



Curriculum Core Knowledge Plan

SUBJECT: Health and Social Care

YEAR GROUP: Key Stage 4

Unit Title	Core knowledge	Core vocabulary	Revisiting Prior Knowledge	Links to Walney Ways Employability Skills, Careers
Unit 1 Health, well-being and development throughout the lifespan Topic 1 1.1 Key physical, intellectual, emotional and social aspects that affect growth and development across the lifespan of individuals. 1.1.1 Growth and development through the life stages 1.1.2 Physical aspects of development 1.1.3 Intellectual	1.1.1 Learners should know and understand the expected milestones of physical, intellectual (cognitive), language, emotional and social development that take place in each of the main stages in the lifespan: • infancy 0-2 years • childhood 3-10 years • adolescence 11-19 years • adulthood 20-64 years • later adulthood 65+ years. 1.1.2 Learners should know and understand the developmental milestones and key aspects of development and changes in physical development in each of the following life stages: • Infancy and childhood: reflexes, growth, gross and fine motor skills, self-care skills • Adolescence: puberty and the physical changes that take place in girls/boys • Adulthood:	Abuse Harm that is caused by anyone who has power over another person, which may include family members, friends, unpaid carers and health or social care workers. It can take various forms, including physical harm or neglect, and verbal, emotional or sexual abuse. Adults at risk can also be the victim of financial abuse from people they trust. Accountability When a person or organisation is responsible for ensuring that things happen and is expected to explain what happened and why. Acute care Health care received in hospital following an injury, operation or sudden illness. Advance decision A decision made about medical treatment an individual would or would not want in the future, if unable to make decisions because of illness or because lack of capacity to consent. Adverse Childhood Experiences (ACEs)	Students to think about work completed in Personal Development lessons around health and wellbeing and personal development, self-esteem, emotions etc Students to think about family members, ages and milestones they have observed	Self-awareness Curious Wider thinking Organisation Communicative Health and social care careers e.g. doctor, nurse, social worker, paramedic



(cognitive) aspects of development 1.1.4 Social and emotional aspects of development	pregnancy, menopause, muscle strength, weight gain • Later adulthood: the ageing process and its effects. 1.1.3 Learners should know and understand the developmental milestones and key aspects of development and changes in intellectual (cognitive) development in each of the following life stages: • Infancy and childhood: memory, problem solving and reasoning, concentration, Piaget's stages of cognitive development (sensorimotor, preoperational, concrete operational), schema development, pre-linguistic and linguistic development, Kohlberg's stages of moral development (pre-conventional morality) • Adolescence and adulthood: advanced knowledge and thinking skills, Piaget's cognitive development (formal operational stage), Kohlberg's stages of moral development (conventional morality and post-conventional morality) • Later adulthood: effects of ageing on memory and cognitive ability, acquiring new knowledge.	Adverse Childhood Experiences (ACEs) are traumatic experiences that occur before the age of 18 and are remembered throughout all of the life stages. These experiences range from verbal, mental, sexual and physical abuse, to being raised in a household where domestic violence, alcohol abuse, parental separation or drug abuse is present. Advocacy Advocacy supports and enables people who have difficulty representing their interests, to exercise their rights, express their views, explore and make informed choices. Ageing process Hair loss, loss of muscle tone, mobility, strength, fine motor skills, eyesight and hearing. Allied Health Professional People who provide different types of health care who are not doctors, nurses or pharmacists. The description includes a wide range of roles, including physiotherapists, occupational therapists, dietitians, podiatrists and others. Assessment The process of working out what an individual's needs are. A care assessment will look at how they are managing everyday activities such as looking after oneself, household tasks and getting out and about.		
