

Health & Social Care Curriculum Overview

Curriculum Intent

The fundamental purpose of the Health and Social Care course is to empower all students - regardless of ethnic background and academic ability - to access the content and develop their understanding of the subject through exploring deeper learning experiences and promote students to reach their full potential holistically.

To do this, we must:

- Foster inquisitiveness and maintain pupil engagement and enjoyment in Health and Social Care.
- Develop reflective learning for all pupils by promoting an awareness of the wider implications of Health and Social Care for the individual, the community and the wider world.
- Implement flexible teaching and learning practices and build resources that allow pupils to be ambitious, courageous and confident in both their classroom experiences and during independent learning.
- Provide pupils with skills for life (communication, inter-personal, ICT, emotional/wellbeing awareness, employability and critical thinking) thus enabling them to become skilled 21st Century citizens.
- Delve deeper into the subject of Health and Social Care, giving students access to key roles existing in current Health and Social Care provision.

Year 9 Health & Social Care Curriculum Overview

Autumn 1	Autumn 2	Spring 1	Spring 2	Summer 1	Summer 2
<p>Introduction to Y9</p> <ul style="list-style-type: none"> • Induction into BTEC • Introduction to HSC as a subject • Guided ICT practical training • Practice assignment 	<p>Begin Component 1 Human Lifespan and Development</p> <p>Learning aim A: Understand human growth and development across life stages and the factors that affect it .</p> <p><i>A1: Human growth and development across life stages</i></p> <p>Students learn about life stages and their expected key characteristics in each of the PIES classifications:</p> <ul style="list-style-type: none"> - Infancy (0-2) - Early Childhood (3-8) - Adolescence (9-18) - Early adulthood (19-45) - Middle adulthood (46-65) - Later adulthood (65+) <p>Students to learn about PIES characteristics:</p> <p>Infancy</p> <ul style="list-style-type: none"> - physical: rapid physical growth of weight and height, development of gross and fine motor skills, following the same pattern of growth and development but at different rates – intellectual: rapid development of language and thinking skills such as memory/recall - emotional: attachments are formed, emotional wellbeing is based on bonding/attachment, security and contentment – social: strong dependence on adults/carers, socialisation through family, engage in solitary play <p>Childhood</p> <p>physical: continued growth of weight and height, mastery of gross</p>		<p><i>A2: Factors affecting growth and development</i></p> <p>Physical factors</p> <p>inherited conditions – sickle cell disease, cystic fibrosis, muscular dystrophy, Marfan syndrome and Huntington’s disease, experience of illness and disease, mental ill health – anxiety, stress, physical ill health</p> <ul style="list-style-type: none"> - cardiovascular disease, obesity, type 2 diabetes, disabilities, sensory impairments. <p>Lifestyle factors</p> <p>Nutrition, physical activity, smoking, alcohol, substance misuse.</p> <p>Emotional factors Fear, anxiety/worry, upset/sadness, grief/bereavement, happiness/contentment, security attachment.</p> <p>Social factors</p> <p>supportive and unsupportive relationships with others –</p>	<p><i>B1 Different types of life event</i></p> <p>Health and wellbeing: accident/injury physical illness mental and emotional health and wellbeing.</p> <p>Relationship changes : entering into relationships marriage, civil partnership, long-term relationship divorce, separation for non-married couples parenthood bereavement.</p> <p>Life circumstances: moving house, school or job exclusion from education redundancy imprisonment changes to standards of living retirement.</p> <p>Case study practice <i>Sabah and Bilal</i></p> <p>Develop analysis and application skills required in controlled assessment and examination</p> <p>This can be used as formal assessment.</p>	<p><i>B2 Coping with change caused by life events</i></p> <p>The character traits that influence how individuals cope : resilience self-esteem emotional intelligence disposition – a person’s character traits, e.g. positive, negative.</p> <p>The sources of support that can help individuals adapt family, friends, neighbours, partners professional carers and services community groups, voluntary and faith-based organisations multi-agency working, e.g. social services working with mental health trust, children’s services working with the justice system multidisciplinary working, e.g. a health visitor working with a GP.</p> <p>The types of support that can help individuals adapt emotional support information, advice, endorsed apps practical help – financial assistance, support with childcare,</p>

