

Health sciences (health and social care and child development)

Skill

Health & Social Care and Child Development focus on the knowledge and skills required to work in these sectors. This involves knowing how people develop physically, intellectually, emotionally and socially throughout their life, as well as the values and principles that underpin professional practice such as the 6Cs: care, compassion, competence, communication, courage and commitment. Issues such as safeguarding are considered as are the laws, policies and procedures that are put in place to protect both professionals and the individuals being cared for.

Character

Health & Social Care and Child Development are about developing students who care. They are about building respect and tolerance for uniqueness, and an understanding that some people in society are more vulnerable and require compassion and support. They are also about betterment. How can I be better at providing care? How can care make life better for others?

Experiences

At Sixth Form work experience is an important part of the courses to see the theory in practice, and to further develop important skills like communication. Every child will experience completing a report tailored to an individual child, adolescent or adult. Students will experience conducting primary and secondary research, analysing their findings to draw conclusions and make recommendations.

Criticality

There is a key focus on how knowledge can be applied in real life. Is this the best way to provide care for this person? Is this practical? Is it appropriate for their individual needs? It requires students to think about different people's life experiences and to be able to empathise –to put themselves in someone else's shoes.

Programme of study to start September 2019

	Autumn 1	Autumn 2	Spring 1	Spring 2	Summer 1	Summer 2
Current Year 9	Component 2 A1 Health and social care services	A2 Barriers to accessing services	B1 Care values	B2 Reviewing own application of care values	Component 1 A1 Human growth and development across life stages Main life stages & PIES growth and development in the main life stages	A1 Human growth and development across life stages Main life stages & PIES growth and development in the main life stages
Current Year 10	Component 2 A1 Health and social care services	A2 Barriers to accessing services	B1 Care values	B2 Reviewing own application of care values	Component 1 A1 Human growth and development across life stages Main life stages & PIES growth and development in the main life stages	B1 Different types of life event Life events are expected or unexpected events that occur in an individual's life
Current Year 11	Component 3 A1 Factors affecting health and wellbeing B2 Lifestyle indicators	C Person-centred health and wellbeing improvement plans Mock Exams	Revision for February Component Three exam Component 2 A1 Health and social care services A2 Barriers to accessing services B1 Care values	Component 2 A1 Health and social care services A2 Barriers to accessing services B1 Care values B2 Reviewing own application of care values	Component 1 A1 Human growth and development across life stages A2 Factors affecting growth and development B1 Different types of life event B2 Coping with change caused by life events	

			B2 Reviewing own application of care values			
Year 12	<p>Unit 1 Learning A Human growth and development through the life stages</p> <p>Unit 5 Learning aim A: Examine principles, values and skills which underpin meeting the care and support needs of individuals</p>	<p>Unit 1 Learning Aim B Factors affecting human growth and development</p> <p>Unit 5 Learning aim B: Examine the ethical issues involved when providing care and support to meet individual needs</p>	<p>Unit 1 Learning Aim B Factors affecting human growth and development</p> <p>Unit 5 Learning aim C: Investigate the principles behind enabling individuals with care and support needs to overcome challenges</p>	<p>Unit 1 Learning aim B Factors affecting human growth and development</p> <p>Unit 5 Learning aim C: Investigate the principles behind enabling individuals with care and support needs to overcome challenges</p>	<p>Unit 1 C2 The psychological changes of ageing</p> <p>Unit 5 Learning aim D: Investigate the roles of professionals and how they work together to provide the care and support necessary to meet individual needs</p>	<p>Unit 1 C2 The psychological changes of ageing</p> <p>Unit 5 Learning aim D: Investigate the roles of professionals and how they work together to provide the care and support necessary to meet individual needs</p>

