



Health and Social Care KS4 Curriculum at TAL

Intent Statement: At TAL we believe that Health and Social Care is part of everybody's life, from birth. We hope to inspire learners to work in a sector which has a huge impact on people, providing them with rewarding careers in the process. Health and social care is one of the fastest growing sectors in the UK with demand for both health and social care employees continuously rising. In 2019/20, the adult social care sector contributed approximately £41.2 billion a year to the UK economy. Social care employees, such as care assistants and social workers work with individuals to support them to be as independent as possible in their own homes, in care homes or nursing homes. Studying Health and Social Care will help our students to **reach high** and **see further** providing them an opportunity for practical application alongside conceptual study. There are also strong opportunities for post-16 progression in this important sector. Healthcare employees, such as doctors, pharmacists, nurses, midwives, healthcare assistants and physiotherapists, work with individuals to enhance their quality of life by improving their health. Approximately 3 million people are currently employed in the sector. In 2019, it was estimated that by 2035 approximately 2.17 million health and social care job vacancies will need to be filled. Study of this sector at Key Stage 4 will complement GCSE study through providing an opportunity

- *Component 1: Human Lifespan Development.*
- *Component 2: Health and Social Care Services and Values*
- *Component 3: Health and Wellbeing*

Assessment:

At Trinity Academy Leeds, assessment is woven into every aspect of the curriculum. Through a rigorous whole-school and departmental CPD, staff are trained to teach reactively and question 'relentlessly' in order to assess knowledge and adapt appropriately. This supports the whole school assessment-cycle which, in turn, informs future teaching. While some assessments may be officially labelled 'summative' in History, all assessment are treated as 'formative' as students are provided tailored feedback and the opportunity to grow as learners from this experience.

Name of assessment	Type of assessment	Description of assessment	Frequency	Reaction/Impact
Recall 6	Formative	6 questions at the beginning of every lesson – knowledge that needs to be revisited from the previous lesson, as identified through data and formative assessment.	Every lesson.	Cold-call answers. Readdress in the teaching of next lesson (or the current lesson if appropriate) if students have not answered the questions correctly.
Mini-whiteboards	Formative	Using the Culture 20 script '3, 2, 1 white-boards' – a quick AFL check to ascertain knowledge of answers to quick questions. These questions are on the same theme for teachers within the department, but adapted for individual classes as identified through data and formative assessment.	Every lesson (as appropriate).	Teacher to address dynamically in the lesson by re-explaining and re-posing the question (through cold-call questioning/ further use of mini white-boards). Teacher to then include in future questioning as appropriate.
Questioning	Formative	'Relentless' cold-call questioning to ensure that all students are engaged and can recall knowledge and apply it to answer questions. May be used with 'Turn and Talk'. These questions are on the same theme for teachers within the department, but adapted for individual classes.	Every lesson.	Teacher to address dynamically in the lesson by re-explaining and re-posing the question (through further cold-call questioning/use of mini white-boards). Teacher to then include in the Recall 6 next lesson to check that this knowledge is embedded.
Home Learning Carousel	Formative	All students study flashcards on Carousel, our online platform for Key Stage 4. These are based on Component 3 to introduce students to Core Knowledge early in the course.	Weekly.	Teachers to include these questions in their Recall 6 to ensure that knowledge is being recalled effectively.
Marking of extended writing	Summative	All students complete the same pieces of extended in booklets to prepare for PSAs.	Every 6 lessons minimum.	Teachers mark using sample, zonal or live modelling techniques. Students improve their work using purple pen, if appropriate, depending on the feedback given, staff will provide a Feedforward Sheet (this may be physical, or on the IWB). Curriculum-wide feedback on the outcomes of these activities to coordinate longer-term intervention.