	<p>and fine motor skills – intellectual: increased curiosity, language fluency develops, strong grasp of memory/recall – emotional: increased independence, wider range of relationships are formed, emotional wellbeing is based on attachment, security and contentment – social: social circle widens and close friendships are formed, socialisation continues through family and also friends/carers, social play develops</p> <p>Adolescence – physical: onset of puberty, differences between males and females, primary and secondary sexual characteristics – intellectual: complex and abstract thinking develops – emotional: independence increases further, more freedom to make own decisions, concerns over self-image and self-esteem may increase, emotional wellbeing is based on attachment, security and contentment – social: wide range of formal/informal relationships develop and have influence, intimate relationships are formed.</p> <p>Early adulthood physical: peak physical fitness, full height reached, sexual maturity reached, women at their most fertile – intellectual: mastery of abstract and creative thinking, careers become important, may return to education – emotional: independent living and control over own lives, emotional wellbeing is based on attachment, security and contentment – social: intimate and long-lasting relationships are formed.</p> <p>Middle adulthood – physical: at the end of this life stage the ageing process begins, menopause occurs for women – intellectual: can use knowledge and experience for complex decision making, may retire – emotional: may experience changes in self-image and self-esteem linked to retirement or ageing process, emotional wellbeing is based on attachment, security and contentment – social: may have more time to socialise</p> <p>Later adulthood – physical: ageing process continues, decline in strength and fitness, loss of mobility, loss of muscle tone and skin elasticity – intellectual: may experience decline in cognitive ability such as loss of memory/recall – emotional: may start to become more dependent on others, emotional wellbeing is based on attachment, security and contentment – social: may experience bereavement and reduction of social circle.</p>	<p>friends, family, peers and colleagues, social inclusion and exclusion, bullying, discrimination</p> <p>Cultural factors religion gender roles and expectations gender identity sexual orientation community participation race</p> <p>Environmental factors housing needs, conditions, location home environment exposure to pollution – air, noise and light</p> <p>Economic factors employment situation financial resources – income, inheritance, savings.</p> <p>Watch UP to develop an understanding of how people react to different life events.</p> <p>Case study practice <i>Factors and PIES</i></p> <p>Develop analysis and application skills required in controlled assessment and examination</p>		<p>domestic chores, transport.</p> <p>PSA practice Ana and PIES (task 3a)</p>
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<p>Deeper Learning Experiences</p> <p>Look after an egg - caregiver challenge</p>	<p>Watch: Jack Inside Out Watch Old People's Home for 4 Year Olds</p> <p>Create: Board game for children</p> <p>Visit: Local nursery Local care home</p>	<p>Watch: Up</p>	<p>Watch: Harvey Price documentary</p> <p>Create: Residential care home/ SEND school for Harvey</p>
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Year 10 Health & Social Care Curriculum Overview

Autumn 1	Autumn 2	Spring 1	Spring 2	Summer 1	Summer 2
<p>Recap of Component 1 Human Lifespan and Development</p> <p>PIES and life stages baseline assessment Factors</p> <p>Life events and ways to cope</p> <p>Release of Component 1 PSA (usually late September) Prep for controlled assessment</p> <ul style="list-style-type: none"> - Ensure all conditions are understood - Ensure understanding of specific life stages - Ensure understanding of specific life event - Practice comparison between life stages (similarities and differences) <p>The assignment for this component consists of four tasks. In response to Task 1, learners will demonstrate their knowledge and understanding of the PIES growth and development through the life stages.</p> <p>In response to Task 2, learners will demonstrate their knowledge</p>		<p>Introduction to Component 2 Health and Social Care Services and Values</p> <p>Introduce students to types of services by completing 'My Health Passport' project</p> <p>A1 Healthcare services</p> <p>Health conditions: arthritis cardiovascular conditions – coronary heart disease, cerebral vascular accident diabetes (type 2) dementia obesity respiratory conditions – asthma, chronic obstructive pulmonary disease (COPD), cystic fibrosis additional needs – sensory impairments, physical impairments, learning disability.</p> <p>Watch Five Feet Apart and look</p>	<p>Continuation of Health services available</p> <p>secondary care – specialist medical care to include rheumatology, respiratory medicine, cardiology, endocrinology tertiary care – specialist medical care to include oncology, transplant services</p> <p>allied health professions – physiotherapy, speech and language therapy, occupational therapy, dietetics</p> <p>multidisciplinary team working – how services work together, including referrals between services.</p> <p>A2 Social care services</p>	<p>Barriers to accessing services.</p> <p>Physical barriers – issues getting into and around the facilities: – ways to overcome physical barriers: ramps, wider doorways, accessible toilets/rooms, stair lifts, hoists</p> <p>Barriers to people with sensory disability – hearing and visual difficulties: – ways to overcome sensory barriers: hearing loops, British Sign Language (BSL) interpreters, communication cards, large print leaflets, braille leaflets, staff collecting vulnerable service users from waiting areas</p> <p>Barriers to people with different social and cultural backgrounds – lack of</p>	<p>B1 Skills and attributes in HSC</p> <p>Skills: problem solving observation dealing with difficult situations organisation. Attributes: empathy patience trustworthiness Honesty</p> <p>B2 Values in health and social care The 6 Cs:</p> <p>B3 The obstacles individuals requiring care may face Potential obstacles and their impact on the individual: o emotional/psychological – lack of motivation, low self-esteem, acceptance of current state, anxiety, stress, time constraints – work and family</p>