Year 9, 10 and 11 fundamentals

Term and topic:	Fundamental knowledge	Entitlement vocabulary
Current Year 9 & 10 Vertical class Autumn term: Component Two	<ul style="list-style-type: none"> • A1 Health and social care services Learners will explore the health and social care services that are available and why individuals may need to use them. • Different health care services and how they meet service user needs: <ul style="list-style-type: none"> o primary care, e.g. GPs, dental care, optometry, community health care o secondary and tertiary care, e.g. specialist medical care o allied health professionals, e.g. physiotherapy, occupational therapy, speech and language therapy, dieticians. • Different social care services and how they meet service user needs: <ul style="list-style-type: none"> o services for children and young people, e.g. foster care, residential care, youth work o services for adults or children with specific needs (learning disabilities, sensory impairments, long-term health issues), e.g. residential care, respite care, domiciliary care o services for older adults, e.g. residential care, domiciliary care o the role of informal social care provided by relatives, friends and neighbours. • A2 Barriers to accessing services Learners will explore barriers that can make it difficult to use these services and how these barriers can be overcome. • Types of barrier and how they can be overcome by the service providers or users: <ul style="list-style-type: none"> o physical barriers, e.g. issues getting into and around the facilities o sensory barriers, e.g. hearing and visual difficulties o social, cultural and psychological barriers, e.g. lack of awareness, differing cultural beliefs, social stigma, fear of loss of independence o language barriers, e.g. differing first language, language impairments o geographical barriers, e.g. distance of service provider, poor transport links o intellectual barriers, e.g. learning difficulties o resource barriers for service provider, e.g. staff shortages, lack of local funding, high local demand o financial barriers, e.g. charging for services, cost of transport, loss of income while accessing services. 	
Current Year 9 & 10 Vertical class Component Two spring term:	<ul style="list-style-type: none"> • B1 Care values Learners will explore and practise applying the different care values that are key to the delivery of effective health and social care services. • Care values: <ul style="list-style-type: none"> o empowering and promoting independence by involving individuals, where possible, in making choices, e.g. about treatments they receive or about how care is delivered 	

	<ul style="list-style-type: none"> o respect for the individual by respecting service users' needs, beliefs and identity o maintaining confidentiality (when dealing with records, avoiding sharing information inappropriately, e.g. gossip) o preserving the dignity of individuals to help them maintain privacy and self-respect o effective communication that displays empathy and warmth o safeguarding and duty of care, e.g. maintaining a healthy and safe environment, keeping individuals safe from physical harm <ul style="list-style-type: none"> • promoting anti-discriminatory practice by being aware of types of unfair discrimination and avoiding discriminatory behaviour. • B2 Reviewing own application of care values Learners will reflect on own application of care values, including using teacher or service-user feedback. • Key aspects of a review: <ul style="list-style-type: none"> o identifying own strengths and areas for improvement against the care values o receiving feedback from teacher or service user about own performance o responding to feedback and identifying ways to improve own performance. 	
<p>Current Year 9 & 10 Vertical class</p> <p>summer term: Component One</p>	<ul style="list-style-type: none"> • A1 Human growth and development across life stages Learners will explore different aspects of growth and development across the life stages using the physical, intellectual, emotional and social (PIES) classification. Main life stages: <ul style="list-style-type: none"> • infants (birth to 2 years) • early childhood (3–8 years) • adolescence (9–18 years) • early adulthood (19–45 years) • middle adulthood (46–65 years) • later adulthood (65+ years). 	

Term and topic:	Fundamental knowledge	Entitlement vocabulary
<p>Year 10 autumn term: Component One</p>	<ul style="list-style-type: none"> • PIES growth and development in the main life stages: <ul style="list-style-type: none"> physical growth and development across the life stages, including gross and fine motor skills, growth patterns, primary and secondary sexual characteristics, menopause, loss of mobility, muscle tone/strength and skin elasticity intellectual/cognitive development across the life stages, including language development, problem solving, abstract and creative thinking, development/loss of memory and recall 	

Year 10 spring term:	<ul style="list-style-type: none"> • B1 Different types of life event Life events are expected or unexpected events that occur in an individual's life. Learners will explore the different events that can impact on people's physical, intellectual, emotional and social development. • Physical events, to include: <ul style="list-style-type: none"> o accident/injury o ill health. • Relationship changes, to include: <ul style="list-style-type: none"> • entering into relationships • marriage • divorce • parenthood • bereavement. • Life circumstances, to include: <ul style="list-style-type: none"> • moving house, school or job • exclusion from education • redundancy • imprisonment • retirement. • emotional development across the life stages, including bonding and attachment, independence and self-esteem, security, contentment, self-image • social development across the life stages, including the formation of relationships with others and the socialisation process. 	
Year 10 summer term:	<ul style="list-style-type: none"> • B2 Coping with change caused by life events Learners will explore how individuals can adapt or be supported through changes caused by life events. People may react very differently to the same type of event. • How individuals adapt to these changes. • Sources of support: <ul style="list-style-type: none"> o family, friends, partners o professional carers and services o community groups, voluntary and faith-based organisations. • Types of support <ul style="list-style-type: none"> o emotional o information and advice o practical help, e.g. financial assistance, childcare, transport 	

Term and topic:	Fundamental knowledge	Entitlement vocabulary
Current Year 11 autumn term:	<ul style="list-style-type: none"> • A1 Factors affecting health and wellbeing Learners will explore how factors can affect an individual's health and wellbeing positively or negatively. This links to, and extends, knowledge and understanding of life events 	

Component Three

covered in Component 1, but here the focus is on health and wellbeing.

