Child Development revision checklist

- Definition of growth changes to physical size, the skeleton, muscles and the brain, children's height, weight and head circumference.
- How growth is measured and recorded:
 - Personal Child Health Record (PCHR) 'Red Book' tracks progress/records immunisations.
 - Centile charts track height and weight
 - Parents'/carers' own records
 - Two-year-old health check
- Roles and responsibilities of individuals involved in measuring and monitoring growth, to include:
 - Health professionals midwives, health visitors, General Practitioner (GP)
 - Social care social workers, family support workers
 - o Early years educators childminder, nursery manager, key person
 - o Parents/carers.
- Importance of measuring growth:
 - Ensures expected patterns are being followed to highlight potential issues at an early stage
 - Steady weight gain is a sign children are healthy and feeding well; poor weight gain is a sign of illness
 - Centile charts show average weight and height gain for children at different ages 6–9
 months rapid weight gain, 1–2 years slower weight gain as child is more active,
 - Over 2 years height and weight is measured to check if child is overweight or underweight and advice given on diet and physical activity
- Cognitive and intellectual development thinking and learning development of information processing, memory, problem-solving skills:
 - o Development of the senses sight, sound, touch, taste and smell
 - o 3 months increasing attention span, recognises familiar routines
 - 6 months recognises familiar objects and people, responds to pitch and tone of carer's voice, explores objects with hands and mouth, weaning onto solid food
 - 9 months recognises and smiles at own face in a mirror, looks for a dropped toy, enjoys peekaboo, songs and rhymes
 - o 12 months knows own name, imitates actions (claps hands, waves goodbye).
 - 18 months knows names and can point to parts of the body, very curious, remembers where things belong
 - 2 years recognises pictures in a book, enjoys simple make-believe play
 - o 2 years, 6 months knows own full name, asks the name of people and objects.
- Communication and language development speaking, listening and understanding:
 - o Development of speech sounds and language, listening and attention, social skills
 - o Baby cries in expressive ways for needs to be attended to
 - o 6 weeks smiles

- 3 months stops crying when picked up, coos, turns head to familiar adult voice
- o 6 months babbling sounds, laughs and giggles, vocalises in turn with an adult
- 9 months tuneful babbling: baba, dada, mama, joins in actions of pat-a-cake
- 12 months first words, points to things they want, copies sounds, understands simple words and two-word instructions
- o 15 months vocabulary increases, usually names of familiar things and people.
- Physical development gross motor skills: large movement of limbs; fine motor skills: movement of fingers, developing hand-eye coordination:
 - Sequence of development from head to foot, inward to outward; from reflexes to control of body and movement infant reflexes – rooting and sucking, startle reflex, grasping reflex, walking reflex
 - o 3 months reflexes disappear, lifts head and shoulders, watches fingers move
 - o 6 months rolls and turns, sits with support, holds a toy in whole hand
 - o 9 months sits, crawls, stands, passes a toy from one hand to the other, drinks from a cup with help
 - 12 months walks with one hand held, picks up small objects with finger and thumb, independent in finger feeding
 - o 15 months first steps walking alone, grasps crayon in either hand and scribbles.
- Emotional development developing trust, independence and emotional resilience:
 - o 18 months mood swings from dependence to independence, beginning to show empathy
 - 2 years demand needs are met immediately, cannot wait for attention, tantrums if frustrated but can be distracted
 - 2 years, 6 months develops self-identity, learning to cope with emotions and strong feelings, tests boundaries set by adults.

Physical factors

- Factors in pregnancy affecting child prenatal and maternal nutrition/exercise, effects of parental smoking, drug or alcohol use, premature/low birth weight.
- Disabilities/additional needs hearing impairment, visual impairment, cerebral palsy, Down's syndrome.
- Health status chronic illness (asthma, eczema), repeated short-term illness (colds, ear infections, vomiting and diarrhoea), obesity.
- Benefits of healthy balanced diet, effects of nutritional deficiencies (vitamins, minerals), effects of unhealthy diet.
- Amount of exercise.

• B2 Environmental factors

 Housing – positive aspects of housing (warm, dry, own space); experiencing housing needs (damp housing, overcrowding), temporary accommodation, access to garden, space to play. Home environment – stable support from parents, contact with extended family, living with parental conflict, parents' mental or physical health, effects of exposure to drugs, alcohol or smoking.

B3 Social factors

- Effects of discrimination (disability, race, home situation).
- Effects of relationships with primary carers (parents/carers, early years practitioners), quality of warmth, affection and attention received.
- o Effects of siblings new baby, number of siblings, no siblings, step-siblings.
- Effects of relationships with extended family and friends grandparents, step-relatives, aunts and uncles, close friends.

B4 Financial factors

- Low income poverty, unemployed families, more contact with parents, food banks, free school meals, funding for childcare (vouchers).
- High income parental pressure of work, less contact with parents, extra resources and toys, extra opportunities, experience of travel.
- Access to services health services (dentist, health visitor), early years education (preschool, nursery) and experiences (parent and baby singing groups, sports clubs, parent and tots groups).

Revision

Look at Child development team's account

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