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Year 12 Health and Social Care

Unit 1 – Human Lifespan Development

Learning Objectives

LOA - Physical, Intellectual, Emotional and Social development at each life stage.

What previous knowledge is required?

No previous knowledge is required, however Level 2 Health and Social Care is beneficial

How will this term's content help with future learning?

Students will be taking their Unit 1 exam in January 2027 and the work learnt from this will enable them to sit the questions related to this topic.

National Curriculum / Specification

A1.1 Infancy – (birth to 2 years):
A1.1.1 physical: growth – height and weight; the development of gross motor skills: holding head up, sitting up, crawling, walking; the development of fine motor skills: using thumb and finger to pick up items; meeting milestones and expected development
A1.1.2 intellectual: learning about environment through interaction with it; recognise familiar faces; communicating with others and starting to talk; manipulate objects
A1.1.3 emotional: importance of bonding and attachment with primary care givers; theories of attachment Bowlby and Ainsworth
A1.1.4 social: relationships with caregivers, start to interact with others.

A1.2 Early childhood (3 to 8 years):
A1.2.1 physical: changes to growth, height and weight; gross motor skills – walk on tiptoe, hopping and skipping; fine motor skills, dress and undress self-undoing/doing up buttons/laces
A1.2.2 intellectual: increase in vocabulary, talks in sentences; counting; increase in problem solving; knows basic information about self.
A1.2.3 emotional: managing own emotions; understanding others' emotions, development of self
A1.2.4 social: developing friendships with other children.

A1.3 Adolescence (9 to 18 years):
A1.3.1 physical: the changes surrounding puberty – changes to primary and development of secondary sexual characteristics; hormonal changes
A1.3.2 intellectual: abstract thinking; reasoning
A1.3.3 emotional: developing own identity, and self-concept, including self-image and self-esteem; developing intimate relationships
A1.3.4 social: friendships and the effects of peer pressure on social development; developing independence; peer influences on behaviour.

A1.4 Early adulthood (19 to 45 years):
A1.4.1 physical: physical maturity: physical strength peaks, fertility, brain growth until early twenties; pregnancy and lactation occur; synaptic pruning
A1.4.2 intellectual: new intellectual skills develop relating to further/higher education and work
A1.4.3 emotional: long term intimate relationships; changes to self-concept including self-esteem and self-image related to lifestyle (work, family); bonding and attachment with own family/guardians.
A1.4.4 social: independent from family, groups of friends.

A1.5 Middle adulthood (46 to 69):

A1.5.1 physical: perimenopause and menopause to include: hot flushes, night sweats, cessation of menstruation and vaginal dryness; start of physical strength declining, vison and hearing loss, changes related to lifestyle factors to include weight gain, joint pain related to wear and tear
A1.5.2 intellectual: improvement in verbal and reasoning skills from applied learning
A1.5.3 emotional: re-evaluation of priorities; contributing to the next generation, sense of emptiness as children grow up; emotional factors relating to menopause including changes to mood and libido
A1.5.4 social: relationships with peers at work; more social lifestyle with no children/early retirement/retirement; limited social life due to work pressures; changing roles – becoming a grandparent.

A1.6 Late adulthood (70 to 84 years):
A1.6.1 physical: lung capacity reduces, arteries and heart muscle thicken, brain cells lose some functioning, falls from reduced mobility
A1.6.2 intellectual: ability to learn new skills though may take longer, short term memory less easily recalled, wisdom and creativity remain
A1.6.3 emotional: calmer, feeling alone, feel younger than age, feelings of frailty
A1.6.4 social more opportunity for meeting friends due to retirement, meeting new people as taking on new activities; reduction in social circle of peers through this life stage.

A1.7 Later adulthood (85+ years):
A1.7.1 physical: reduction in organ function, loss of bone density; ligaments and tendons lose elasticity leading to less flexibility and stiffness in movement; skin becomes thinner, less elastic and tears easily due to lack of collagen, elastin, and fat; chronic/long term health conditions more likely, further deterioration of vision and hearing
A1.7.2 intellectual: potential for lapses in memory function; cognitive decline due to stroke or dementia; cognitive super-agers
A1.7.3 emotional: improved emotional regulation; depression relating to loss (loss of peers; independence, skills; increased sense of own mortality, increased frailty
A1.7.4 social: significant reduction in social activity, increased support required to be able to meet friends and family outside of home environment; decrease in peer groups; disengagement theory; activity theory.

Unit 1 – Human Lifespan Development

Learning Objectives

LOB - Factors affecting human growth and development across each life stage
LOC - Health and social care promotion, prevention and treatment at different life stages

What previous knowledge is required?