- Definition of health and wellbeing: a combination of physical health and social and emotional wellbeing, and not just the absence of disease or illness.
- Physical and lifestyle factors that can have positive or negative effects on health and wellbeing: o genetic inheritance, including inherited conditions and predisposition to other conditions o ill health (acute and chronic) o diet (balance, quality and amount) o amount of exercise o substance use, including alcohol, nicotine, illegal drugs and misuse of prescribed drugs o personal hygiene.
- Social, emotional and cultural factors that can have positive or negative effects on health and wellbeing: o social interactions, e.g. supportive/unsupportive relationships, social integration/isolation o stress, e.g. work-related o willingness to seek help or access services, e.g. influenced by culture, gender, education.
- Economic factors that can have positive or negative effects on health and wellbeing: o financial resources.
- Environmental factors that can have positive or negative effects on health and wellbeing: o environmental conditions, e.g. levels of pollution, noise o housing, e.g. conditions, location.
- The impact of life events relating to relationship changes and changes in life circumstances.
- B2 Lifestyle indicators Learners will interpret lifestyle data in relation to risks posed to physical health.
- Interpretation of lifestyle data, specifically risks to physical health associated with:
 - o smoking
 - o alcohol consumption
 - o inactive lifestyles.

C Person-centred health and wellbeing improvement plans

C1 Health and wellbeing improvement plans Learners will explore the features of health and wellbeing improvement plans. It links to, and consolidates, knowledge and understanding from Component 2, in particular support services and also care values in terms of the need for a person-centred approach.

- The importance of a person-centred approach that takes into account an individual's needs, wishes and circumstances.

- Information to be included in plan: o recommended actions to improve health and wellbeing o short-term (less than six months) and long-term targets o appropriate sources of support (formal and/or informal).

C2 Obstacles to implementing plans Learners will explore the obstacles that individuals can face when implementing these plans and how they may be mitigated.

	<ul style="list-style-type: none"> • Potential obstacles: <ul style="list-style-type: none"> o emotional/psychological – lack of motivation, low self-esteem, acceptance of current state o time constraints – work and family commitments o availability of resources – financial, physical, e.g. equipment o unachievable targets – unachievable for the individual or unrealistic timescale o lack of support, e.g. from family and friends o other factors specific to individual – ability/disability, addiction o barriers to accessing identified services. 	
Year 11 spring term:	<ul style="list-style-type: none"> • February Component Three exam • A1 Health and social care services • A2 Barriers to accessing services • B1 Care values • B2 Reviewing own application of care values 	
Year 11 summer term:	<p>A1 Human growth and development across life stages</p> <p>A2 Factors affecting growth and development</p> <p>B1 Different types of life event</p> <p>B2 Coping with change caused by life events</p>	

Term and topic:	Fundamental knowledge Unit 1	Fundamental Knowledge Unit 5
Year 12 autumn term:	<p>A Human growth and development through the life stages</p> <p>A1 Physical development across the life stages</p> <ul style="list-style-type: none"> • Growth and development are different concepts: <ul style="list-style-type: none"> o principles of growth – growth is variable across different parts of the body and is measured using height, weight and dimensions o principles of development – development follows an orderly sequence and is the acquisition of skills and abilities. • In infancy (0–2 years), the individual develops gross and fine motor skills: <ul style="list-style-type: none"> o the development of gross motor skills o the development of fine motor skills o milestones set for the development of the infant – sitting up, standing, cruising, walking. • In early childhood (3–8 years), the individual further develops gross and fine motor skills: <ul style="list-style-type: none"> o riding a tricycle, running forwards and backwards, walking on a line, hopping on one foot, hops, skips and jumps confidently o turns pages of a book, buttons and unbuttons clothing, writes own name, joins up writing. • In adolescence (9–18 years), the changes surrounding puberty: <ul style="list-style-type: none"> o development of primary and secondary sexual characteristics o the role of hormones in sexual maturity. • In early adulthood (19–45 years), the individual reaches physical maturity: <ul style="list-style-type: none"> o physical strength peaks, pregnancy and lactation occur o perimenopause – oestrogen levels decrease, causing the ovaries to stop producing an egg each month. The reduction in oestrogen causes physical and emotional symptoms, to include hot flushes, night sweats, mood swings, loss of libido and vaginal dryness. 	<p>Learning aim A: Examine principles, values and skills which underpin meeting the care and support needs of individuals</p> <p>A1 Promoting equality, diversity and preventing discrimination</p> <ul style="list-style-type: none"> • Definition of equality, diversity and discrimination. • Importance of preventing discrimination. • Initiatives aimed at preventing discrimination in care, e.g. the use of advocacy services. <p>A2 Skills and personal attributes required for developing relationships with individuals To include:</p> <ul style="list-style-type: none"> • the 6Cs – care, compassion, competence, communication, courage and commitment • people skills – empathy, patience, engendering trust, flexibility, sense of

