Dame Elizabeth Social Science CADBURY

Curriculum and Assessment Policy

Curriculum Statement of Intent:

The Social Science curriculum has been designed in order to stimulate curiosity of the world we live in.

Within BTEC Level 2 and 3 Health and Social Care lessons students will learn about the different health and social care services, and about 'care values' and their importance in making sure that the people who use these services get the care they need. Skills in interpreting data about someone's state of health in order to design a plan will be developed.

GCSE and A Level Psychology will help students develop essential knowledge and understanding of the different areas of psychology and how they relate to each other. It provides the skills to carry out practical investigations and is bound to stimulate students' curiosity, encouraging them to engage with psychology in their everyday lives.

Our A Level in Sociology seeks to inspire students to reflect upon the world we live in, fostering an understanding of the inter-relationships between individuals, groups, institutions and societies. It enables students to develop critical thinking and appreciate theoretical and conceptual issues.

Curriculum Statement of Implementation:

The option to study one or more of the Social Science subjects begins in Year 9.

GCSE Psychology and Level 2 BTEC Health and Social Care have been designed as both standalone subjects, or they can be used to build the foundations ready to study A Level Psychology and Level 3 BTEC Health and Social within the Sixth Form. The skills and knowledge gained from studying the Social Sciences at KS4 can also aid the understanding of Sociology which is currently only available to study at A Level.

The Social Science Faculty plays an integral role in the teaching of SMSC.

Spiritual

Spiritual education in the Social Sciences involves pupils having the opportunity to consider and discuss questions relating to all aspects of their development such as their personality, gender, behaviour, thoughts and beliefs. Students are encouraged to reflect on their own and other's experience; the emotional and social effects of not being treated with equality. Students are also encouraged to discuss their own feelings and attitudes towards equality and diversity within society, whether this refers to ethnicity, sexual orientation, disability, gender or social class. The study of ideology and hegemony encourages students to take note of the belief systems that impact on their own perception of the world and assess the effects these have on their culture.

Moral

Moral education in the Social Sciences involves pupils discussing values, attitudes and beliefs and what is considered socially acceptable behaviour and what is not. Challenging discrimination on the basis of race, religion, gender, age, sexual orientation, disability and class. Students are expected to consider the morals and ethical impact of both Psychological and sociological research on the wider community. More specifically, Health and Social Care involves students expressing their own response to moral issues within society, for example, responding to moral issues referring to the rights of disabled people, the treatment of disease and the social implications of obesity and the use of recreational drugs.

Social

Social education in the Social Sciences encourages students to relate positively to one another and work effectively within teams, discussions, class presentations, sharing good practice and problem solving tasks. These tasks develop inter-personal skills and encourage students to work collaboratively. Students are encouraged to consider the values, attitudes and roles of people that occur in different societies and cultures. They will learn to respect and understand different human behaviours that occur in these cultures and societies.

Cultural

Cultural education in Social Sciences involves the discussion of different cultural traditions and to discuss the value of being a global citizen and explore contemporary issues within a global context. They will also discuss how research carried out in traditional western societies may not be applicable to other cultures. Students are required to consider the impact that British culture has on health and wellbeing, for example the effects of our growing consumption of fast foods and alcohol. Students are encouraged to reflect on their own and other culture's health practices and beliefs in order to fully understand individual and group health and wellbeing.

The way, in which the Social Sciences are delivered, students will be ready to enter the world of work as fully informed global citizens.

Studying Social Sciences opens up a wide range of professional career opportunities in areas such as Administration, Health and Welfare Service, Education, Journalism, Law, Public Relations, Police and Research.

With regard to planning in the Social Sciences:

- 1) Long term plans are Programmes of Study which are in place for both KS4 and KS5.. These ensure that all of the content is completed in the allocated learning time, along with opportunities for assessment and feedback.
- 2) Medium term planning is in the form of Schemes of Work. These break down the specification into smaller chunks (usually 1-2 lessons). Each of these Schemes of Work includes ideas for delivery, relevant exam paper questions, homework, assessments and also common misconceptions. This style of medium term planning allows teachers to plan a lesson that is bespoke for their class within a common framework.
- 3) Short term planning is completed by the individual teacher using the PoS and SoW. This must also include risk assessments (where necessary) in line the Faculty policy and the whole school policies and expectations regarding lesson planning and assessment.