LOA - Physical, Intellectual, Emotional and Social development at each life stage.

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National Curriculum / Specification

B1 Genetic factors
B1.1 Genetic predisposition to health/ill health: to include cardiovascular disease, breast and prostate cancers. B1.2 Genetic disorders: Huntington's disease, cystic fibrosis, sickle cell anaemia.

B2 Lifestyle factors
B2.1 Diet and weight management.
B2.2 Level of exercise
B2.3 Use or not of alcohol and tobacco.
B2.4 Quality of sleep.
B2.5 Oral health.

B2.6 Pregnancy: factors impacting on foetal development and premature birth including prenatal substance use/misuse, diet.

B3 Health inequalities
B3.1 Current NHS definition of health inequalities.
B3.2 Health inequalities to include:
B3.2.1 difference in life expectancy across different socioeconomic groups
B3.2.2 prevalence of mental health difficulties across socioeconomic groups/gender/race and ethnicity
B3.2.3 access to health services and difference of experience in healthcare – race and ethnicity, learning disabilities, gender
B3.2.4 discrimination.
B3.3 Environmental: exposure to pollution and unsafe housing conditions, asthma, tuberculosis, accidents.
B3.4 Economic: income and employment status, impact on health.
B3.5 Occupational related health: chronic obstructive pulmonary disorder (COPD), musculoskeletal problems, stress and anxiety, shift work.

C: Health and social care promotion, prevention and treatment at different life stages C1 Prevalent health conditions Students will explore the prevalence of the stated health conditions within the following life stages.
C1.1 Infancy and early childhood: flu, chicken pox, ear infections, meningitis, conjunctivitis, speech development and problems, dental caries (tooth decay).
C1.2 Adolescence: smoke/vape/take drugs and alcohol, sexual health
C1.3 Early and middle adulthood: stress, depression and anxiety at work, accidents from risk-taking behaviour – acquired brain injury, life-changing injuries, inactivity/sedentary lifestyle.
C1.4 Late and later (old age) adulthood: dementia, heart disease, oral health, injury from falls, weakened immune system and complications from influenza.
C1.5 Obesity to be covered across the life stages.

C2 Health and social care promotion and prevention Students will explore the purpose of health and social care promotion and prevention.
C2.1 Vaccinations: purpose and role; herd immunity.
C2.2 Age-related health checks and screening: newborn hearing screening; growth (height and weight) and developmental milestones (infants); hearing and eyesight checks (across all life stages); NHS health check (diabetes, hypertension, height/weight, blood pressure, blood test for cholesterol); early cancer screening (cervical, bowel, breast); dementia screening.
C2.3 Mental health education.
C2.4 Dental checks.
C2.5 Health education for smoking, alcohol and drugs, sexual health.
C2.6 Accident prevention.

C3 Health and social care professionals For conditions covered in C1, students should be able to identify and outline the roles of the professionals involved in the care and treatment of an individual.
C3.1 Nurses: mental health, adult, learning disability, children and young people (CYP) specialist community public health nurse – health visitor, children's practice nurse, school nurses (SN) and occupational health nursing (OHN).
C3.2 Midwives.
C3.3 Doctors: general practitioner, surgeon, psychiatrist.
C3.4 Allied professions: physiotherapy, occupational therapy, speech therapist, radiographer, podiatry.
C3.5 Dentist, dental hygienist.
C3.6 Social worker.
C3.7 Dietician.
C3.8 Care and support workers: domiciliary/residential.

C3.9 Psychologist, counsellor.
C3.10 Youth worker.
C3.11 Social prescriber.

C4 Personalised care and multi-disciplinary working For professionals covered in C3, students should be able to identify and outline the multidisciplinary teams required to meet individual needs.
C4.1 Integrated Care Systems: multidisciplinary/multi-agency approach, a range of services working together with the service user to ensure a seamless approach to care.
C4.2 Person-centred approach to care, the need to give holistic care: assessment of needs, assessment of the whole person, Roper and Tierney – activities of daily living.
C4.3 Features of multidisciplinary team working:
C4.3.1 Shared decision making – service user at the heart of the process
C4.3.2 Different professionals working across a service – ways of working/ open communication/understanding each other's role
C4.3.3 Working with families and significant others.

Unit 3: Principles of Health and Social Care Practice

Learning Objectives

Learning aim A: Understand the principles of health and social care practice which underpin meeting the care and support needs of individuals

What previous knowledge is required?