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	1.1.4 Learners should know and understand the developmental milestones, key aspects of development and changes in social and emotional development in each of the four life stages: • Infancy and Childhood: Bowlby's theory of attachment, Ainsworth's 'Strange Situation' (secure and insecure), self-concept, self-esteem, self-confidence, stages of play, primary and secondary socialisation, social skills • Adolescence: first intimate relationships, friendships, the role of peers, autonomy and independence • Adulthood: intimate relationships, parenthood, work relationships • Later Adulthood: Burke's theory of personal relationships, continued contentment, effect on emotional development of retirement, bereavement, increased dependency on others, loneliness.	Assisted Living Housing for older or disabled people, usually privately owned, where they may have their own flat within a larger development, and support (such as help with meals or laundry) may be provided to meet particular needs. Autonomy Having control and choice over life and the freedom to decide what happens. CAMHS Specialist services provided by the NHS for children and young people up to the age of 18 who are having emotional or behavioural problems such as for depression, eating difficulties, anxiety, sleeping problems, violent and angry behaviour, and other things. Capacity Having mental capacity means having the ability to make our own decisions. In order to do this, individuals need to be able to understand and remember information and communicate clearly – whether verbally or non-verbally – what they have decided. Care forums These are voluntary, non-profit organisations, which provide health, social care and well-being providers with a collective voice in the debate of how to provide the best outcomes for those needing care and support. They also provide training, share best practice and resources and promote the		
Unit 1 Health, well-being and development throughout the lifespan	1.2.1 Learners should know and understand how the following life factors may affect growth (an increase in physical size (mass and height)), development (the emergence and increase in sophistication of skills), health (a state of complete physical, mental and social well-being)			



Topic 2 - Key aspects that affect growth, development, health and well-being across the lifespan 1.2.1 Life factors 1.2.2 Lifestyle choices 1.2.3 Life events	and well-being (the state of being happy, healthy and thriving) across the lifespan: • Abuse: emotional, physical, sexual, verbal, neglect, coercive, financial • Access to services: immunisations, screening, regular eye tests and dentist, early years services, community support groups, youth services, day centres • Behavioural disorder: to include attention deficit hyperactivity disorder (ADHD), autism • Culture and race: culture and race, discrimination and prejudice • Economic: unemployment and employment (unskilled, semiskilled and skilled), income (wages, benefits) savings, material possessions, bills, debts, poverty (absolute and relative), standard of living, housing, access to services • Education experiences: attending primary/secondary/tertiary school/college access to play and learning opportunities and enriching learning environments at school and at home, extra curriculum activities and resources to support learning, school experiences to include bullying, the impact of peers and the quality of the learning experienced	importance for care workers to be aware of current legislation. Care Pathway A plan for the care of someone who has a particular health condition and will move between services. It sets out in a single document what is expected to happen, when, and who is responsible. Care Plans A written plan after an assessment, setting out what care and support needs a person may have, how needs will be met and what services an individual will receive. An individual should have the opportunity to be fully involved in the plan and to say what their own priorities are. If an individual lives in a care home or attends a day service, the plan for their daily care may also be called a care plan. Chronic condition A long-lasting illness or health condition, that cannot be cured but can usually be managed with medicines, treatments, care and support. Clinical audit A way of finding out if the healthcare provided by a particular organisation is good enough, and what needs to be done better. It involves looking at how things should be done, comparing what is actually being done, making changes where necessary, and then looking again to check for improvements.		
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	Living Environment: • home: demographic and access to green space, quality of living accommodation, overcrowding, unsafe living conditions • pollution: air and noise pollution, effects on respiratory disorders, cardiovascular disorders, allergies and stress • Family and relationships: family size and type of family (nuclear, extended, single-parent, step, foster, adoptive, same-sex), parenting style (authoritative, authoritarian, neglectful/uninvolved, indulgent/permissive), friendships, peers, intimate, sexual and working relationships (teacher/student, employer/employee, colleague) • Gender and sexuality: male, female, non-binary, heterosexual, lesbian, gay, asexual, bisexual, pansexual, transgender and those identifying as queer (LGBT+) • Long-term and life limiting conditions: • congenital conditions: Down's syndrome and spina bifida • genetic inheritance conditions: cystic fibrosis • physical disabilities: cerebral palsy • chronic conditions: arthritis, asthma, diabetes, coronary heart disease, cancer • comorbidity	Clinical Pathways Tools used to guide evidence-based healthcare. Codes of Conduct and Professional Practice The professional standards that nurses, midwives, nursing associates and other health and social care professionals must uphold in order to be registered to practise in the UK. Commissioned Services Provision As a result of planning services to meet the identified health or social care requirements of the population, developing and managing contracts with providers to ensure they meet standards for monitoring and reviewing quality, safety and performance of the service. Community Health Councils (CHCs) CHCs provide help and advice if you have problems with or complaints about NHS service. Comorbidity Living with more than one health condition at the same time. Congenital conditions Heart defects, cleft palate, clubfoot, foetal alcohol syndrome. Consent Giving permission to someone to do something. Co-production When an individual is involved as an equal partner in designing the support and services received. Degenerative condition An illness that gets worse over time.		