Curriculum Coverage

Curriculum and Topics being covered in each year group

	Autumn	Spring	Summer
	<u>Psychology</u>	<u>Psychology</u>	<u>Psychology</u>
	 Criminal psychology-key concepts. The Social Learning Theory of Criminality: Key studies: Bandura, Cooper & Mackie, Eysenck, Heaven The changing nature of Punishment 	 Developmental Psychology: key concepts Key studies: Piaget Dweck, Willingham, Blackwell The changing role of education 	 Mental Health: Key concepts Theories/ Explanations of Schizophrenia: Biological and Psychological Theories explanations of Clinical Depression: Biological and Psychological The development of treatments
		Health and Social Care	Health and Social Care
	Health and Social Care Learners will explore different aspects of growth and development across the life stages using the physical, intellectual, emotional and social (PIES) classification.	Learners will explore the different factors that can affect an individual's growth and development. Different factors will impact on different aspects of growth and development.	Learning aim B: Investigate how individuals deal with life events B1 Different types of life event Life events are expected or unexpected events that occur in an individual's life. Learners will explore the different events that
Year 9	· Main life stages:	· Physical factors, to include:	can impact on people's physical,
(2 lessons a week)	o infants (birth to 2 years) o early childhood (3–8 years)	o genetic inheritance	intellectual, emotional and social development.
	o adolescence (9–18 years)	o experience of illness and disease	· Physical events, to include:
	o early adulthood (19–45 years)	o diet and lifestyle choices o appearance.	o accident/injury
	o middle adulthood (46–65 years)	Social and cultural factors, to include:	o ill health. Relationship changes, to include:
	o later adulthood (65+ years).	o culture, e.g. community	o entering into relationships
	· PIES growth and development in the main life stages:	involvement, religion, gender roles and expectations	o marriage
	o physical growth and	o educational experiences	o divorce
	development across the life stages, including gross and fine	o the influence of role models	o parenthood
	motor skills, growth patterns,	o the influence of social isolation	o bereavement.
	primary and secondary sexual characteristics, menopause, loss	o personal relationships with	· Life circumstances, to include:
	of mobility, muscle	friends and family.	o moving house, school or job
	tone/strength and skin elasticity	· Economic factors, to include:	o exclusion from education
	o intellectual/cognitive development across the life	o income/wealth	o redundancy
	stages, including language development, problem solving, abstract and creative thinking,	o material possessions.	o imprisonment

o retirement. development/loss of memory and recall B2 Coping with change caused by life events o emotional development Learners will explore how across the life stages, including bonding and attachment, individuals can adapt or be independence and self-esteem, supported through changes security, contentment, selfcaused by life image events. People may react very o social development across the differently to the same type of life stages, including the event. formation of relationships with · How individuals adapt to these others and the socialisation changes. process. · Sources of support: o family, friends, partners o professional carers and services o community groups, voluntary and faith-based organisations. · Types of support: o emotional o information and advice o practical help, e.g. financial assistance, childcare, transport. **Health and Social Care Health and Social Care Health and Social Care** Services and Values **Services and Values** Services and Values Learners will explore the health Barriers to accessing services Care values and social care services that are Learners will explore barriers that Learners will explore and practise available and why individuals can make it difficult to use these applying the different care values may need to use them. services and how these barriers that are key to the delivery of effective health and social care · Different health care services can be overcome. and how they meet service user services. · Types of barrier and how they needs: can be overcome by the service · Care values: o primary care, e.g. GPs, dental providers or users: Year 10 o empowering and promoting care, optometry, community o physical barriers, e.g. issues independence by involving Social Science health care getting into and around the individuals, where possible, in facilities o secondary and tertiary care, making choices, e.g. about e.g. specialist medical care treatments they receive or about o sensory barriers, e.g. hearing how care is delivered o allied health professionals, and visual difficulties e.g. physiotherapy, o respect for the individual by o social, cultural and psychological occupational therapy, speech respecting service users' needs, barriers, e.g. lack of awareness, and language therapy, beliefs and identity differing cultural beliefs, social dieticians. stigma, fear of loss of o maintaining confidentiality · Different social care services independence (when dealing with records, and how they meet service user avoiding sharing information o language barriers, e.g. differing needs: first language, language inappropriately, e.g. gossip) o services for children and