- In middle adulthood (46–65 years), the female enters menopause:
 - o causes and effects of female menopause
 - o the role of hormones in this
 - o effects of the ageing process in middle adulthood.
- In later adulthood (65+ years), there are many effects of ageing:
 - o health and intellectual abilities can deteriorate

A2 Intellectual development across the life stages

- In infancy and early childhood there is rapid growth in intellectual and language skills:
 - o Piaget’s model of how children’s logic and reasoning develops – stages of cognitive development, the development of schemas, his tests of conservation, egocentrism and how his model may explain children’s thoughts and actions
 - o Chomsky’s model in relation to how children acquire language – Language Acquisition Device (LAD), the concept of a critical period during which children may learn language, which may explain how children seem to instinctively gain language.
- In early adulthood, thinking becomes realistic and pragmatic, with expert knowledge about the practical aspects of life that permits judgement about important matters.
- The effects of age on the functions of memory:
 - o memory loss in later adulthood.

A3 Emotional development across the life stages

- Attachment to care-giver in infancy and early childhood:
 - o theories of attachment, to include types of attachment and disruptions to attachment.
- The development and importance of self-concept:
 - o definitions and factors involved in the development of a positive or negative self-esteem
 - o definitions and factors involved in the development of a positive or negative self-image.

A4 Social development across the life stages

- The stages of play in infancy and early childhood:
 - o solo play, parallel play and co-operative play.
- The importance of friendships and friendship groups:
 - o the social benefits of friendships
 - o the effects of peer pressure on social development.
- The development of relationships with others
- The development of independence through the life stages:
 - o peer influence in adolescence, starting employment, leaving home, starting a family.

humour, negotiating skills, honesty and problem-solving skills

- communication skills – communicating with service users, colleagues and other professionals, e.g. active listening and responding, using appropriate tone of voice and language, clarifying, questioning, responding to difficult situations
- observation skills, e.g. observing changes in an individual’s condition, monitoring children’s development
 - dealing with difficult situations.

A3 Empathy and establishing trust with individuals Learners require an overview of the different theories of empathy and the various methods of establishing positive relationships with individuals in their care.

- Attachment and emotional resilience theory, to include the effect of secure attachments and support on emerging autonomy and resilience.
- The triangle of care.
- Empathy theories, e.g. Johannes Volkelt, Robert Vischer, Martin Hoffman and Max Scheler.

Learning aim B: Examine the ethical issues involved when providing care and support to meet individual needs

B1 Ethical issues and approaches

- Ethical theories, to include consequentialism, deontology, principlism and virtue ethics.
- Managing conflict with service users, carers and/or families, colleagues.