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	• accidents that may affect health • learning disabilities • mental health: mental illnesses: depression, anxiety (eating disorders, OCD, phobias) • physical health: maintaining a healthy weight, special diets, diabetic, food intolerances, specific nutritional needs of infants, children, teenagers, pregnant women and older adults • sensory disability: hearing and sight loss. 1.2.2 Learners should know and understand how the following lifestyle choices affect growth, development, health and well-being across the lifespan: • Diet: balanced and unbalanced diets, vegetarian/vegan • Activities: physical activity; amount and type of activity (aerobic, muscle strengthening, bone strengthening), activities which support mental well-being; (sport and leisure, socialising, hobbies/interests), work and home life balance involvement in community-based/voluntary activities • Influence of others: role models, peer pressure, social media	Dementia A term that describes a group of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities. Dignity Being worthy of respect as a human being and being treated as if you matter. Enablement A way of helping someone to become more independent by gaining the ability to move around and do everyday tasks for themselves. End of Life Care Support for people who are in the last months or years of their life. Fine motor skills Control of the small muscles in the fingers and hands such as palmar grasp, pincer grasp, tripod grasp, using cutlery and developing drawing skills. Gross motor skills Gaining control of large muscles such as head control, sitting, crawling, walking, running, developing a sense of balance, hopping, climbing, jumping, throwing and kicking a ball. Holistic care Care and support that treats the whole person and considers all their needs at the same time – physical, psychological, social and spiritual. Long-term condition An illness or health condition that cannot be cured but can usually be		
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	• Smoking and drug misuse: smoking, alcohol problems (binge drinking, abuse and dependence), drug misuse (illegal and legal). 1.2.3 Learners should know and understand how the following life events (expected or unexpected) may affect growth, development, health and well-being across the lifespan: • Family: becoming a parent, birth of a sibling, leaving home/moving house, marriage, divorce, becoming a carer/young carer, bereavement • Education: starting school/further education/higher education • Employment/unemployment: starting employment, redundancy, retirement • Health: a significant change in physical or mental health. Learners should know and understand the influence of life factors, lifestyle choices and life events and how they interrelate to affect growth and development in positive and negative ways. To include: • physical impact: diet, sleeping patterns, health • intellectual impact: (cognitive) impact on learning, language, acquisition of skills • emotional impact: change in mood, such as happiness, anxiety,	managed with medicines or other treatments. Examples include asthma, diabetes, arthritis, epilepsy and other things. Manual handling When you move or lift someone or something that is heavy and may cause physical strain. Menopause Physical changes: periods stopping or irregular, night sweats, hot flushes, dry skin, vaginal dryness, aches and pains in muscles and joints. Mixed economy of Care Provision of services from a variety of sources including the statutory, private and third sectors. Statutory care: services that are paid for and provided by the state, for example, NHS services, hospitals, health centres, local authority services, social care, commissioned services. Private care: services that are run as a business; for example, BUPA, private dentists, residential/nursing homes. Third sector: registered charities, organisations, self-help groups and community groups. Model of Care A way of providing care based on a set of beliefs and principles about what is right and works best. There are various different ways of providing care, and each organisation will decide which model to use.		
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	depression, loneliness, change in self-esteem, self-concept and self-confidence • social impact: change in social interactions. Learners should know and understand how health and social care services may support individuals who do not reach their developmental milestones. To include: • Types of support depending on age or condition: • Formal care: health and social care practitioners, such as, GPs, nurses, social workers, care workers, allied health professionals • Informal care: family, friends, neighbours, volunteers. • Services: • advocacy • direct care and support to meet individual needs • training and development • financial support • mental health services • equipment and resources • support groups and social support.	Multi-agency Working When different organisations work together to provide a range of support for people who have a wide range of needs. Multidisciplinary Teams A team of different professionals (such as doctors, nurses, therapists, psychologists, social workers, and others) working together to provide care and support that meets care needs. NHS National Health Service. National Institute for Health and Clinical Excellence (NICE) An organisation that provides advice and guidance to improve health and social care services in England and Wales. Outcomes In social care, an 'outcome' refers to an aim or objective an individual would like to achieve or need to. Individuals should be able to say which outcomes are the most important to them and receive support to achieve the outcomes. Palliative care Care provided to someone if they have an advanced, progressive illness for which there is no cure. The aim is to manage pain and other symptoms and to help have best quality of life. It may be provided in the home or in a hospital or hospice. Person-Centred Care Focusing care on the needs of the person rather than the needs of the		
Unit 1 Health, well-being and development throughout the lifespan	1.3.1 Learners should know and understand how active participation, inclusion, resilience and self-concept supports individuals' personal development: • Active participation:			



Topic 3 Factors that shape self-concept and personal development 1.3.1 The importance of active participation, inclusion, resilience and self-concept 1.3.2 The positive and negative factors that may affect self-concept and the importance of resilience and self-concept to achieve personal outcomes	enables individuals to be included in their care and have a greater say in how they live their lives in ways that matter to them • Inclusion: all individuals, regardless of their needs, have equal access and opportunities. Inclusion increases well-being as individuals feel valued and so are more likely to express their needs • Resilience: an individual's ability to successfully adapt to life's unexpected challenges either in the face of social disadvantage or other adverse conditions such as family or relationship problems, workplace and financial worries • Self-concept: how an individual thinks about, evaluates or perceives themselves is their self-concept. The value an individual places on themselves is their self-esteem/self-worth. An individual with high self-esteem will have a high level of well-being. 1.3.2 Learners should know and understand how the following positive and negative factors may affect self-concept and how these factors can inter-relate:	service. Practitioner A person who works in a skilled job such as social work, nursing or medicine, providing care or support directly to people. Pregnancy Physical changes: Weight gain, tender and larger breasts, frequent urination, heartburn, constipation, leg cramps. Primary Care The first point of contact in the health service, usually the GP, practice nurse, local pharmacist, dentist or NHS walk-in centre. Professional body An organisation that represents a group of people who are all part of the same profession, such as doctors or social workers. Prudent Healthcare Healthcare that fits the needs and circumstances of patients and avoids wasteful care. Puberty Different physical changes that take place in girls/boys, growth spurt, hormones. Public Health Public health is about the health of the population as a group, rather than about individuals. Reablement A way of helping an individual to remain independent, by giving them the opportunity to relearn or regain some of the skills for daily living that may have been lost as a result of illness, accident or disability. Rehabilitation When an individual is actively supported to recover from an injury or illness and regain the ability to do things for oneself.		
