactive_attachment_disorder.htm)