		<ul style="list-style-type: none"> • Managing conflict of interests. • Balancing services and resources. • Minimising risk but promoting individual choice and independence for those with care needs and the professionals caring for them. • Sharing information and managing confidentiality.
Year 12 spring term:	<p>B Factors affecting human growth and development</p> <p>B1 The nature/nurture debate related to factors</p> <ul style="list-style-type: none"> • Development across the lifespan is a result of genetic or inherited factors – Gesell’s maturation theory. • Development across the lifespan is a result of environmental factors – Bandura’s social learning theory. • Both factors may play a part – stress-diathesis model. <p>B2 Genetic factors that affect development</p> <ul style="list-style-type: none"> • Genetic predispositions/disorders to particular conditions – cystic fibrosis, brittle bone disease, phenylketonuria (PKU), Huntington’s disease, Klinefelter’s syndrome, Down’s syndrome, colour blindness, Duchenne muscular dystrophy, susceptibility to diseases such as cancer, high blood cholesterol and diabetes • Biological factors that affect development – foetal alcohol syndrome, effects of maternal infections and lifestyle/diet during pregnancy, congenital defects. <p>B3 Environmental factors that affect development</p> <ul style="list-style-type: none"> • Exposure to pollution – respiratory disorders, cardiovascular problems, allergies. • Poor housing conditions – respiratory disorders, cardiovascular problems, hypothermia, and anxiety and depression. • Access to health and social care services – availability of transport, opening hours of services, ability to understand the needs and requirements of particular services. <p>B4 Social factors that affect development</p> <ul style="list-style-type: none"> • Family dysfunction – parental divorce or separation, sibling rivalry, parenting style. • Bullying – effects of bullying on self-esteem, self-harm, suicide. • Effects of culture, religion and belief – beliefs that may prevent medical intervention, dietary restrictions. <p>B5 Economic factors that affect development</p> <ul style="list-style-type: none"> • Income and expenditure. • Employment status. • Education. • Lifestyle. <p>B6 Major life events that affect development</p> <ul style="list-style-type: none"> • Predictable events: 	<p>B2 Legislation and guidance on conflicts of interest, balancing resources and minimising risk</p> <ul style="list-style-type: none"> • Organisations, legislation and guidance that influence or advise on ethical issues. All legislation and guidance must be current and applicable to England, Wales or Northern Ireland. • Organisations, e.g. National Health Service (NHS), Department of Health (DH), National Institute for Care Excellence (NICE), Health and Safety Executive (HSE). • Legislation, e.g. Mental Health Act 2007, Human Rights Act 1998, Mental Capacity Act 2005, National Health Service Act 2006 Section 140, Equality Act 2010, Care Act 2014. • Guidance, e.g.: <ul style="list-style-type: none"> • the DH Decision Support Tool • five-step framework of NICE and NHS guidance on Care Pathways and Care Plans • Managing Conflicts of Interest: Guidance for Clinical Commissioning Groups (2013) (NHS) • HSE guidance on risk assessments. How this guidance may be counterbalanced by other factors, e.g. religion, personal choice, government policies <p>Learning aim C: Investigate the principles behind enabling individuals with</p>

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

Unpredictable events:

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

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

They can include:

o starting school/nursery o moving house o marriage and divorce

o starting a family o beginning employment o retirement

o death of a relative/partner/friend

o accidents or injury

o changing employment

o leaving home o promotion or redundancy o serious illness.

• The effects of life events on health.

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

care and support needs to overcome challenges

C1 Enabling individuals to overcome challenges

• Different types of challenges faced by individuals with care and support needs, to include:

- awareness and knowledge
- practical challenges
- skills challenges
- acceptance and belief challenges

• motivational challenges

• communication challenges.

• Methods of identifying challenges, to include observation, focus groups, talking to individuals informally or via questionnaires.

• Strategies used to overcome challenges, to include educational information materials, training courses, opinion leaders, clinical audits, computer-aided advice systems, patient-mediated strategies.

• Role of policy frameworks in minimising challenges, including:

- NHS Patient Experience Framework, in particular understanding of the eight elements that are critical to the service users' experience of NHS services
- Health Action Plans and how they are used to minimise challenges
- Adult Social Care Outcomes Framework (ASCOF)
- Common Assessment Framework (CAF)
- Impact of not enabling individuals to overcome challenges.

C2 Promoting personalisation

• Personalisation – ensuring that every person receiving care and support is able to set their personal goals and has choice and control over the shape of their care and support.

		<ul style="list-style-type: none"> • Methods of recognising preferences, to include care plans, learning plans, behavioural plans, specialist support from health and social care professionals. • The importance of promoting choice and control and the financial impact of this on care provision. <p>C3 Communication techniques</p> <ul style="list-style-type: none"> • Different approaches for effective communication, to include humanistic, behavioural, cognitive, psychoanalytical and social. • Types of communication examples, to include verbal, body language, written, formal and informal. • Alternative communications, to include Makaton, British Sign Language (BSL), braille, communication boards and symbol systems. • Theories of communication, to include Argyle, Tuckman, Berne. • New technologies and communication techniques.
<p>Year 12 summer term:</p>	<p>C2 The psychological changes of ageing</p> <ul style="list-style-type: none"> • Effects on confidence and self-esteem. • Effects of social change: <ul style="list-style-type: none"> o role changes o loss of a partner o loss of friends o increase in leisure time. • Financial concerns. • Effects of culture religion and beliefs. • Social disengagement theory. • Activity theory. <p>C3 The societal effects of an ageing population</p> <ul style="list-style-type: none"> • Health and social care provision for the aged. • Economic effects of an ageing population 	<p>Learning aim D: Investigate the roles of professionals and how they work together to provide the care and support necessary to meet individual needs</p> <p>D1 How agencies work together to meet individual care and support needs</p> <ul style="list-style-type: none"> • Role of organisations responsible for commissioning healthcare services, e.g. Clinical Commissioning Groups in England, Local Health Boards in Wales, Health and Social Care Board in Northern Ireland; formation, organisation roles and members. • Role of organisations responsible for commissioning social care services, e.g. local authorities.