<p>and understanding of the impact of different factors on PIES growth and development through the life stages.</p> <p>In response to Task 3a, learners will demonstrate their knowledge and understanding of the impact of life events on PIES growth and development.</p> <p>In response to Task 3b, learners will demonstrate their knowledge and understanding of how individuals adapt to life events.</p> <p>Timings of Controlled Assessment are not set-in-stone - must be flexible depending on cohort however all tasks must be completed and marked and verified by mid-December</p> <p>Deadline usually December 15th</p> <ul style="list-style-type: none"> - Marking must be completed before the deadline and all work to be internally verified (IV'd) in line with BTEC Policy and HSC assessment plan. 	<p>at how cystic fibrosis affects PIES development and who is involved in the care.</p> <p>Health services available : primary care – GP surgeries, dental care, out-of-hours services, telephone services, accident and emergency departments</p>	<p>Social care – help with day-to-day living because of illness, vulnerability or disability.</p> <p>Social care services: services for children and young people – foster care, residential care, youth work services for adults or children with specific needs (learning disabilities, sensory impairments, long-term health issues) – residential care, respite care, domiciliary care services for older adults – residential care, domiciliary care.</p> <p>Additional care: informal care – given by relatives, friends, neighbours, partners voluntary care – community groups and faith-based organisations, charities.</p>	<p>awareness, differing cultural beliefs, social stigma, fear of loss of independence: – ways to overcome social and cultural barriers: awareness campaigns, posters and leaflets, well women and well men clinics, choice of service provider (e.g. if a male or female is preferred), collaboration with community and faith groups</p> <p>Barriers to people that speak English as an additional language or those who have language or speech impairments: – ways to overcome language barriers: literature in other languages, face-to-face and telephone interpretation services, health and wellbeing group meetings for speakers of other languages, longer appointments, use of advocates, staff training and awareness of common speech and language difficulties</p> <p>Geographical barriers – distance of service provider, poor transport links: – ways to overcome geographical barriers: local community transport schemes for disabled or elderly service users, home/community visits, community clinics, telehealth schemes</p> <p>Barriers for people with learning disabilities: – ways to overcome intellectual barriers: use of Health Passports and All About Me documents, use of advocates, use of Learning Disability Nurses (LDNs) and support workers, 'Quiet Clinics', quiet waiting areas, longer</p>	<p>commitments, availability of resources – financial, equipment, amenities, unachievable targets – unachievable for the individual or unrealistic timescale, lack of support – from family and friends, other factors specific to individual – ability/disability, health conditions, addiction</p> <p><i>B4 The benefits to individuals of the skills, attributes and values in health and social care practice</i></p> <p>Individuals will: be supported to overcome their own personal obstacles receive high quality care, receive person-centred care based on individual wishes , be treated with respect , not be discriminated against o be empowered and have independence , be involved in care decisions, be protected from harm, feel comfortable to raise complaints, have their dignity and privacy protected, have their confidentiality protected ,have their rights promoted.</p>
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	Create: My Health Passport Watch: Five Feet Apart			