Unit 1 - Human Lifespan Development

How will this term's content help with future learning?

This unit is worth 25% of the overall qualification and concepts will be used in further units of work

National Curriculum / Specification

A1 Values essential to health and social care practice
• NHS Core Values – working together for patients, respect and dignity, commitment to quality of care, compassions, improving lives, everyone counts.
• Skills for Care Values – dignity and respect, learning and reflection, working together, commitment to quality care and support.
• The 6Cs – care, compassion, competence, communication, courage and commitment. A2 Person-centred care and approaches
• All health and social care professionals work towards a standard of care to include: individuality, choice, independence, rights, privacy.
• Importance of people skills – empathy, patience, engendering trust, flexibility, sense of humour, negotiating skills, honesty and problem-solving skills.
• Focus on needs-led care – supporting inclusive practices and enabling individuals to make choices and actively participate in planning their own care.
• The importance of empowering individuals with care/support needs, valuing their individuality, and respecting an individual's opinions and feelings.
• Care/support plans, electronic health records (EHR): o record of care and/or support that must be provided for an individual o required record in all health and social care environments o informed by an individual's preferences, needs, and values
o individuals are involved in all aspects of planning and amending care plans/ support plans
o empowering the individual to report their changing needs
o up-to-date records ensure information is shared between colleagues – shift changes, staff changes, and across multiple teams.
• Supporting individuals to raise concerns regarding the ongoing delivery of their care and using appropriate channels of support.

A3 Communication in health and social care
• Types of communication to include: verbal, non-verbal, written and digital (online tools).
• Importance of communication to provide person-centred care – providing accurate information, support privacy and dignity, use of listening skills, avoiding jargon, slang, and acronyms, provide empathy and emotional support.
• Demonstrate respect and patience – with individuals, their families, carers, friends, colleagues, and members of the multi-disciplinary team.
• The importance of effective communication with colleagues and other professionals: o to include collaboration, open communication, coordination of responsibilities, shared decision making, shared responsibilities for planning and problem solving.
• Adapting communication according to the needs of individuals – learning disabilities, dementia and hearing impairments.
• How good communication may impact on outcomes for individuals:
o individuals are more likely to share important information o professionals can provide clear and understandable information to individuals and across teams
o motivates people to follow their treatment plans
o individuals are more likely to follow advice and guidance on living a healthy lifestyle o positively influencing a person's mental state and wellbeing.
• How poor communication may impact on outcomes for individuals: o increases in harm, length of stay, and resource use, as well as affecting staff morale
o professionals involved in care may not have the most up-to-date information
o too late to implement effective treatment or care if communication is delayed
o records are not consistently complete and accurate
o important issues may remain unresolved, until the point of urgency.
• Digital communication: o current ways digital tools are used to communicate in practice – to include at home monitoring, virtual wards, and video consultation/check ups
o improves person-centred care – chose the types of digital communication that work well, for whom, where and when
o benefits to professionals to include: time efficiency, enhances face to face engagement, opportunities to provide reassurance to individuals, develop and maintain relationships with individuals, may help to catch problems/changes early
o benefits to individuals to include: increases access to services, professionals, health information and education, improves confidence in managing own health, improves independence and experience of service provision, ease of providing interpretation services o considerations of digital communication to include cost to individuals, ethical issues, safety of information shared (to include cybersecurity), digital literacy of staff and individuals.

A4 Confidentiality
• Importance of keeping person-identifiable or sensitive information confidential to include information stored on behalf on colleagues and individuals.
• Importance of sharing confidential information when it is needed for the safe and effective care of an individual. • Sharing information and managing confidentiality – sharing should be necessary, proportionate, relevant, accurate, timely and secure.
• The importance of ensuring permission is acquired from an individual to share their records with family, friends or carers.
• Professionals must follow organisational policies and procedures to protect information to include when and how to share records, reporting concerns the recording, storing or sharing of records, whistleblowing where needed.
• Awareness of the consequences for breaching confidentiality to include disciplinary action and criminal charges.