young people, e.g. foster care, residential care, youth work

o services for adults or children with specific needs (learning disabilities, sensory

impairments, long-term health issues), e.g. residential care, respite care, domiciliary care

o services for older adults, e.g. residential care, domiciliary care

o the role of informal social care provided by relatives, friends and neighbours

impairments

o geographical barriers, e.g. distance of service provider, poor transport links

o intellectual barriers, e.g. learning difficulties

o resource barriers for service provider, e.g. staff shortages, lack of local funding,

high local demand

o financial barriers, e.g. charging for services, cost of transport, loss of income while accessing services. o preserving the dignity of individuals to help them maintain privacy and self-respect

o effective communication that displays empathy and warmth

o safeguarding and duty of care, e.g. maintaining a healthy and safe environment,

keeping individuals safe from physical harm

o promoting anti-discriminatory practice by being aware of types of unfair discrimination and avoiding discriminatory behaviour.

B2 Reviewing own application of care values

Learners will reflect on own application of care values, including using teacher or service-user feedback.

· Key aspects of a review:

o identifying own strengths and areas for improvement against the care values

o receiving feedback from teacher or service user about own performance

o responding to feedback and identifying ways to improve own performance.

Psychology –Research Methods

Hypotheses. Null and alternative hypotheses

• Hypotheses to predict differences, correlations, or no patterns.

Variables • Independent variables and how they can be manipulated

- Dependent variables and how they can be measured
- •Co-variables and how they can be measured

Psychology –Research Methods

Analysing Research

Pupils should be able to demonstrate knowledge and understanding of the process and procedures involved in the collection, construction, interpretation, analysis and representation of data. This will necessitate the ability to perform some calculations.

Types of Data

- Quantitative data
- Qualitative data

Psychology- Social Influences

Key Concepts

Theories/Explanations

Situational Factors

Dispositional Factors

Application Changing attitudes

Key Study-Bickman

• Extraneous variables and how they can be controlled, including the use of standardisation.

Experimental Designs • Repeated measures design

•Independent measures design.

Populations and Sampling

Learners should have knowledge and understanding of the following features of doing research and their associated strengths and weaknesses including reliability and validity and the type of research objectives for which they are most suitable.

Experiments • Laboratory

- Field
- Natural.

Interviews •Structured, Unstructured.

Questionnaires (Surveys) • Open questions

- Closed questions
- Rating scales.

Observations •Naturalistic

- Controlled
- Overt
- Covert
- Participant
- Non-participant.

Case Studies • Use of qualitative data

• Use of small samples.

Correlations • Use of quantitative data

Positive, negative and zero correlations

- Primary data
- Secondary data
- Strengths of each type of data.

Descriptive Statistics

- Measures of Central Tendency:
- Mode (including modal class)
- median
- mean.
- Range
- Ratios
- Percentages
- Fractions
- Expressions in decimal and standard form
- Decimal places and significant figures
- Normal distributions
- Estimations from data collected.

Tables, Charts and Graphs •
Frequency tables (tally chart)

- Bar charts
- Pie charts
- Histograms
- Line graphs
- Scatter diagrams.

Reliability and Validity

- Reliability:
- internal
- external
- inter-rater.
- Validity:
- ecological
- population
- construct.

