

## Health and Social Care Curriculum Overview

### Health and Social Care Intent

It is our intention to offer an engaging and effective introduction to the knowledge and skills required for careers within the health and social care sector. We will teach the fundamentals of the knowledge required and to develop and nurture students' existing skills, preparing them for further education and roles in professional environments.

Staff aim to develop a passion and enthusiasm for careers within the health and social care sector within each student. We encourage the students to have a caring, person-centred approach and consider the impact care has on an individual's life. We aim to foster mutual respect, celebrate diversity and make students aware of various challenges facing the care sector.

We promote an awareness of the real impacts on people living with conditions or illnesses such as the psychological impacts, signs, symptoms and treatments. Students will be aware of legislation and guidance supporting health and social care, so that they can ensure the people they are working with in the future, are not only able to access all the care and support they are entitled to but are also able to protect themselves from any harm or abuse whilst at work.

We aim to provide an awareness of the importance of specific person-centred care and support and how to build positive relationships with the people they could work with, so that their needs and requirements are met whilst maintaining control of their own care and support.

Our intention is to equip students with the professional, personal skills and interactions with people who either work in the health, social and childcare sector or require care or support.

We are committed to preparing students for their final exams from lesson one. Exam structure is explicitly taught, alongside revision techniques. Students are taught how to hold effective discussions, listen to others and learn from one another. Students are supported in their note taking and closely monitored. Students are encouraged to engage in active learning, challenge themselves, share their real-life experiences, engage in contemporary news stories and watch documentaries, all with the intent to develop their love for learning and understanding of sociology.

Unit 3: Health and Safety- Externally Assessed				
What are we learning?	Our Intention: What knowledge, understanding and skills will we gain?	Evaluation and Assessment Methods	Implementation	What additional resources are available?
1. Understand potential hazards in health, social care and child care environments	<p>1.1 Types of hazards, i.e. • environmental (e.g. slip and trip hazards) • biological (e.g. waste, infection) • chemical (e.g. medicines, cleaning materials) • psychological (e.g. stress, fatigue) • physical (e.g. noise, radiation) • musculoskeletal (e.g. manual handling, DSE (display screen equipment)) • working conditions (e.g. temperature, noise, travel) • working practices (e.g. working hours, supervision) • lack of security systems (e.g. door locks, alarm systems)</p> <p>1.2 Potential impacts of hazards for individuals who require care or support, employees and</p>	<p>Learners must be able to identify potential hazards in health and social care. They must be able to identify potential hazards and explain how these hazards can affect staff and/or individuals who require care and support, (e.g. a high workload due to staff absence can cause stress which can cause high blood pressure, poor ventilation can cause respiratory illnesses or poor personal hygiene can cause the spread of MRSA). Learners should understand that abuse can</p>	<p>Learners can draw upon their own knowledge, possibly from part time jobs and unit 2.</p>	<p>Text book OCR Resources links for websites</p>

	<p>employers, i.e. • injury or harm • illness • poor standards of care • financial</p> <p>1.3 Harm and abuse, i.e. • intentional abuse (e.g. financial abuse) • unintentional abuse (e.g. poor care provided) • effects of abuse (e.g. illness, injury, fear)</p> <p>1.4 Types of settings, i.e. • health environment (e.g. hospital, GP surgery) • care environment (e.g. residential care home, individual's home) • child care environment (e.g. nursery, school) • public environment (e.g. shopping centre, park) • transport (e.g. minibus, ambulance)</p>	<p>be against the individual(s) who requires care or support but also against the employee from the individual(s). Learners must be able to distinguish between intentional and unintentional abuse and its effects, (e.g. theft is intentional and unintentional abuse, poor care leading to pressure ulcers). Learners must be able to evaluate the effects that this abuse can have on individual(s) whom require care and support and on the employee(s). Learners must be able to analyse the types of hazards that can be in different types of care settings, e.g. in a hospital there is the potential for a MRSA outbreak. In an infant school there are toys</p>		
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		that could potentially be choking hazards.		
2. Understand how legislation, policies and procedures promote health, safety and security in health, social care and child care environments	<p>2.1 Legislation, i.e. • Health and Safety at Work Act 1974 • Management of Health and Safety at Work Regulations 1999 • Food Safety Act 1990 • Food Safety (General Food Hygiene) Regulations 1995 • Manual Handling Operations Regulations 1992 • Reporting of Injuries, Diseases and Dangerous Regulations (RIDDOR) 2013 • Data Protection Act 1998 • Control of Substances Hazardous to Health (COSHH) 2002 • Civil Contingences Act 2004</p> <p>2.2 Safeguarding, i.e. • the need for safeguarding • Disclosure and Barring Service (DBS) • Disclosure and Barring Service checks</p> <p>2.3 Influences of legislation on, i.e. • staff (e.g. staffing numbers, level of</p>	Learners must be able to describe the reasons for having a DBS system in place, e.g. to ensure that staff being employed are safe to work with vulnerable adults and children. Learners must assess how legislation influences various factors in health and social care settings, e.g. Care managers need to ensure that staff to client ratios are maintained. Learners need to analyse the importance of policies and procedures and how they are implemented in different health and social care settings, e.g. Fire evacuation will be different in a hospital compared to	There is an overlap with unit 2 with laws and legislations.	