A5 Duty of care

• Legal obligation of all health and social care professionals to protect the wellbeing of individuals in their care and prevent harm.
• Professionals must always act in the best interests of the individual, and their family/carers, using services.
• Individuals' records are up to date, accurate, and information shared with the relevant teams/professionals.
• Professionals must work to agreed national standards of care, to include those set by regulators
• Requirement that regulated professionals follow codes of conduct and codes of ethics set by the regulator – to include nurses and midwives, allied health professionals, social workers.
• Individuals are treated with dignity, compassion, and respect.
• individuals receive services which are appropriate to their individual circumstances and their age/stage in the human lifecycle.
• The importance of ensuring individuals are not deprived of their rights, are able to live as independently as possible and are allowed to make choices and take appropriate risks.
• Personal conduct at work and in personal lives must meet expected professional standards – reflect positively, confidentiality (to include personal and professional use of social media) and respect for individuals, carers/family, and colleagues.
• Managing dilemmas that may arise about duty of care: o follow policies and procedures to protect individuals, self and colleagues o mental capacity assessments – the meaning of capacity, the importance of supporting individuals to make independent, informed decisions about their care/support o positive risk taking – working with individuals to address the risks in relation to their needs, and the care and support given.
o report any concerns about the wellbeing of individuals, working conditions, faulty equipment as soon as possible
o report any incidents to line managers/shift leaders as soon as possible
o use reporting procedures to disclose any concerns about abuse, neglect or unprofessional behaviour.

A6 Working with vulnerable children and adults at risk
• Vulnerabilities: Applying All Our Health (2022): defined being vulnerable as being in need of special care, support, or protection because of age, disability, risk of abuse or neglect.
• The importance of protecting an individual's right to live in safety, free from abuse and neglect.
• Working to prevent harm and reduce the risk of abuse or neglect to those with care and support needs.
• Safeguarding individuals in a way that supports them making choices and having control in how they choose to live their lives.
• All health and social care professionals must follow agreed policies and procedures that relate to the safeguarding of children and adults at risk.
• The importance of following organisational policies and procedures when documenting and reporting safeguarding concerns.
• Awareness of the roles and responsibilities of individuals and organisations to safeguard individuals of all ages.
• The importance of multi-agency working for vulnerable individuals.

Unit 3: Principles of Health and Social Care Practice

Learning Objectives

Learning aim B: Examine how organisations, legislation and guidance inform practice in health and social care

What previous knowledge is required?

Unit 1 - Human Lifespan Development
Learning aim A: Understand the principles of health and social care practice which underpin meeting the care and support needs of individuals

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National Curriculum / Specification

B1 Organisations, legislation and guidance affecting health and social care services Students need to be aware that the organisations and legislation listed are subject to change and they should reference the most up-to-date versions in their assessments.

• Roles and responsibilities of key organisations: o organisations that govern overall practice – Department of Health and Social Care, NHS England
o National Institute for Care Excellence (NICE)
o Social Care Institute for Excellence (SCIE) o Care Quality Commission (CQC).
o regulatory bodies and their Codes of Practice – Nursing and Midwifery Council, Social Work England, Health and Care Professions Council, General Medical Council
o organisations that support practice and workforce development – Skills for Health, Skills for Care
o Professional Standards Authority.
• Key legislation that informs practice and its purpose:
o Health and Social Care Act 2008
o Care Act 2014
o General Data Protection Regulations (2018)
o Freedom of Information Act (2000)
o Safeguarding Vulnerable Groups Act 2006
o Mental Health Act 2021, Mental Capacity Act 2005, Deprivation of Liberty Safeguards o Equality Act 2010
o Human Rights Act 1998.

B2 Organisation of health and social care services Students need an awareness of the function of different types of health and social care services.
• Primary care – general practice (GP), pharmacy, dentistry.
• Secondary care – urgent and emergency care – to include physical and mental health care, planned or elective care, emergency care.
• Tertiary care – highly specialist care – neurosurgery, transplants, secure forensic mental health services.
• Community health – sexual health clinics, smoking cessation clinics, health visitors.
• Social care – care homes (with/without nursing support), at home (domiciliary) care, rehabilitation services. • Palliative and end-of-life care. Learning disabilities care.
• Virtual wards, virtual hospitals.

B3 How health and social care services are organised to benefit the population Students will need to investigate integrated care systems in relation to the services listed above.
• Integrated care systems (ICSs):
o partnerships of NHS organisations, social care services and local authorities
o collective responsibility to plan services, improve outcomes, and reduce inequalities across a local area
o responsibility for implementing and accelerating digital priorities – electronic patient records (EPRs), digital social care records, shared care records (ShCRs).
• Two components of ICSs:
o Integrated Care Partnership (ICP) – statutory committees responsible for improving the care, health and wellbeing of the population in a local area; made up of representatives from NHS organisations, local authorities (social care and public health representatives), social care, voluntary, and community organisations; aim to develop a health and care strategy for the local area
o Integrated Care Board (ICB) – statutory NHS organisation responsible for planning and funding most NHS services in a local area.
• Purpose of ICSs:
o bring health and social care organisations together
o make best use of collective resources so individuals receive appropriate care as quickly as possible
o improve outcomes in population health and healthcare
o reduce inequalities in outcomes, experience and access
o support individuals with multiple needs, mental health issues, or long-term conditions to stay well and independent.