		Demand characteristics	
		Observer effect	
		Social desirability.	
		Sources of bias	
		Gender bias	
		Cultural bias	
		Age bias	
		Experimenter bias	
		Observer bias	
		Bias in questioning.	
	Health and Social Care	Health and Social Care	Health and Social Care
Year 11 Social Science	Pupils will explore how factors can affect an individual's health and wellbeing positively or negatively. This links to, and extends, knowledge and understanding of life events covered in Component 1, but here the focus is on health and wellbeing. • 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 and lifestyle factors that can have positive or negative effects on health and wellbeing: genetic inheritance, including inherited conditions and predisposition to other conditions • ill health (acute and chronic) • diet (balance, quality and amount) amount of exercise • substance use, including alcohol, nicotine, illegal drugs and misuse of • prescribed drugs • personal hygiene.	Physiological indicators Pupils will interpret indicators that can be used to measure physiological health, interpreting data using published guidance. • Physiological indicators that are used to measure health: o pulse (resting and recovery rate after exercise) o blood pressure o peak flow o body mass index (BMI). • Using published guidance to interpret data relating to these physiological indicators. • The potential significance of abnormal readings: risks to physical health. B2 Lifestyle indicators Pupils will interpret lifestyle data in relation to risks posed to physical health. • Interpretation of lifestyle data, specifically risks to physical health associated with: o smoking o alcohol consumption o inactive lifestyles .C1 Health and wellbeing improvement plans Pupils will explore the features of health and wellbeing improvement plans Pupils will explore the features of health and wellbeing improvement plans. It links to, and consolidates, knowledge and understanding from Component 2, in particular support services and also care values in terms of the need for a person-centred	Revision for controlled external assessment.

- Social, emotional and cultural factors that can have positive or negative effects on health and wellbeing:
- social interactions, e.g. supportive/unsupporti ve relationships, social integration/isolation
- stress, e.g. workrelated
- willingness to seek
 help or access services,
 e.g. influenced by
 culture, gender,
 education.
- Economic factors that can have positive or negative effects on health and wellbeing:
- Financial resources.
- Environmental factors that can have positive or negative effects on health and wellbeing: environmental conditions, e.g. levels of pollution, noise housing, e.g. conditions, location.
- The impact of life events relating to relationship changes and changes in life circumstances.

Psychology - Memory

Key concepts

Theories/Explanations

- The Multi-store Model of Memory
- The Theory of Reconstructive Memory

Application

 Techniques used for recall

Key study- Braun, Ellis and Loftus (2002):

approach.

- · The importance of a personcentred approach that takes into account an individual's needs, wishes and circumstances.
- · Information to be included in plan:

o recommended actions to improve health and wellbeing o short-term (less than six months) and long-term targets o appropriate sources of support (formal and/or informal).

C2 Obstacles to implementing plans

Learners will explore the obstacles that individuals can face when implementing these plans and how they may be mitigated.

- · Potential obstacles: o emotional/psychological – lack of motivation, low self-esteem, acceptance of current state
- o time constraints work and family commitments o availability of resources financial, physical, e.g. equipment o unachievable targets unachievable for the individual or unrealistic timescale o lack of support, e.g. from family and friends o other factors specific to individual ability/disability,
- addiction o barriers to accessing identified services

Psychology -Sleep

Key Concepts

Theories/Explanations:

- The Nature of Dreaming
- The Freudian Theory of
- Dreaming
- The Activation Synthesis
- Theory of Dreaming

Application

 Development of treatments for insomnia

Key Studies: Williams et al, Freud

Psychology-

Revision for exams

Year 12 Social	A Level Sociology	A Level Sociology	A Level Sociology
Science	Introduction to Social Theory	<u>Families and Households</u>	Social Inequality
Year 12 Social Science		Families and Households Family diversity Theories of the family Roles and relationships within the family Research Methods Positivism: patterns trends objectivity value freedom quantitative data Interpretivism: meanings and experiences verstehen and empathy rapport subjectivity researcher imposition reflexivity qualitative data Key research concepts: validity reliability representativeness generalizability Key concepts in the research process: factors influencing the choice of research topic	
		_	
		aims/hypothesis/research	
		questions	
		primary data	
		• secondary data	
		operationalisation	
		• pilot studies	
		data collection	