Year	Term 1	Term 2	Term 3	Term 4	Term 5	Term 6
10	<p>Component 1: Human Lifespan Development</p> <p>Learners will explore different aspects of growth and development across the life stages using the physical, intellectual, emotional and social (PIES) classification.</p> <p>A1 Life stages and their expected key characteristics in each of the PIES classifications:</p> <ul style="list-style-type: none"> ➤ infancy (birth to 2 years): – 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 ➤ early childhood (3–8 years): – physical: continued growth of weight and height, mastery of gross 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 	<p>Component 1: Human Lifespan Development</p> <p>A2 Factors affecting growth and development Learners will explore the different factors that can affect an individual’s growth and development. Different factors will impact on different aspects of growth and development.</p> <p>Physical factors:</p> <ul style="list-style-type: none"> • 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 – cardiovascular disease, obesity, type 2 diabetes disabilities o sensory impairments. <p>Lifestyle factors:</p> <ul style="list-style-type: none"> • nutrition • physical activity • smoking • alcohol • substance misuse <p>Emotional factors:</p> <ul style="list-style-type: none"> • fear • anxiety/worry • upset/sadness • grief/bereavement • happiness/contentment • security • attachment • <p>Social factors:</p> <ul style="list-style-type: none"> • supportive and unsupportive relationships with others – friends, family, peers and colleagues • social inclusion and exclusion • bullying • discrimination. <p>Cultural factors:</p> <ul style="list-style-type: none"> • religion • gender roles and expectations 	<p>Component 1 PSA Completion</p> <p>Learning outcome B: Understand how individuals deal with life events</p> <p>B1 Different types of life event Learners will explore life events that occur in an individual’s life. Learners will explore the different events that can impact on people’s PIES development.</p> <p>Health and wellbeing:</p> <ul style="list-style-type: none"> • accident/injury • physical illness • mental and emotional health and wellbeing <p>Relationship changes:</p> <ul style="list-style-type: none"> • entering into relationships • marriage, civil partnership, long-term relationship • divorce, separation for non-married couples • parenthood • bereavement <p>Life circumstances:</p> <ul style="list-style-type: none"> • moving house, school or job • exclusion from education • redundancy • imprisonment • changes to standards of living • retirement. <p>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</p> <p>The character traits that influence how individuals cope:</p> <ul style="list-style-type: none"> • resilience • self-esteem • emotional intelligence • disposition – a person’s character traits, e.g. positive, negative. <p>The sources of support that can help individuals adapt:</p> <ul style="list-style-type: none"> • family, friends, neighbours, partners 	<p>Component 1 PSA Completion</p> <p>Learning outcome B: Preparing for PSA2 Understand the skills, attributes and values required to give care</p> <p>B1 Skills and attributes in health and social care Learners will explore the skills and attributes that are required when delivering care</p> <p>Skills:</p> <ul style="list-style-type: none"> • problem solving • observation • dealing with difficult situations • organisation <p>Attributes:</p> <ul style="list-style-type: none"> • empathy • patience • trustworthiness • honesty <p>B2 Values in health and social care Learners will explore the values that are required when planning and delivering care.</p> <p>The 6 Cs:</p> <ul style="list-style-type: none"> • care – receiving correct and consistent care • compassion – empathy, respect and dignity • competence – skills and knowledge to deliver effective care, based on research • communication – involving individuals and/or carers and listening • courage – doing the right thing and speaking up when concerns arise • commitment – to improve care and experience for individuals. <p>B3 The obstacles individuals requiring care may face Learners will explore the personal obstacles that individuals requiring and receiving care may face.</p>	<p>A3 Barriers to accessing services</p> <p>Learners will explore barriers that can make it difficult to use these services and suggest how these barriers can be overcome.</p> <ul style="list-style-type: none"> • Definition of barriers: something unique to the health and social care system that prevents an individual to access a service. • Types of barrier and how they can be overcome by the service providers or users: <ul style="list-style-type: none"> • physical barriers – issues getting into and around the facilities: – ways to overcome physical barriers: ramps, wider doorways, accessible toilets/rooms, stair lifts, hoists 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 • barriers to people with different social and cultural backgrounds – lack of awareness, differing cultural beliefs, social stigma, fear of loss of independence <p>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 o barriers to people that speak English as an additional language or those who have language or speech impairments</p> <p>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 o geographical barriers – distance of service provider, poor transport links</p> <p>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:</p> <p>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 appointment times, use of communication cards, adhering to The Accessible Information Standard and providing low text ‘easy read’ leaflets o financial barriers – charging for services, cost of transport, loss of income while accessing services</p> <p>Ways to overcome financial barriers: NHS exemption certificates, NHS Low Income Scheme, NHS vouchers for eye tests, glasses and lenses, NHS Healthcare Travel Costs Scheme (HTCS), charitable schemes such as community transport.</p>	<p>A1 Healthcare services</p> <p>Learners will explore a range of healthcare conditions and how they can be managed by the individual and the different healthcare services that are available.</p> <ul style="list-style-type: none"> • Health conditions: <ul style="list-style-type: none"> • arthritis • cardiovascular conditions – coronary heart disease, cerebral vascular accident • diabetes (type 2) • dementia • obesity • respiratory conditions – asthma, chronic obstructive pulmonary disease (COPD) • additional needs – sensory impairments, physical impairments, learning disability • Health services available: <ul style="list-style-type: none"> • primary care – GP surgeries, dental care, out-of-hours services, telephone services, accident and emergency departments • secondary care – specialist medical care to include rheumatology, respiratory medicine, cardiology, endocrinology o tertiary care – specialist medical care to include oncology, transplant services o allied health professions – physiotherapy, speech and language therapy, occupational therapy, dietetics • multidisciplinary team working – how services work together, including referrals between services <p>A2 Social care services Learners will explore a range of social</p>