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	• abuse • age • appearance • culture • education • emotional development • gender and sexuality • income • life experiences • relationships with others • social media • stereotyping and discrimination • unconscious bias. Learners should know and understand how individuals can develop resilience and a positive self-concept to achieve their personal outcomes through the following strategies: • self-reflection, learning from past difficulties • recognising personal strengths and qualities • positive interactions with others • participating in new activities • achievements, praise and rewards • understanding personal limits and boundaries, setting realistic goals.	Respite care A service giving carers a break, by providing short-term care for the person with care needs in their own home or in a residential setting. It can mean a few hours during the day or evening, 'night sitting', or a longer-term break. It can also benefit the person with care needs by giving them the chance to try new activities and meet new people. Reflective practice Reflective practice is a way of studying own experiences to improve the way professionals work. Schedule of Growing Skills (SOGS) A standardised research-based screening tool to assess developmental milestones in children and act as an indicator where potential developmental delays may exist with preschool aged children Seamless service When care is provided smoothly, with good coordination between the individuals and organisations involved, and no gaps. Secondary Care Care that is received in hospital, either as an inpatient or an outpatient. Self-help groups These are groups of individuals who provide mutual support for each other Self-Care Things that individuals can do for themselves to keep as healthy and well as possible. Service user A person who receives services from a care and support provider.		
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		Social Care Any help that an individual may need, such as personal care or practical assistance, to live life as comfortably and independently as possible, because of age, illness or disability. Stakeholders People or groups who have an interest in what an organisation does, and who are affected by its decisions and actions. Tertiary Care Highly specialist health care requiring particular expertise and equipment, that is available only in specialist hospitals. Third sector A term used to describe the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations Unpaid/informal carers An informal carer includes any individual, such as a family member, friend or neighbour, who is giving regular, ongoing assistance to another individual without payment for the care given Unscheduled Care Unplanned health or social care services. Young carer A young person aged 18 or under who looks after, or helps look after, a family member or friend who has an illness, disability or drug or alcohol problem.		
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Unit 1 Health, well-being and development throughout the lifespan Topic 4 The physical indicators used to measure health and how these can be interpreted 1.4.1 The definitions of health, illness, disease and well-being 1.4.2 The physical indicators used to measure health and how these are interpreted	1.4.1 Learners should know and understand the following definitions of health, illness, disease and well-being, and how they contribute to a holistic view of health, which vary between cultures, across time and life stages: • Health² more than just a positive physical state and the absence of disease, it is a state of complete physical, mental and social well-being • Illness³ is a feeling or experience of ill health which is entirely personal to the individual, sometimes illness exists where no disease can be found • Disease³ a disorder usually with specific signs or symptoms • Well-being⁴ the state of being happy, healthy and thriving, with good mental health, high life satisfaction and sense of purpose and ability to manage stress. 1.4.2 Learners should know and understand the following physical indicators used to measure health, how data is interpreted and affected by contributing factors:			



	• Physical indicators: blood pressure peak flow body mass index (BMI) waist/hip ratio resting pulse rate and recovery after exercise • Interpretation of data: • data understood in relation to normal values/comparative data • data understood in terms of patterns or trends, increase, decrease, similarities, differences • possible explanations for data patterns or trends • Contributing factors: age, sex, lifestyle, environment			
Unit 1 Health, well-being and development throughout the lifespan Topic 5 The role and purpose of promoting health and well-being 1.5.1 The role, purpose and benefits of promoting health and well-being	1.5.1 Learners should know and understand the role and purpose of promoting health and well-being across the lifespan: • Role – to raise awareness of health and well-being issues • Purpose – to increase an individual's positive lifestyle choices • Benefits – to reduce risks to health and well-being and reduce health and social care costs. 1.5.2 Learners should know and understand the following strategies that may be used to support individuals to take responsibility for their			



1.5.2 How to support individuals to take responsibility for their own health and well-being 1.5.3 Ways of promoting health and well-being	own health and well-being to include prevention and control: • key campaigns and current initiatives to raise awareness of health and well-being issues with specific audiences at both local and national level • educate by providing information and advice about health and well-being to enable individuals to make positive lifestyle choices • encourage individuals to utilise their own strengths and their informal networks. 1.5.3 Learners should be aware of the ways current campaigns promote health and well-being. Such as: • Health campaigns: safe sexual practices, healthy eating, exercise, drug awareness, alcohol awareness (Dry January), cancer screening, smoking (No Smoking Day), medical conditions (diabetes, cardio-vascular disease, strokes, Movember) and mental health awareness (Time to Talk) • Well-being campaigns: Five Ways to Well-being, road safety, Keeping Warm in Winter, fire safety (smoke alarms), social isolation, modern slavery,			
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	dementia-friendly towns and businesses, Cycle to Work Day, AntiBullying Week. Learners should know and understand the following different types of health promotion methods that are used to promote health and wellbeing: • leaflets and posters • websites • television advertisements • celebrities/soap operas championing the cause • social media and internet 'pop ups' • guest speaker schools/colleges. Learners should be aware of the role, purpose and challenges of current health and well-being initiatives. For areas such as: • antibiotic awareness • anti-smoking • flu vaccinations • school health initiatives • screening services and vaccinations • social isolation • suicide and self-harm prevention • toothbrushing. Learners should be aware of the reliability and validity of campaigns and initiatives.			