- Role of bodies responsible for integrating health and social care, e.g. Health and Wellbeing Boards (HWB).
- Role of assessment and eligibility frameworks, to include Common Assessment Framework (CAF), the National Eligibility Criteria (Care Act 2014), Department of Health, National Framework for NHS Continuing Healthcare.
- The Education, Health and Care plan (EHC)

D2 Roles and responsibilities of key professionals on multidisciplinary teams

- Multidisciplinary teams, members and formation.
- Specific roles and responsibilities relating to meeting individual needs of a variety of health and care professionals in a multidisciplinary team, to include:
 - healthcare professionals, e.g. GP, nurse, paediatrician, clinical psychologist
 - social care professionals, e.g. social worker, occupational therapist
 - education professionals, e.g. special educational needs co-ordinator (SENCO), educational psychologist or allied health professionals, e.g. speech and language therapist
 - voluntary sector workers, e.g. Macmillan nurses, family support workers.
- How multi-agency and multidisciplinary teams work together to provide co-ordinated support, e.g. an autistic child may have involvement with the following agencies and professionals: NHS (GP, paediatrician, clinical psychologist, counsellor, speech and language therapist), local authority and education

services (social worker, SENCO, educational psychologist), and the voluntary sector (family support officers from the National Autistic Society).

D3 Maintaining confidentiality

- Definition of confidentiality.
- Working practices to maintain confidentiality, to include:
 - keeping yourself informed of the relevant laws
 - keeping information locked away or password protected
 - sharing information only with people who are entitled to have access to the information, e.g. other people in the multidisciplinary team, service users and their carers or families (depending on the situation) o being professional about how information is shared.
- Codes of practice for care workers establishing importance of confidentiality.
- Relevant aspects of legislation, e.g. Health and Social Care Act 2012.
- Role of the Health and Social Care Information Centre (HSCIC). D4 Managing information
- Working practices for managing information, to include:
 - o identifying why the information is needed
 - o identifying what information is needed
 - searching for the information
 - using information legally and ethically.
- The importance of sharing information with colleagues, other professionals, the individual with care needs and their family
- Impact of new technologies on managing information.

		<ul style="list-style-type: none"> • Bodies that control the management of information, e.g. the National Adult Social Care Intelligence Service (NASCIS). • Legislation and codes of practice that relate to the storage and sharing of information in health and social care. Legislation and codes of practice must be current and applicable to England, Wales or Northern Ireland, e.g.: <ul style="list-style-type: none"> • Data protection legislation o Freedom of information legislation • Mental health legislation o Mental capacity legislation • Care Quality Commission (CQC) codes of practice • The Health and Care Professions Council (HCPC) codes of practice.
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Term and topic:	Fundamental knowledge Unit 11	Fundamental knowledge Unit 2
Year 13 autumn term:	<p>Learning aim A: Examine how psychological perspectives contribute to the understanding of human development and behaviour</p> <p>A1 Principal psychological perspectives as applied to the understanding of development and behaviour</p> <ul style="list-style-type: none"> • Behaviourist: role of reinforcement, conditioning, e.g. Pavlov. • Social learning: effects of other individuals, groups, culture and society on behaviour of individuals, self-fulfilling prophecy, role theory, e.g. Bandura. • Psychodynamic: importance of the unconscious mind, importance of early experiences, e.g. Freud. • Humanistic: Maslow's hierarchy of needs, self-actualisation, self-concept, self-esteem, e.g. Rogers. • Cognitive: information processing, e.g. Piaget. <ul style="list-style-type: none"> • Biological: maturational theory, importance of genetic influences on behaviour, influence of nervous and endocrine systems on behaviour, e.g. Gesell. • Theories of human development: nature versus nurture, continuity versus discontinuity, nomothetic versus idiographic. <p>A2 Application of psychological perspectives to health and social care practice</p> <ul style="list-style-type: none"> • Behaviourist, e.g. changing/shaping behaviour by operant conditioning. • Social learning, e.g. promotion of anti-discriminatory behaviours and practices, use of positive role models in health education campaigns. 	<p>A The roles and responsibilities of people who work in the health and social care sector</p> <p>A1 The roles of people who work in health and social care settings Understand the roles of people who work in health and social care settings, to include: • doctors • nurses • midwives • healthcare assistants • social workers • occupational therapists • youth workers • care managers/assistants • support workers.</p> <p>A2 The responsibilities of people who work in health and social care settings</p> <p>Understand the day-to-day responsibilities of people who work in health and social care settings, to include: • following policies and procedures in place in the health and social care setting in which they work • healing and supporting recovery for people who are ill • enabling rehabilitation • providing equipment and adaptations to</p>