	<p>widens and close friendships are formed, socialisation continues through family and also friends/carers, social play develops</p> <p>➤ adolescence (9–18 years): – 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 (19–45 years): – 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 (46–65 years): – physical: at the end of this life stage the ageing process begins, menopause</p>	<ul style="list-style-type: none"> gender identity sexual orientation community participation race <p>Environmental factors:</p> <ul style="list-style-type: none"> housing needs, conditions, location home environment exposure to pollution – air, noise and light. <p>Economic factors:</p> <ul style="list-style-type: none"> employment situation financial resources – income, inheritance, savings. 	<ul style="list-style-type: none"> 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, psychiatric nurse with an occupational therapist. <p>The types of support that can help individuals adapt:</p> <ul style="list-style-type: none"> emotional support information, advice, endorsed apps practical help – financial assistance, support with childcare, domestic chores, transport. 	<p>Definition of obstacles: something personal to an individual that blocks a person moving forward or when action is prevented or made difficult.</p> <p>Potential obstacles and their impact on the individual:</p> <ul style="list-style-type: none"> emotional/psychological – lack of motivation, low self-esteem, acceptance of current state, anxiety, stress time constraints – work and family commitments availability of resources – financial, equipment, amenities unachievable targets – unachievable for the individual or unrealistic timescale o lack of support – from family and friends other factors specific to individual – ability/disability, health conditions, addiction. <p>B4 The benefits to individuals of the skills, attributes and values in health and social care practice Learners will explore how skills, attributes and values benefit individuals when receiving care.</p> <p>Individuals will:</p> <ul style="list-style-type: none"> 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 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 	<p>care needs and how these can be met by the social care services that are available.</p> <p>Social care – help with day-to-day living because of illness, vulnerability or disability.</p> <p>Social care services:</p> <ul style="list-style-type: none"> 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>Additional care:</p> <ul style="list-style-type: none"> informal care – given by relatives, friends, neighbours, partners voluntary care – community groups and faith-based organisations, charities.
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	<p>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 (65+ years): – 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>			<ul style="list-style-type: none"> have their rights promoted. 		
11	<p>Factors that affect health and wellbeing</p> <p>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 human lifespan development including life events, covered in Component 1.</p> <p>Here, however, the focus is on the current health and wellbeing of individuals.</p> <ul style="list-style-type: none"> Definition of health and wellbeing: a combination of physical health and social and emotional wellbeing, and not 	<p>B Interpreting health indicators B1 Physiological indicators Learners will explore how physiological indicators are used to measure health.</p> <ul style="list-style-type: none"> Interpretation of physiological data according to published guidelines: resting heart rate (pulse) – normal range 60 to 100 bpm heart rate (pulse) recovery after exercise – the heart's ability to return to normal levels after physical activity is a good indicator of fitness blood pressure – low blood pressure 90/60mmHg or lower, ideal blood pressure between 90/60mmHg and 120/80mmHg, pre-high between 120/80mmHg and 140/90mmHg, high blood 	<p>C Person-centred approach to improving health and wellbeing</p> <p>C1 Person-centred approach Learners will explore the use of the person-centred approach in health and social care settings. This links to, and consolidates, knowledge and understanding from Component 2 on the skills, attributes and values that contribute to care.</p> <ul style="list-style-type: none"> The ways in which a person-centred approach takes into account an individual's: needs – to reduce health risks o wishes – their preferences and choices circumstances – to include age, ability, location, living conditions, 	<p>C2 Recommendations and actions to improve health and wellbeing</p> <p>Learners will explore recommendations and actions that are aimed at improving health and wellbeing, alongside support available for achieving this. This links to, and consolidates, knowledge and understanding from Component 1 on sources and types of support, and Component 2 on health and social care services, and also skills, attributes and values that contribute to care.</p> <ul style="list-style-type: none"> Established recommendations for helping to improve health and wellbeing: 	<p>C3 Barriers and obstacles to following recommendations Learners will explore the barriers and obstacles that individuals can face when following recommendations and the unique ways that they may be overcome. To do this, they will need to make links to and build on their prior knowledge and understanding from Component 2, in particular, barriers to accessing services and the personal obstacles individuals may face.</p> <ul style="list-style-type: none"> Definition of barriers: something unique to the health and social care system that prevents an individual accessing a service. Potential barriers as appropriate to the individual and the recommendation: <ul style="list-style-type: none"> physical barriers barriers to people with sensory disability o barriers to people with different social and cultural backgrounds barriers to people that speak English as an additional language or those who have language or speech impairments geographical barriers resource barriers for service provider financial barriers 	EXAM