Year 11 Health & Social Care Curriculum Overview

Autumn 1	Autumn 2	Spring 1	Spring 2	Summer 1	Summer 2
<p>Recap of Component 2 HSC Services and Values</p> <p>Health care services and MDTs Social care services and MDTs Barriers</p> <p>Skills and attributes Overcoming obstacles</p> <p>Release of Component 2 PSA (usually late September) Prep for controlled assessment</p> <ul style="list-style-type: none"> - Ensure understanding of health care services - Ensure understanding of social care services - Ensure understanding of barriers and obstacles - Ensure understanding of skills and attributes relevant to PSA <p>The assignment for this component consists of five tasks.</p> <p>In response to Task 1, learners will demonstrate their knowledge and understanding of how health care services work together to meet the needs of an individual.</p> <p>In response to Task 2, learners will demonstrate their knowledge and understanding of how social care services meet the needs of an individual.</p>		<p>Introduction to Component 3</p> <p>LAA: Factors that affect health and wellbeing (ALL PREVIOUSLY STUDIED IN Y9-10)</p> <p>Physical Factors</p> <p>Lifestyle factors</p> <p>Social factors</p> <p>Cultural factors</p> <p>Economic factors</p> <p>Environmental factors</p>	<p>LAB Interpreting health indicators</p> <p>B1 Physiological indicators and risks</p> <p>Pulse Blood Pressure BMI</p> <p>B2 Lifestyle indicators</p> <p>Nutrition Physical activity Smoking Alcohol Substance misuse</p> <p>LAC Person centred approach</p> <p>Needs, wishes, circumstances</p> <p>Benefits of person centred approach</p>	<p>C2 Recommendations and actions to improve health and wellbeing Established recommendations for helping to improve health and wellbeing: improving resting heart rate and recovery rate after exercise improving blood pressure maintaining a healthy weight eating a balanced diet getting enough physical activity, quitting smoking, sensible alcohol consumption and stopping substance misuse. Support available</p> <p>C3 Barriers and obstacles to following recommendations</p> <p>Barriers</p> <ul style="list-style-type: none"> - Physical - Sensory - Social/cultural - Communication - Geographical - Resource barriers - Financial <p>Obstacles Emotional/psychological</p> <ul style="list-style-type: none"> - Time constraints 	<p>Study Leave</p>

<p>In response to Task 3, learners will demonstrate their knowledge and understanding of barriers an individual could face when accessing services in health or social care.</p> <p>In response to Task 4, learners will demonstrate their knowledge and understanding of how health care professionals demonstrate the skills, attributes and values when delivering care to an individual.</p> <p>In response to Task 5, learners will demonstrate their knowledge and understanding of how the skills, attributes and values of care professionals can help an individual to overcome potential obstacles.</p> <p>Timings of Controlled Assessment are not set-in-stone - must be flexible depending on cohort however all tasks must be completed and marked and verified by mid-December</p> <p>Deadline usually December 15th</p> <ul style="list-style-type: none"> - Marking must be completed before the deadline and all work to be internally verified (IV'd) in line with BTEC Policy and HSC assessment plan. 			<ul style="list-style-type: none"> - Availability of resources - Unachievable targets - Lack of support <p>Exam Prep and Revision</p>	
	<p>Watch: Bend It Like Beckham - culture and gender stereotypes</p>	<p>Watch: 4 Good Days - substance abuse</p>		

Year 12 Health & Social Care Curriculum Overview

Term 1	Term 2	Term 3	Term 4	Term 5	Term 6
Transition Introduction to BTEC Health and Social Care, expectations, course layout and baseline assessment.					
Unit 1: Human Lifespan and Development Learning Aim A: Human growth and development through the life stages Learning Aim B: Factors affecting human growth and development	Unit 1: Human Lifespan and Development Learning Aim C: Effects of ageing Revision for Unit 1 exam in January	Unit 2: Working in Health and Social Care Learning Aim A: Roles and responsibilities of people who work in the health and social care sector	Unit 2: Working in Health and Social Care Learning Aim B: Roles of organisations in the health and social care sector	Unit 2: Working in Health and Social Care Learning Aim C: Working with people with specific needs in the health and social care sector	Unit 5: Meeting Individual Care and Support Needs Learning Aim A: Examine principles, values and skills, which underpin meeting the care and support needs of individuals.

Year 13 Health & Social Care Curriculum Overview

Term 1	Term 2	Term 3	Term 4	Term 5	Term 6
Unit 5: Meeting Individual Care and Support Needs Learning Aim B: Examine the ethical issues involved when providing care and support to meet individual needs. Learning Aim C: Investigate the principles behind enabling individuals with care and support needs to overcome challenges.	REVISION Unit 2: Working in Health and Social Care exam in January Learning Aim A: Roles and responsibilities of people who work in the health and social care sector Learning Aim B: Roles of organisations in the health and social care sector Learning Aim C: Working with people with specific needs in the health and social care sector	Unit 5: Meeting Individual Care and Support Needs Learning Aim D: Investigate the roles of professionals and how they work together to provide the care and support necessary to meet individual needs.	Unit 10: Sociological Perspectives Learning Aim A: Understand how sociological concepts and perspectives are applied to the study of health and social care. Learning Aim B: Examine how sociological approaches support understanding of models and concepts of health.	Unit 10: Sociological Perspectives Learning Aim C: Examine how social inequalities, demographic change, and patterns and trends affect health and social care delivery. REVISION Unit 2: Working in Health and Social Care exam in May (for students who didn't achieve data target in January series)	Study Leave