- Psychodynamic, e.g. conscious and unconscious mind
- Humanistic, e.g. client centred therapy, putting the service user at the centre of care planning
- Cognitive, e.g. understanding intellectual development and developmental norms, Therapies such as cognitive behavioural therapy and neuro-linguistic programming
- Biological, e.g. understanding genetic predisposition to certain illnesses or health-related behaviours. The biology of emotion, impact of substances on behaviour – e.g. effects of drugs and medication. A3 Contribution of psychological perspectives to the understanding of specific behaviours

• Perspectives: application of complementary and contrasting psychological theories to the understanding of specific behaviours.

• Specific behaviours associated with, e.g. anxiety and depression, separation and loss, stress and coping, self-harm, prejudice and discrimination, child abuse, addiction, violence and aggression.

Learning aim B: Examine the contribution of psychological perspectives to the management and treatment of service users' specific behaviours

B1 Factors that affect human development and specific behaviours

- Physical.
- Social, cultural and emotional.
- Economic.
- Physical environment.
- Psychological.

B2 Contribution of psychological perspectives to the management of behaviours

- Cognitive behavioural therapy, e.g. treatment of phobias, mental illnesses, post-traumatic stress disorder, approaches to challenging behaviour, monitoring and improving behaviour.
- Social learning theory, e.g. use of positive role models, treatment of eating disorders.
- Role of psychodynamic perspective in, e.g. psychoanalysis, exploration of factors influencing behaviour.
- Humanistic perspective, e.g. person-centred counselling.
- Biological perspective, e.g. drugs, biofeedback.

support people to be more independent

- providing personal care, to include washing, feeding, toileting
- supporting routines of service users, to include day-to-day family life, education, employment, leisure activities
- assessment and care and support planning, involving service users and their families.

A3 Specific responsibilities of people who work in health and social care settings

Applying care values and principles.

- Promoting anti-discriminatory practice by: implementing codes of practice and policies that identify and challenge discrimination in specific health and social care settings
- o adapting the ways health and social care services are provided for different types of service users.
- Empowering individuals, to include:
 - o putting the individual at the heart of service provision and promoting individualised care
 - o promoting and supporting individuals' rights to dignity and independence
 - o providing active support consistent with beliefs, cultures and preferences of health and social care service users
 - o supporting individuals who need health and social care services to express their needs and preferences
 - o promoting the rights, choices and wellbeing of individuals who use health and social care services
 - o balancing individual rights to health and social care services with the rights of other service users and staff
 - o dealing with conflict in specific health and social care settings, to include GP surgeries, hospital wards, residential care homes for the elderly, residential care homes for vulnerable children and

young adults, and domiciliary care settings.

- Ensuring safety – how people who work in health and social care ensure safety for individuals and staff through:
 - use of risk assessments
 - safeguarding and protecting individuals from abuse
 - illness prevention measures, to include clean toilets, hand-washing facilities, safe drinking water
 - control of substances harmful to health
 - use of protective equipment and infection control
 - reporting and recording accidents and incidents
 - complaints procedures
 - provision of first-aid facilities

- Information management and communication – ways of promoting effective communication and ensuring confidentiality through:
 - o applying requirements of the data protection legislation
 - o adhering to legal and workplace requirements specified by codes of practice in specific health and social care settings
 - o the recording, storage and retrieval of medical and personal information, to include electronic methods, mobile phones, social media, written records, use of photographs
 - o maintaining confidentiality to safeguard service users respecting the rights of service users where they request confidentiality
 - o following appropriate procedures where disclosure is legally required.

