Year 11 Health and Social Care

Term One

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Social care – help with day-to-day living because of illness, vulnerability or disability. ● Social care services: o services for children and young people – foster care, residential care, youth work o services for adults or children with specific needs (learning disabilities, sensory impairments, long-term health issues) – residential care, respite care, domiciliary care o services for older adults – residential care, domiciliary care. ● Additional care: o informal care – given by relatives, friends, neighbours, partners o voluntary care – community groups and faith-based organisations, charities		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: · physical barriers o issues getting into and around the facilities: o ways to overcome physical barriers: ramps, wider doorways, accessible toilets/rooms, stair lifts, hoists o barriers to people with sensory disability o hearing and visual difficulties: o 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 o lack of awareness, differing cultural beliefs, social stigma, fear of loss of independence: o 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 · barriers to people that speak English as an additional language or those who have language or speech impairments: o ways to overcome language barriers:	geographical barriers o distance of service provider, poor transport links: o ways to overcome geographical barriers: local community transport schemes for disabled or elderly service users, home/community visits, community clinics, telehealth schemes · barriers for people with learning disabilities: o 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 · financial case study of Tesco · laptops for research · templates · Exemplar recruitment and selection documents · barriers o charging for services, cost of transport, loss of income while accessing services: o 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.	Write Up Task 2 & 3	

Term Two

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Skills: o problem solving o observation o dealing with difficult situations o organisation. · Attributes: o empathy o patience o trustworthiness o honesty. The 6 Cs: · 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.	Definition of obstacles: something personal to an individual that blocks a person moving forward or when action is prevented or made difficult. · Potential obstacles and their impact on the individual: o emotional/psychological – lack of motivation, low self-esteem, acceptance of current state, anxiety, stress o time constraints – work and family commitments o availability of resources – financial, equipment, amenities o unachievable targets – unachievable for the individual or unrealistic timescale o lack of support – from family and friends o other factors specific to individual – ability/disability, health conditions, addiction.	Individuals will: · be supported to overcome their own personal obstacles · receive high quality care · receive person-centred care based on individual wishes · be treated with respect · not be discriminated against · be empowered and have independence · be involved in care decisions · be protected from harm · feel comfortable to raise complaints · have their dignity and privacy protected have their confidentiality protected have their rights promoted	Write Up Task 4 and 5		

Term Three

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
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 factors that can have positive or negative effects on health and wellbeing o inherited conditions – sickle cell disease, cystic fibrosis o physical ill health – cardiovascular disease, obesity, type 2 diabetes o mental ill health – anxiety, stress o physical abilities o sensory impairments.	Social factors that can have positive or negative effects on health and wellbeing: o supportive and unsupportive relationships with others – friends, family, o peers and colleagues o social inclusion and exclusion o bullying o discrimination. · Cultural factors that can have positive or negative effects on health and wellbeing: o religion o gender roles and expectations o gender identity o sexual orientation o community participation.	Economic factors that can have positive or negative effects on health and wellbeing: o employment situation o financial resources – income, inheritance, savings. · Environmental factors that can have positive or negative effects on health and wellbeing: o housing needs, conditions, location o home environment – living with a high level of parental conflict, experiences of abuse and neglect o exposure to pollution – air, noise and light. • The impact on physical, intellectual, emotional and social health and wellbeing of different types of life event: o physical events o relationship changes o life circumstances.	• Interpretation of physiological data according to published guidelines: o resting heart rate (pulse) – normal range 60 to 100 bpm o heart rate (pulse) recovery after exercise – the heart's ability to return to normal levels after physical activity is a good indicator of fitness o blood pressure – low blood pressure 90/60mmHg or lower, ideal blood pressure between 90/60mmHg and 120/80mmHg, pre-high between120/80mmHg and 140/90mmHg, high blood 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. • The potential significance of abnormal readings: o impact on current physical health (short-term risks) potential risks to physical health (long-term risks).	• Interpretation of physiological data according to published guidelines: o resting heart rate (pulse) – normal range 60 to 100 bpm o heart rate (pulse) recovery after exercise – the heart's ability to return to normal levels after physical activity is a good indicator of fitness o blood pressure – low blood pressure 90/60mmHg or lower, ideal blood pressure between 90/60mmHg and 120/80mmHg, pre-high between120/80mmHg and 140/90mmHg, high blood 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. • The potential significance of abnormal readings: o impact on current physical health (short-term risks) potential risks to physical health (long-term risks)	• Interpretation of lifestyle data according to published guidelines: o nutrition – the Eatwell Guide o physical activity – UK Chief Medical Officers' Physical Activity Guidelines o smoking – UK Chief Medical Officers' Smoking Guidelines o alcohol – UK Chief Medical Officers' Alcohol Guidelines o substance misuse.

Term Four

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
• The ways in which a person-centred approach takes into account an individual's: o needs – to reduce health risks o wishes – their preferences and choices o they feel happier and more positive about their health and wellbeing. o circumstances – to include age, ability, location, living conditions, support, physical and emotional health. o The importance of a person-centred approach for individuals: o makes them more comfortable with recommendations, advice and treatment o gives them more confidence in recommendations, advice and treatment o ensures their unique and personal needs are met o increases the support available to more vulnerable individuals o improves their independence o they are more likely to follow recommendations/actions to improve their health o they are more motivated to behave in ways that positively benefit their health	• The benefits of a person-centred approach for health and social care workers and services: o it improves job satisfaction for health and social care workers o it saves time for health and social care services o it saves money for health and social care services o it reduces complaints about health and social care services and workers.	• Established recommendations for helping to improve health and wellbeing: o improving resting heart rate and recovery rate after exercise o improving blood pressure o maintaining a healthy weight o eating a balanced diet o getting enough physical activity o quitting smoking o sensible alcohol consumption o stopping substance misuse. • Support available when following recommendations to improve health and wellbeing: o formal support from professionals, trained volunteers, support groups and charities o informal support from friends, family, neighbours, community and work colleagues.	• 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: o physical barriers o barriers to people with sensory disability o barriers to people with different social and cultural backgrounds o barriers to people that speak English as an additional language or those who have o language or speech impairments o geographical barriers o resource barriers for service provider o financial barriers. • 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: o emotional/psychological o time constraints o availability of resources o unachievable targets o lack of support.	• 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: o physical barriers o barriers to people with sensory disability o barriers to people with different social and cultural backgrounds o barriers to people that speak English as an additional language or those who have o language or speech impairments o geographical barriers o resource barriers for service provider o financial barriers. • 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: o emotional/psychological o time constraints o availability of resources o unachievable targets o lack of support.	Walk-thru PPE/ mock papers Revision of key areas highlighted. Mop-up of any content not covered

Term Five

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Walk-thru PPE/ mock papers Revision of key areas highlighted.					