	respondent validation	
	longitudinal studies	
	interpretation of data	
	• the relationship between	
	sociology and social policy	
	Sampling process	
	Sampling techniques	
	• random	
	• systematic	
	• stratified	
	• snowball	
	volunteer	
	• opportunity	
	• purposive	
	• quota	
	Access and gatekeeping	
	Ethics	
	Research methods:	
	• questionnaires	
	• structured interviews	
	• statistical data (official and	
	non-official)	
	• content analysis	
	observations (participant,	
	non-participant, covert,	
	overt)	
	unstructured interviews	
	• semi structured interviews	
	• ethnography	
	Quantitative and qualitative	
	data	
	Mixed methods	
	• triangulation	
	methodological pluralism	
A Level Psychology	A Level Psychology	A Level Psychology
Social Psychology	Social Psychology	Memory

- 1.1 Content Obedience
- 1.1.1 Theories of obedience, including agency theory and social impact theory.
- 1.1.2 Research into obedience, including Milgram's research into obedience and three of his variation studies:
- 1.1.3 Factors affecting obedience and dissent/resistance to obedience, including individual differences (personality and gender), situation and culture.

Prejudice

- 1.1.4 Explanations and research into prejudice, including social identity theory (Tajfel and Turner, 1979, 1986) and realistic conflict theory (Sherif, 1966).
- 1.1.5 Factors affecting prejudice (and discrimination), including individual differences (personality), situation and culture.
- 1.1.6 Individual differences in obedience/prejudice
- Obedience is affected by personality.
- Prejudice can have an explanation linked to personality.
- 1.1.7 Developmental psychology in obedience/prejudice
- Obedience can be affected by gender and culture, which come from environmental effects.
- Prejudice can be affected by culture, which comes from environmental effects.

Research Methods

Core Studies

Classic study

1.3.1 Sherif et al. (1954/1961) Intergroup conflict and

- Practical investigation
- Issues and debates

Memory

- 2.1.1 The working memory model (Baddeley and Hitch,
- 1974).
- 2.1.2 The multi-store model of memory (Atkinson and Shiffrin, 1968), including short- and long-term memory, and ideas about information processing, encoding, storage and retrieval, capacity and duration.
- 2.1.3 Explanation of long-term memory episodic and semantic memory (Tulving, 1972).
- 2.1.4 Reconstructive memory (Bartlett, 1932) including schema theory.
- 2.1.5 Individual differences in memory
- Memory can be affected by individual differences in processing speed or by schemas that guide the reconstructive nature of memory.
- Autobiographical memory is by nature individual.
- 2.1.6 Developmental psychology in memory.

- Practical investigation
- Issues and debates

Revision of Unit 1 and 2

cooperation: The Robbers Cave Experiment. One contemporary study from the following:	
1.3.2 Burger (2009) Replicating Milgram: Would people still obey today?	
1.3.3 Reicher and Haslam (2006) Rethinking the psychology of tyranny.	
1.3.4 Cohrs et al. (2012) Individual differences in ideological attitudes and prejudice: evidence from peer report data.	
Btec Level 3 Health and Social Btec Level 3 Health and Social Btec Level 3 Health and Social	ial
<u>Care</u> <u>Care</u> <u>Care</u>	
<u>Component 1 Human Lifespan</u> and Development <u>and Social Care</u> <u>Component 2 Working in Health</u> Revision and Component 1 and Social Care exams	and 2
Life stages The roles and responsibilities of people who work in the health	
Physical, Intellectual, emotional and social care sector and Social Development	
throughout the life stages The responsibilities of people who work in health and social care settings	
and development: The nature/nurture debate related to factors Specific responsibilities of people who work in health and social care settings	
Genetic factors that affect development Multidisciplinary working in the health and social care sector	
Biological factors that affect development Monitoring the work of people in health and social care settings	
Environmental factors that affect development The roles of organisations in providing health and social care	
Access to health and social care services – availability of transport, opening hours of transport, opening hours of services	
services, ability to understand the needs and requirements of particular services. Ways organisations represent interests of service users	
Social factors that affect development The roles of organisations that regulate and inspect health and social care services	
Economic factors that affect development Responsibilities of organisations towards people who work in	
Major life events that affect	

development	health and social care settings	
Effects of ageing	Working with people with specific needs in the health and social care sector	
	People with specific needs	
	Working practices	

Curriculum – Assessment Measuring Impact

Data Drop Points

The following statements outline the contributing assessment information sources which, aggregated, provide 'Working At Grade' entries for each child throughout the year.