	<p>education) • premises (e.g. fire exits, accessibility) • practices (e.g. reporting, storage of information) 2.4 Implementation of policies and procedures, i.e. • health and safety management systems • workplace hazards and risk controls (risk assessment) • fire safety • asbestos • transport hazards • electrical safety • safeguarding • reporting of accidents • food safety • chemical and biological health hazards • disposal of hazardous wastes (e.g. needles, body waste, expired medication) • lone working • storage and dispensing of medicines • security of premises, possessions and individuals 2.5 Review of policies and procedures</p>	<p>that of a residential home or infant school. Learners must describe the consequences if policies and procedures are not followed by staff, e.g. staff may be offered training courses or face disciplinary action for not following the correct policies or procedures.</p>		
<p>3. Understand the roles and responsibilities</p>	<p>3.1 Roles, i.e. • employers, i.e. o NHS o Local Authority o care manager/private care home</p>	<p>Learners must identify and describe the roles and responsibilities of</p>	<p>There is overlap with Unit 1 P1 Types of relationships.</p>	

<p>involved in health, safety and security in health, social care and child care environments</p>	<p>owner o headteacher/Board of Governors o third sector (e.g. Barnardo’s, Age UK, National Autistic Society) • employees • individuals who require care and support 3.2 Responsibilities, i.e. • employers’ role in promoting, maintaining and enforcing health and safety policies and procedures (e.g. overall responsibility for following organisational policies and procedures, but can delegate tasks) • employees’ role in using any equipment or substance in accordance with training, report serious or imminent danger, report shortcomings in employers’ health and safety arrangements • individuals who require care and support, their role in understanding the health and safety policies and practices in the environment in which they are being supported (e.g. adhering to the care settings’</p>	<p>employers and employees in different health and social care settings, e.g. it is the responsibility of the employer to ensure records and information about employees are maintained and up to date. Learners must also analyse possible consequences of not meeting their responsibilities, e.g. an employer could be criminally prosecuted for not maintaining accurate records</p>		
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	<p>procedures) 3.3 Consequences of not meeting responsibilities, i.e. • direct costs (e.g. claims on employers and public liability insurance, sick pay, fines) • indirect costs (e.g. recruitment costs, overtime payments, low staff morale) • disciplinary action (e.g. first written warning, final written warning, dismissal)</p>			
<p>4. Know how to respond to incidents and emergencies in a health, social care or child care environment</p>	<p>4.1 Incidents and emergencies, i.e. • accidents • exposure to infections • exposure to chemicals • spillages • intruders • aggressive and dangerous encounters (e.g. intoxicated individuals) • fire • floods • loss of water supply • other critical incidents (e.g. power cut, bomb threat, gas leak) 4.2 Responses to incidents and emergencies, i.e. • reporting of accidents • evacuation procedures • follow-up review of critical incidents and emergencies • report to</p>	<p>Learners must be able to Identify different incidents and emergencies in health and social care settings e.g. there is a fire in a private care home. Learners will need to be able to describe how the setting could respond to the incident or emergency e.g. a private care home would need to evacuate residents and staff following a specific</p>		

	<p>relevant authorities (e.g. RIDDOR, HSE, calling the police, notifying social services)</p> <p>4.3 Responsibilities of a first aider, i.e. • assess for danger • keeping themselves and the area safe • prevent further harm • maintain respect and dignity • get help • stay with an individual until help arrives</p>	<p>procedure and contact the fire services.</p> <p>Learner must be able to identify and describe the responsibilities of a first aider</p>		
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Unit 10: Nutrition- Internally Assessed				
What are we learning?	Our Intention: What knowledge, understanding and skills will we gain?	Evaluation and Assessment Methods	Implementation	What additional resources are available?
1. Know nutritional and diet guidelines	<p>1.1 Dietary intake guidelines: (e.g. eatwell plate, food pyramids, food groups, five-a-day, NHS Change4Life, healthy eating) 1.2 Energy balance, i.e. • diet and physical activity 1.3 Nutritional measures (e.g. Body</p>	P1: * Describe nutritional and diet guidelines	Students can build on knowledge from their GCSEs science, PE and PDT and Level 3 PE if they have chosen this.	<p>Text book</p> <p>OCR Resources links for websites</p>