B4 Using critical thinking skills to draw valid conclusions
• Questioning relevance of information and challenging own biases.
• Breaking information into parts and identifying relationships and connections.
• Identifying strengths or weaknesses of information and why information is significant.
• Drawing conclusions supported by structured reasoning.

Unit 3: Principles of Health and Social Care Practice

Learning Objectives

Learning aim C: Examine how social determinants affect the health status of individuals and the importance of equality, diversity and inclusion in practice

What previous knowledge is required?

Unit 1 - Human Lifespan Development
Learning aim A: Understand the principles of health and social care practice which underpin meeting the care and support needs of individuals
Learning aim B: Examine how organisations, legislation and guidance inform practice in health and social care

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National Curriculum / Specification

C1 The effect of social determinants on individuals' health status
• Health status of individuals determined by the following factors:
o health status – the physical and mental health status of a person, group or population
o access to care – timely, appropriate, easy to get to and use, available services meeting the choice and needs of an individual
o quality and experience of care o behavioural risks to health – smoking rates, poor diet, physical inactivity, harmful alcohol consumption
o wider determinants of health – quality of housing, income, education, access to green space, healthy food, the work individuals do.
• Social and environmental factors affecting health status and health outcomes: o socio-economic factors – to include income, the influence of deprivation
o geography – differences in region, urban, or rural o individual characteristics including those protected in law, age, disability, neurodiversity, ethnicity, religion and belief, sex, sexual orientation, gender and gender identity, pregnancy and maternity, education, and economic status
o socially excluded groups to include people experiencing homelessness, asylum seekers and refugees.
• The importance of recognising the role of intersectionality of social determinants and factors affecting health outcomes in determining an individual's health status.

C2 Improving health outcomes in practice
• Students need to understand equality, diversity and discrimination in relation to the approach of professionals in health and social care practice, and how inclusive practice may impact on health outcomes.
• Definition of equality, diversity and discrimination (direct and indirect).
• Importance of inclusion in practice to include using person centred approaches to record and act on the unique needs, choices and preferences of individuals.
• The importance of not making assumptions about needs and preferences based on preconceptions, or generalisations.
• Awareness of intersectionality and health outcomes – individual characteristics overlap, and may change across the lifespan of an individual.
• The importance of equality, diversity and inclusion for professionals in practice:
o improved efficiency and effective running of services

o increased levels productivity o improved innovation o reduction in absence impact of recruiting and retaining a diverse workforce – better understanding of different cultures, increases the representation of identities in the local community, and at all levels of employment
o demonstrate cultural competence – in accordance with expectations of regulators of health and social care (to include Care Quality Commission)
o the importance of continued learning and development to include remaining up to date with information about different cultures, their potential needs and preferences; use of language (different meanings, absence of health and social care vocabulary from global cultures).
• The importance of equality, diversity and inclusion for individuals using services o improved quality of care – needs and choices are more likely to be met
o levels of satisfaction with care received o culturally sensitive/appropriate needs being met.

C3 Potential barriers to improving health outcomes in practice
• Students need to understand potential discrimination as it relates to health and social care practice and the experiences individuals of different ages may have in different settings.
• Recognition of common forms of discrimination, to include: unconscious bias, othering, labelling, prejudice and stereotyping.
• Professionals and individuals can be discriminated against based on multiple characteristics.
• Challenge discrimination in practice: o awareness of intersectionality – intersecting identities can lead to less favourable, or more favourable, treatment for some individuals compared to others
o promote inclusion in information, images and resources
o use organisational policy and procedure to report and challenge discriminatory practice
o support individuals using health and social care services to report and challenge discrimination.
• The impact of pandemics on health outcomes:
o vulnerability of groups across different geographies
o differences in mortality rates across cultural groups
o significant effect on some groups of people: disabled people, ethnic minority communities and care home residents, prisoners, homeless people
o individuals less likely to have had contact with family/friends who understand and affirm their culture; little/no opportunity for contact with their culture/community outside their home
o individuals more likely to have had contact with people who do not share their culture (inpatients, residents in care or nursing homes); to experience more life events that have cultural significance (end of life needs; loss of a significant other), received information in a language they didn't understand o the effect of reprioritisation and restriction on services – unmet needs, mental health issues, education gaps, loss of employment, financial insecurity.