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Unit Title	Core knowledge	Core vocabulary	Revisiting Prior Knowledge	Links to Walney Ways Employability Skills, Careers
Unit 2 Outcome - focused and person-centred practice in health and social care Topic 1 The range of individual needs across the lifespan 2.1.1 Key theories and how they impact on care needs, outcomes and development across the lifespan 2.1.2 Fundamental human needs	2.1.1 Learners should know and understand the following key theories and how they impact on care needs, outcomes and development across the lifespan: Maslow – hierarchy of needs: an individual's behaviour is based on their motivation to satisfy their needs (basic and complex needs). Failure to satisfy lower level needs results in an inability to meet higher level needs. Erikson – psychosocial development: an individual progresses through eight stages of psychosocial development, with each stage characterised by a psychosocial crisis to be overcome. 2.1.2 Learners should know and understand the following range of human needs:	Abuse Harm that is caused by anyone who has power over another person, which may include family members, friends, unpaid carers and health or social care workers. It can take various forms, including physical harm or neglect, and verbal, emotional or sexual abuse. Adults at risk can also be the victim of financial abuse from people they trust. Accountability When a person or organisation is responsible for ensuring that things happen and is expected to explain what happened and why. Acute care Health care received in hospital following an injury, operation or sudden illness. Advance decision A decision made about medical treatment an individual would or would not want in the future, if unable to make decisions because of illness or because lack of capacity to consent. Adverse Childhood	Students to think about work completed in Personal Development lessons around health and wellbeing and personal development, self-esteem, emotions etc Students to think about family members, ages and milestones they have observed	Self-awareness Curious Wider thinking Organisation Communicative Health and social care careers e.g. doctor, nurse, social worker, paramedic



across the lifespan 2.1.3 The changing needs of physical care and emotional support	Physical: health, protection, care, food, shelter, acquisition of skills, exercise, relaxation Intellectual (cognitive): opportunities to learn, education, work, creative expression, mental stimulation Emotional: affection, love, respect, identity, self-esteem, enjoyment/happiness, mental well-being, autonomy independence, equality, spiritual Social: friendship, belonging, participation/inclusion. 2.1.3 Learners should know and understand that the following physical care and emotional support needs change throughout the lifespan: • changes to needs due to expected/unexpected life events: starting school, redundancy, pregnancy, divorce, bereavement • changes to needs for individuals living with: • chronic diseases; arthritis, asthma, Coronary Heart Disease (CHD), diabetes • physical disabilities; mobility and sensory • mental illness; mood and anxiety disorders • changes to needs for individuals diagnosed with life-limiting condition such as palliative care and end of life care.	Experiences (ACEs) Adverse Childhood Experiences (ACEs) are traumatic experiences that occur before the age of 18 and are remembered throughout all of the life stages. These experiences range from verbal, mental, sexual and physical abuse, to being raised in a household where domestic violence, alcohol abuse, parental separation or drug abuse is present. Advocacy Advocacy supports and enables people who have difficulty representing their interests, to exercise their rights, express their views, explore and make informed choices. Ageing process Hair loss, loss of muscle tone, mobility, strength, fine motor skills, eyesight and hearing. Allied Health Professional People who provide different types of health care who are not doctors, nurses or pharmacists. The description includes a wide range of roles, including physiotherapists, occupational therapists, dietitians, podiatrists and others. Assessment The process of working out what an individual's needs are. A care assessment will look at how they are managing everyday activities such as looking after oneself, household tasks and getting out and about.		