	<p>Mass Index (BMI), growth charts, recommended intakes, weight for height and gender, Dietary Reference Values) 1.4 Food labelling regulations, i.e. • items on the label required by law • nutritional information</p>		<p>Some knowledge may also be common sense.</p>	
<p>2. Understand the functions of nutrients</p>	<p>2.1 Nutrients, i.e. • macro nutrients, i.e. o carbohydrates, i.e. ♣ sugar ♣ starch ♣ non-starch polysaccharides ♣ sugar substitutes (e.g. artificial sweeteners, sorbitol) o proteins, i.e. ♣ polypeptides ♣ essential and non-essential amino acids ♣ proteins of high and low biological value ♣ novel sources (e.g. mycoprotein (Quorn)) o lipids, i.e. ♣ saturates ♣ monounsaturates and polyunsaturates ♣ trans fats ♣ cholesterol ♣ essential fatty acids • micro nutrients, i.e. o vitamins i.e. ♣ fat-soluble (e.g. A, D, E and K) ♣ water-soluble (e.g.</p>	<p>P2: Describe the functions of nutrients  P3: * Explain how nutritional requirements differ for individuals  M1: Analyse the possible effects of poor nutrition for different individuals  D1: Evaluate the possible causes of poor nutrition for different individuals</p>		

	<p>B group, C) o minerals (e.g. iron, calcium, magnesium, sodium, potassium, selenium, zinc) • energy, i.e. o dietary sources o as kilocalories and kilojoules o energy values for protein, fat, carbohydrate and alcohol 2.2 Functions (e.g. source of energy, muscle repairing and synthesis, supports cognitive function, supports healthy immune system) 2.3 Dietary needs of individuals, i.e. • children • adolescents • adults • older people • pregnant women and breastfeeding mothers 2.4 Effects of nutritional deficiencies (e.g. obesity, malnutrition, anorexia, bulimia, undernutrition, rickets, scurvy)</p>			
<p>3. Understand factors which influence nutritional health</p>	<p>3.1 Health factors (e.g. health condition (e.g. heart disease, hypertension, diabetes, coeliac disease, irritable bowel syndrome, lactose intolerance,</p>	<p>P4*: Explain factors which influence nutritional health  M2: Analyse the sustainability of a dietary</p>		

	<p>food allergy), loss of ability to feed independently, (e.g. from paralysis, loss of cognitive function)) 3.2 Lifestyle factors (e.g. eating at home, social eating and drinking, exercise/activity levels, occupation (active/sedentary), leisure pursuits) 3.3 Economic factors (e.g. cost of food, access to shops, food supply, (e.g. seasonal variation)) 3.4 Sociocultural factors (e.g. beliefs, socialisation, food rituals, role of food in families and communities) 3.5 Educational factors (e.g. food hygiene, marketing and labelling, public health, health education, role of health professionals, (e.g. dieticians, public health nutritionists, doctors, nurses, carers, sports nutritionists, health and fitness instructors)) 3.6 Personal preference (e.g. meal patterns, snacking,</p>	<p>plan for a chosen individual</p>		
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	<p>personal tastes, food availability, fast food, takeaways, vegetarianism, veganism) 3.7 Fluid balance (e.g. dehydration, hyperhydration, superhydration, constipation) 3.8 Labelling (e.g. Food Standards Agency traffic lights guide)</p>			
<p>4. Be able to make recommendations to improve nutritional health</p>	<p>4.1 Record food intake (e.g. record, over one period of three days, all food eaten including meals, snacks, drinks, confectionery, supplements; portion sizes) 4.2 Review sources of nutritional information (e.g. tables of food composition, tables of portion sizes, packaging) 4.3 Quantitative analysis (e.g. to include energy and proportion gained from fat, protein, iron, vitamin C and fibre) 4.4 Compare to daily recommended intakes (e.g. health risks related to eating too much or too little of particular</p>	<p>P5:* Evaluate the diet and nutrition of a chosen individual</p> <p>P6:* Develop a dietary plan to improve the nutritional health of an individual</p> <p>M2: Analyse the sustainability of a dietary plan for a chosen individual</p>		