Year 9

Data Drop point 1:

In Autumn, there will be a frequent use of exam based questions (based on both sample and past papers) within lessons. Pupils to be given whole class feedback. An average for these questions will be placed on a tracker. End of topic tests summative test for each unit. All assessments will be placed in a tracker. Health and Social Care coursework. Working at grades to be recorded.

Data Drop point 2:

In Spring, there will be a frequent use of exam based questions (based on both sample and past papers) within lessons. Pupils to be given whole class feedback. An average for these questions will be placed on a tracker. End of topic tests summative test for each unit. All assessments will be placed in a tracker.

Data Drop point 3:

In Summer, there will be a continued use of frequent exam style questions within lessons with whole class feedback given. An end of Year exam will be based on sample and past exam papers. Final grade will be placed on a tracker.

Moderation will take place within the Social Science Department.

Year 10 -

Data Drop point 1:

In Autumn, there will be a frequent use of exam based questions (based on both sample and past papers) within lessons. Pupils to be given whole class feedback. An average for these questions will be placed on a tracker. End of topic tests summative test for each unit. All assessments will be placed in a tracker. Health and Social Care coursework. Working at grades to be recorded.

Data Drop point 2:

In Spring, there will be a frequent use of exam based questions (based on both sample and past papers) within lessons. Pupils to be given whole class feedback. An average for these questions will be placed on a tracker. End of topic tests summative test for each unit. All assessments will be placed in a tracker.

Data Drop point 3:

In Summer, there will be a continued use of frequent exam style questions within lessons with whole class feedback given. An end of Year exam will be based on sample and past exam papers. Final grade will be placed on a tracker.

Moderation will take place within the Social Science Department.

Year 11 -

Drop point 1:

In Autumn, there will be a frequent use of exam based questions (based on both sample and past papers) within lessons. Pupils to be given whole class feedback. An average for these questions will be placed on a tracker. End of topic tests summative test for each unit. All assessments will be placed in a tracker. Health and Social Care coursework. Working at grades to be recorded.

Data Drop point 2:

This grade entry will be based on full mock exams from both Paper 1 and Paper 2 for Psychology. Health and Social Care controlled assessment.

Moderation will take place within the Social Science Department.

Data Drop point 3:

Predictions will be entered after the Easter Holiday for all year 11 students. This will be based on the mock window 2 results along with mock exam results that have been completed by students.

Moderation will take place within the Social Science Department.

Year 12

Data Drop point 1:

In Autumn, there will be weekly exam based question. These questions will be based on sample and past exam style questions from OCR (Sociology) and Edexcel ([Psychology and Health and Social Care), with both individual and whole class feedback. At the end of each topic areas a summative mock exam will be used. These grades will be collated to show an autumn working at grade.

Data Drop point 2:

In Spring, there will be weekly exam based question. These questions will be based on sample and past exam style questions from OCR (Sociology) and Edexcel ([Psychology and Health and Social Care), with both individual and whole class feedback. At the end of each topic areas a summative mock exam will be used. These grades will be collated to show an autumn working at grade.

Data Drop point 3:

In Spring, there will be weekly exam based question. These questions will be based on sample and past exam style questions from OCR (Sociology) and Edexcel ([Psychology and Health and Social Care), with both individual and whole class feedback. At the end of each topic areas a summative mock exam will be used. These grades will be collated to show an autumn working at grade.

Moderation to take place both within the Social Science faculty and with external examiners.