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Unit 2 Outcome - focused and person-centred practice in health and social care Topic 2 The different types of health and social care provision and how key professionals, family and friends, work together to support individuals to maintain health and well-being 2.2.1 The different ways that care and support is provided for individuals across all life stages both locally and nationally 2.2.2 How health and social care sectors work in	2.2.1 Learners should be aware of the following different ways in which care is provided for individuals across all life stages both locally and nationally: Health care services: • primary health care and support such as dental care, health centres, opticians, pharmacies • secondary health care and support such as hospitals, maternity care and support, mental health care, occupational therapy, physiotherapy. Social care services: • foster care, residential care (adults and children), child protection, child and family support services, youth offending services, support centres, homeless shelters, counselling services, sheltered/supported living, day centres, domiciliary care. Learners should know and understand the difference between primary and secondary providers, statutory, private and third sector services. 2.2.2 Learners should know and understand how health and social care practitioners work in partnership with other practitioners and	Assisted Living Housing for older or disabled people, usually privately owned, where they may have their own flat within a larger development, and support (such as help with meals or laundry) may be provided to meet particular needs. Autonomy Having control and choice over life and the freedom to decide what happens. CAMHS Specialist services provided by the NHS for children and young people up to the age of 18 who are having emotional or behavioural problems such as for depression, eating difficulties, anxiety, sleeping problems, violent and angry behaviour, and other things. Capacity Having mental capacity means having the ability to make our own decisions. In order to do this, individuals need to be able to understand and remember information and communicate clearly – whether verbally or non-verbally – what they have decided. Care forums These are voluntary, non-profit organisations, which provide health, social care and well-being providers with a collective voice in the debate of how to provide the best outcomes for those needing care and support. They also		
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partnership, and with individuals to provide care and support to ensure their outcomes are achieved 2.2.3 Access opportunities and challenges to support health and well-being 2.2.4 The importance of families, friends and community networks for the well-being of individuals and carers	agencies and with individuals to improve outcomes. To include: Partnership working with: • individuals • multi-agency: agencies who work together to provide care • multi-disciplinary: health and social care practitioners with different roles and responsibilities who provide care and support. Improving outcomes by: • contributing to the safeguarding of individuals • access to professionals with different knowledge and expertise • appropriate referrals and interventions • promoting transparency and individual responsibility • building trust between practitioner and individual • supporting person-centred practice. 2.2.3 Learners should know and understand how individuals access opportunities to support their health and well-being, which can change through their life stages and the challenges faced in accessing these opportunities. To include: Accessing opportunities through: • individual action and personal choice • initial assessment • person-centred approach • partnership working • advocacy	provide training, share best practice and resources and promote the importance for care workers to be aware of current legislation. Care Pathway A plan for the care of someone who has a particular health condition and will move between services. It sets out in a single document what is expected to happen, when, and who is responsible. Care Plans A written plan after an assessment, setting out what care and support needs a person may have, how needs will be met and what services an individual will receive. An individual should have the opportunity to be fully involved in the plan and to say what their own priorities are. If an individual lives in a care home or attends a day service, the plan for their daily care may also be called a care plan. Chronic condition A long-lasting illness or health condition, that cannot be cured but can usually be managed with medicines, treatments, care and support. Clinical audit A way of finding out if the healthcare provided by a particular organisation is good enough, and what needs to be done better. It involves looking at how		
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	• referral. Challenges: • cultural/language/financial/physical barriers • inadequate funding of services • location of individual and service provision • failing to meet eligibility criteria • under-staffed workforce and insufficient training • lack of information and guidance. 2.2.4 Learners should know and understand the importance of families, friends and community networks and their role in supporting the health and well-being of individuals and carers. To include: • role of family and friends: young carers, family members and friends as family carers • role of community networks: support groups, community arts and creative projects, baby banks, food banks • role of third sector organisations: Marie Curie, Macmillan, Young Minds, Barnardos, Crisis, Shelter, Carers Trust, Carers UK.	things should be done, comparing what is actually being done, making changes where necessary, and then looking again to check for improvements. Clinical Pathways Tools used to guide evidence-based healthcare. Codes of Conduct and Professional Practice The professional standards that nurses, midwives, nursing associates and other health and social care professionals must uphold in order to be registered to practise in the UK. Commissioned Services Provision As a result of planning services to meet the identified health or social care requirements of the population, developing and managing contracts with providers to ensure they meet standards for monitoring and reviewing quality, safety and performance of the service. Community Health Councils (CHCs) CHCs provide help and advice if you have problems with or complaints about NHS service. Comorbidity Living with more than one health condition at the same time. Congenital conditions Heart defects, cleft palate, clubfoot, foetal alcohol syndrome.		