	<p>nutrients measured to usual dietary habits; general health targets (e.g. five-a-day)) 4.5 Create nutritional plan (e.g. meals, snacks, drinks, guidance on portion size (e.g. numerical amount, weight/volume)) 4.6 Analyse lifestyle influences (e.g. personal food preferences and requirements, cultural, economic, social, availability of time, day-today variations (e.g. weekdays/weekends))</p>			
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Unit 17: Mental Health Needs- Internally Assessed				
What are we learning?	Our Intention: What knowledge, understanding and skills will we gain?	Evaluation and Assessment Methods	Implementation	What additional resources are available?
1. Know the main concepts, types, causes and effects of mental health conditions	1.1 Concepts (e.g. what is good mental health? The different concepts (e.g. the use of the language 'mental health' rather than 'mental illness') and models	P1: * Describe concepts, types, causes and effects of mental health conditions	Students who have taken Psychology A level, or Criminology will have a good	Text book OCR Resources links for websites

	<p>of mental health, including use and misuse of terms; how and why these may change over time)</p> <p>1.2 Types, i.e. • affective disorders • depression • anxiety • bipolar • schizophrenia, • psychosis • obsessive-compulsive disorder • phobias • body dysmorphia • post-natal depression • eating disorders</p> <p>1.3 Possible signs and symptoms (e.g. trouble sleeping, weight loss or gain, changes in mood)</p> <p>1.4 Causes, i.e. • biological • sociocultural • genetic • cognitive • psychodynamic • behavioural • humanist • drug/alcohol abuse • peer pressure</p> <p>1.5 The possible effects of mental health needs on the individual, i.e. • physical health • emotional wellbeing • social isolation • employment/economic • self-injury • risks of harm or suicide</p>	<p>M1: Compare the use of treatments for different mental health conditions</p>	<p>understanding of this material.</p> <p>Some students may draw on their own experiences of mental health conditions or those in the media.</p> <p>Local services are referred to.</p>	
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<p>2. Be able to support individuals with mental health conditions to plan their care, treatment and support</p>	<p>2.1 Types of treatments, i.e. • medication (e.g. antidepressants, beta blockers) • counselling/psychotherapy (e.g. could focus on issues from the past) • Cognitive Behavioural Therapy (CBT) (e.g. the link between thoughts and behaviours) • Electroconvulsive Therapy (ECT) (e.g. historically popular, now only used for fewer, more serious conditions) • occupational therapies (e.g. use of specific activities to promote independent function) • complementary and alternative medicine (e.g. used alongside conventional medical treatments) • exercise (e.g. any physical activity that increases endorphin release) 2.2 Hospital-based services (e.g. in-patient treatment, outpatient clinics, day hospitals, mental health nurses, psychiatrists, occupational therapists, social workers) 2.3</p>	<p>P2: Suggest treatments that can best support individuals with mental health conditions</p> <p>P3: Suggest services within the health and social care sector that can best support the needs of individuals with mental health conditions</p> <p>P4*: Summarise how legislation can be used to support individuals with mental health conditions</p> <p>M2: Compare how different support services benefit individuals with mental health conditions</p> <p>D1: Analyse the potential impact of the care and support received from professionals in different services</p>		
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	<p>Community-based services (e.g. Child and Adolescent Mental Health Services (CAMHS), support for people living in their own homes, Community Mental Health Teams, Community Mental Health Nurse, supported housing, recovery units, outreach teams, crisis teams, art/drama therapists, GPs, counsellors, social workers, early intervention psychosis team (EIPs)) 2.4 Advocacy (e.g. self-advocacy, peer advocacy, and empowerment, self-help groups, IMHAs and IMCAs) 2.5 Charities and voluntary/independent bodies (e.g. MIND, Rethink, Turning Point) 2.6 Legislation in relation to mental health needs, i.e. • NHS and Community Care Act 1990 • Mental Health Acts 1983 and 2007 • Mental Capacity Act 2005 (including Deprivation of liberty safeguards) • Equality Act 2010 • Human Rights Act 1998 •</p>			
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	<p>Children and Families Act 2014 • Care Act 2014</p> <p>2.7 Guidance and service strategy (e.g. “Mental Health Priorities for Change”, “Mental Health Strategy for England”, “No Health Without Mental Health”)</p>			
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