- • Being accountable to professional bodies – how employees are accountable to professional bodies, to include:
 - following codes of professional conduct
 - being familiar with/applying current codes of practice

		<p>ensuring that revalidation procedures are followed</p> <ul style="list-style-type: none"> • following safeguarding regulations • following procedures for raising concerns/whistleblowing.
<p>Year 13 spring term:</p>	<p>Learning aim C: Examine how psychological perspectives are applied in health and social care settings</p> <p>C1 Behaviour of service users in health and social care settings</p> <ul style="list-style-type: none"> • Concept of role. • Conformity to minority/majority • Influence, e.g. Asch. • Conformity to social roles e.g. Zimbardo. • Obedience, e.g. Milgram. • Attitude change, e.g. Festinger. • Factors influencing hostility and aggression. <p>C2 Practices in health and social care settings</p> <ul style="list-style-type: none"> • Promoting independence and empowerment by respecting individual rights. • Value base of care. 	<p>A4 Multidisciplinary working in the health and social care sector Partnership working, to include: • the need for joined-up working with other service providers • ways service users, carers and advocates are involved in planning, decision-making and support with other service providers • holistic approaches. A5 Monitoring the work of people in health and social care settings How the work of people in health and social care settings is monitored, to include: • line management • external inspection by relevant agencies • whistleblowing • service user feedback • criminal investigations.</p> <p>B The roles of organisations in the health and social care sector</p> <p>B1 The roles of organisations in providing health and social care services</p> <ul style="list-style-type: none"> • Ways services are provided by: <ul style="list-style-type: none"> • the public sector: – NHS Foundation Trusts, to include hospitals, mental health services and community health services – adult social care – children’s services – GP practices the voluntary sector the private sector. • Settings where health and social care services are provided to meet different needs, to include: hospitals day care units hospice care residential care domiciliary care the workplace. <p>B2 Issues that affect access to services</p> <ul style="list-style-type: none"> • Referral. • Assessment.

- Eligibility criteria.
- Barriers to access, to include specific needs, individual preferences, financial, geographical, social, cultural.

B3 Ways organisations represent interests of service users To include:

- charities/patient groups
- advocacy
- complaints policies
- whistleblowing policies.

B4 The roles of organisations that regulate and inspect health and social care services The ways organisations regulate and inspect health and social care services, and the people who work in them. Organisations that regulate or inspect health and social care services.

(Learners should study organisations relevant to either England, Wales or Northern Ireland; they do not need to study organisations relevant to all UK countries.)

- In England: Care Quality Commission (CQC)
- Ofsted.
- In Wales:
 - o Care and Social Services Inspectorate Wales (CSSIW)
 - Healthcare Inspectorate Wales (HIW).
- In Northern Ireland:
 - Regulation and Quality Improvement Authority (RQIA)
 - Public Health Agency (PHA)
 - Education and Training Inspectorate (ETI).
- The roles of organisations which regulate or inspect health and social care services, to include:
 - o how regulation and inspections are carried out
 - how organisations and individuals respond to regulation and inspection
 - changes in working practices required by regulation and inspection
 - how services are improved by regulation and inspection.

Organisations that regulate professions in health and social care services.

		<ul style="list-style-type: none"> • In England: <ul style="list-style-type: none"> • Nursing and Midwifery Council (NMC) • Health and Care Professions Council (HCPC) • General Medical Council (GMC). • In Wales (in addition to above): <ul style="list-style-type: none"> • Care Council for Wales (Social Care). • In Northern Ireland (in addition to above): <ul style="list-style-type: none"> • Northern Ireland Social Care Council (NISCC). • The roles of organisations which regulate professions in health and social care services, to include: <ul style="list-style-type: none"> • how regulation is carried out • how organisations and individuals respond to regulation • the changes in working practices required by regulation • how services are improved by regulation.
Year 13 summer term:	•	<p>B5 Responsibilities of organisations towards people who work in health and social care settings</p> <p>Responsibilities of organisations that provide health and social care services, to include ensuring employees: • understand how to implement the organisation's codes of practice • meet National Occupational Standards (NOS) • undertake continuing professional development (CPD) • are safeguarded through being able to: o have internal/external complaints dealt with properly o take part in whistleblowing o have membership of trades unions/professional associations o follow protocols of regulatory bodies.</p> <p>C Working with people with specific needs in the health and social care sector</p> <p>C1 People with specific needs • Ill health, both physical and mental. •</p>

Learning disabilities. •
Physical and sensory disabilities. • Age categories to include:

- early years
- later adulthood.

C2 Working practices

- Relevant skills required to work in these areas.
- How policies and procedures affect people working in these areas.
- How regulation affects people working in these areas.
- How working practices affect people who use services in these areas.
- Recent examples of how poor working practices have been identified and addressed