Unit 2 Outcome - focused and person-centred practice in health and social care	2.3 Learners should be aware of different career routes and roles within health and social care. Learners should know and understand how the following key professionals work within the sectors and settings: Health care key professionals:			



Topic 3 The roles of key professionals within the health and social care sector 2.3 The roles of key professionals within the health and social care sector	GP, nurse, health visitor, dentist, optician, allied health professions, ancillary/support staff. Health care settings: GP practices, dental clinics, walk in centres, specialist clinics, e.g., baby clinics, family planning clinics, sexual health clinics, remote clinical advice, hospitals, private practitioners' clinics, e.g., chiropractor, physiotherapist, hospices, nursing care homes, reablement centres. Social care key professionals: roles include working alongside/supporting individuals to achieve personal outcomes. There is an important crossover between working in health and working in social care. To include ancillary(e.g., chef in care home) direct care(e.g., personal assistant, care worker, management) regulated professional roles(e.g., social worker)support roles, (e.g., outreach worker). Social care settings: care at home (including reablement), care homes (nursing or nonnursing), day care settings, foster homes, nursery provision, residential homes (adult and children), respite care, rehabilitation, kinship care (informal care), community-based services, shared living,	Consent Giving permission to someone to do something. Co-production When an individual is involved as an equal partner in designing the support and services received. Degenerative condition An illness that gets worse over time. Dementia A term that describes a group of symptoms associated with a decline in memory or other thinking skills severe enough to reduce a person's ability to perform everyday activities. Dignity Being worthy of respect as a human being and being treated as if you matter. Enablement A way of helping someone to become more independent by gaining the ability to move around and do everyday tasks for themselves. End of Life Care Support for people who are in the last months or years of their life. Fine motor skills Control of the small muscles in the fingers and hands such as palmar grasp, pincer grasp, tripod grasp, using cutlery and developing drawing skills. Gross motor skills Gaining control of large muscles such as head control, sitting, crawling, walking, running, developing a sense of balance, hopping, climbing, jumping, throwing and kicking a ball. Holistic care Care and support that treats the whole person and considers all their needs		
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	supported living. Learners should know and understand that health and social care workers are accountable for their actions in the following ways: • compliance with statutory regulation, codes of conduct, policies and procedures • limits and boundaries of role • duty of care, a legal obligation to reasonably ensure the safety and well-being of an individual in the care of a practitioner/provider.	at the same time – physical, psychological, social and spiritual. Long-term condition An illness or health condition that cannot be cured but can usually be managed with medicines or other treatments. Examples include asthma, diabetes, arthritis, epilepsy and other things. Manual handling When you move or lift someone or something that is heavy and may cause physical strain. Menopause Physical changes: periods stopping or irregular, night sweats, hot flushes, dry skin, vaginal dryness, aches and pains in muscles and joints.		
Unit 2 Outcome - focused and person-centred practice in health and social care Topic 4 Practitioners' responsibilities and accountabilities within the context of legislative frameworks, standards and codes of conduct	2.4.1 Learners should know and understand how the following standards and legislation underpin health and social care practice: Standards: • codes of conduct and professional practice • National Occupational Standards • Standards for Proficiency Legislation: • Data Protection Act 2018 • Human Rights Act 1998 • Equality Act 2010 • Health and Social Care Act 2012 • Care Act 2014. Learners should be aware of the role of the following regulatory and public bodies in supporting professional practice Regulatory bodies: • Health and Care Professionals Council (HCPC)	Mixed economy of Care Provision of services from a variety of sources including the statutory, private and third sectors. Statutory care: services that are paid for and provided by the state, for example, NHS services, hospitals, health centres, local authority services, social care, commissioned services. Private care: services that are run as a business; for example, BUPA, private dentists, residential/nursing homes. Third sector: registered charities, organisations, self-help groups and community groups. Model of Care A way of providing care based on a set of beliefs and principles about what		



and professional practice 2.4.1 How standards and legislation support professional practice 2.4.2 The care values with examples related to professional working roles	• General Medical Council (GMC) • Nursing and Midwifery Council (NMC) • Social Work England. Public bodies: • NHS England • Public Health England. Learners should know and understand the role of the Care Quality Commission (CQC) in ensuring that fundamental standards are met 2.4.2 Learners should know and understand the following care values: • empowering and promoting independence by involving individuals as much as possible in making choices • respect for the individual by respecting service user's needs, beliefs and identity • maintaining confidentiality (when dealing with records, avoiding sharing information inappropriately) • preserving the dignity of individuals to help them maintain privacy and self-respect • effective communication that displays empathy and warmth • safeguarding and duty of care e.g., maintaining a healthy and safe environment, keeping individuals safe from physical harm • promoting anti-discriminatory practice by being aware of types of	is right and works best. There are various different ways of providing care, and each organisation will decide which model to use. Multi-agency Working When different organisations work together to provide a range of support for people who have a wide range of needs. Multidisciplinary Teams A team of different professionals (such as doctors, nurses, therapists, psychologists, social workers, and others) working together to provide care and support that meets care needs. NHS National Health Service. National Institute for Health and Clinical Excellence (NICE) An organisation that provides advice and guidance to improve health and social care services in England and Wales. Outcomes In social care, an 'outcome' refers to an aim or objective an individual would like to achieve or need to. Individuals should be able to say which outcomes are the most important to them and receive support to achieve the outcomes. Palliative care Care provided to someone if they have an advanced, progressive illness for which there is no cure. The aim is to manage pain and other symptoms and to help have best quality of life. It may be provided in the home or in a		
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	unfair discrimination and avoiding discriminatory behaviour. Learners should understand that the care values underpin the work and form the basis of the different codes of conduct and policies for all practitioners working within the sectors. Learners should know the ways in which practitioners could promote the care values in their daily work.	hospital or hospice. Person-Centred Care Focusing care on the needs of the person rather than the needs of the service. Practitioner A person who works in a skilled job such as social work, nursing or medicine, providing care or support directly to people. Pregnancy Physical changes: Weight gain, tender and larger breasts, frequent urination, heartburn, constipation, leg cramps.		