	<p>just the absence of disease or illness.</p> <ul style="list-style-type: none"> Physical factors that can have positive or negative effects on health and wellbeing: <ul style="list-style-type: none"> inherited conditions – sickle cell disease, cystic fibrosis physical ill health – cardiovascular disease, obesity, type 2 diabetes mental ill health – anxiety, stress physical abilities sensory impairments Lifestyle factors that can have positive or negative effects on health and wellbeing: <ul style="list-style-type: none"> nutrition physical activity smoking alcohol substance misuse • Social factors that can have positive or negative effects on health and wellbeing: supportive and unsupportive relationships with others – friends, family, peers and colleagues social inclusion and exclusion bullying discrimination Cultural factors that can have positive or negative effects on wellbeing: <ul style="list-style-type: none"> religion gender roles and expectations gender identity sexual orientation community participation Economic factors that can have positive or negative effects on health and wellbeing: employment situation financial resources – income, inheritance, savings Environmental factors that can have positive or negative effects on health and wellbeing: <ul style="list-style-type: none"> housing needs, conditions, location home environment exposure to pollution – air, noise and light. 	<p>pressure 140/90mmHg or higher o body mass index (BMI) – underweight below 18.5 kg/m2 , healthy weight between 18.5 kg/m2 and 24.9 kg/m2 , overweight between 25 kg/m2 and 29.9 kg/m2 , obese between 30 kg/m2 and 39.9 kg/m2 severely obese 40 kg/m2 or above.</p> <p>B2 Lifestyle indicators Learners will explore how lifestyle choices determine physical health.</p> <ul style="list-style-type: none"> Interpretation of lifestyle data according to published guidelines: <ul style="list-style-type: none"> nutrition – the Eatwell Guide o physical activity – UK Chief Medical Officers’ Physical Activity Guidelines smoking – UK Chief Medical Officers’ Smoking Guidelines alcohol – UK Chief Medical Officers’ Alcohol Guidelines substance misuse. 	<p>support, physical and emotional health. 4</p> <ul style="list-style-type: none"> The importance of a person-centred approach for individuals: <ul style="list-style-type: none"> makes them more comfortable with recommendations, advice and treatment gives them more confidence in recommendations, advice and treatment ensures their unique and personal needs are met o increases the support available to more vulnerable individuals improves their independence they are more likely to follow recommendations/actions to improve their health they are more motivated to behave in ways that positively benefit their health o they feel happier and more positive about their health and wellbeing. The benefits of a person-centred approach for health and social care workers and services: <ul style="list-style-type: none"> it improves job satisfaction for health and social care workers it saves time for health and social care services it saves money for health and social care services it reduces complaints about health and social care services and workers 	<ul style="list-style-type: none"> 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 stopping substance misuse <ul style="list-style-type: none"> Support available when following recommendations to improve health and wellbeing: <ul style="list-style-type: none"> formal support from professionals, trained volunteers, support groups and charities informal support from friends, family, neighbours, community and work colleagues. 	<ul style="list-style-type: none"> Definition of obstacles: something personal to an individual that blocks a person moving forward or when action is prevented or made difficult. Potential obstacles as appropriate to the individual and the recommendation: <ul style="list-style-type: none"> emotional/psychological time constraints availability of resources unachievable targets o lack of support 	
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