Unit 2 Outcome - focused and person-centred practice in health and social care Topic 5 Safeguarding and legislation 2.5.1 The term 'safeguarding' and what constitutes harm, abuse and neglect and the indicators of maltreatment 2.5.2 The role of legislation in safeguarding individuals	2.5.1 Learners should know the definition of the term safeguarding for both adults and children. Learners should know and understand what constitutes harm, abuse and neglect and the indicators of maltreatment in its different forms: • physical • sexual • emotional/psychological • neglect • grooming • radicalisation. 2.5.2 Learners should know and understand the role of legislation in safeguarding individuals. To include: • Children and Social Work Act (2017) in terms of improving the welfare and safeguarding for looked after children and care leavers and the regulation of social workers	Primary Care The first point of contact in the health service, usually the GP, practice nurse, local pharmacist, dentist or NHS walk-in centre. Professional body An organisation that represents a group of people who are all part of the same profession, such as doctors or social workers. Prudent Healthcare Healthcare that fits the needs and circumstances of patients and avoids wasteful care. Puberty Different physical changes that take place in girls/boys, growth spurt, hormones. Public Health Public health is about the health of the population as a group, rather than about individuals. Reablement A way of helping an individual to remain independent, by giving them the opportunity to relearn or regain some of the skills for daily living that may		



	• Safeguarding Vulnerable Groups Act (2006) in terms of relevant background checks for those working with vulnerable individuals • Care Act (2014) in terms of practitioners taking a person-centred approach in order to safeguard vulnerable adults. Requiring local authority to following up suspicions/allegations of abuse and setting up safeguarding boards • Equality Act (2010) in terms of protecting individuals from discriminatory abuse • Mental Capacity Act (2005) in terms of protecting individuals that do not have the capacity to make choices for themselves. Learners should understand that the overall purpose of safeguarding legislation and policies is to: • provide a framework for decision making • maintain the safety of health and social care practitioners, workers and service users • develop and maintain effective lines of communication • maintain confidentiality of information • ensure appropriate vetting procedures when recruiting. Learners should know and understand the following local safeguarding systems:	have been lost as a result of illness, accident or disability. Rehabilitation When an individual is actively supported to recover from an injury or illness and regain the ability to do things for oneself. Respite care A service giving carers a break, by providing short-term care for the person with care needs in their own home or in a residential setting. It can mean a few hours during the day or evening, 'night sitting', or a longer-term break. It can also benefit the person with care needs by giving them the chance to try new activities and meet new people. Reflective practice Reflective practice is a way of studying own experiences to improve the way professionals work. Schedule of Growing Skills (SOGS) A standardised research-based screening tool to assess developmental milestones in children and act as an indicator where potential developmental delays may exist with preschool aged children Seamless service When care is provided smoothly, with good coordination between the individuals and organisations involved, and no gaps. Secondary Care Care that is received in hospital, either as an inpatient or an outpatient.		
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	• safeguarding boards • team around the child/family • agreed ways of working • police, duty to protect • health and social care workers, duty to report. Learners should know that legislation informs policy at a national and local level.	Self-help groups These are groups of individuals who provide mutual support for each other Self-Care Things that individuals can do for themselves to keep as healthy and well as possible. Service user A person who receives services from a care and support provider. Social Care Any help that an individual may need, such as personal care or practical assistance, to live life as comfortably and independently as possible, because of age, illness or disability.		
Unit 2 Outcome - focused and person-centred practice in health and social care Topic 6 The current changing demands for care on the health and social care sector and individuals 2.6. The current changing demands for care on the health and social care sector and individuals	2.6 Learners should know and understand the current changing demands for care on the health and social care sector and individuals including: • current health concerns • the ageing population • poverty • obesity • mental health • sexual health. Learners should know and understand the long-term effects of these demands on the health and social care sector, individuals and the wider society with regards to: • the management of disease • the impact on working practices • the increase and dependence on informal carers • statutory, private and voluntary health and social care provision.	Stakeholders People or groups who have an interest in what an organisation does, and who are affected by its decisions and actions. Tertiary Care Highly specialist health care requiring particular expertise and equipment, that is available only in specialist hospitals. Third sector A term used to describe the range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations Unpaid/informal carers An informal carer includes any individual, such as a family member, friend or neighbour, who is giving regular, ongoing assistance to another individual without payment for the care given Unscheduled Care Unplanned health or social care services. Young carer A young person aged 18 or under who looks after, or helps look after, a		



		family member or friend who has an illness, disability or drug or alcohol problem.		
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