Qualification Specification

GA Level 4 Diploma in Health and Social Care (610/7989/3)

This qualification is subject to the GA Centre Assessment and Standards Scrutiny and General Moderation policy.

This GA qualification is delivered under an exclusivity agreement.

Contents

Section 1: Qualification Overview

1.1 Introduction: About this Qualification

Gatehouse Awards (GA) qualifications are designed to give learners the skills to be active in the modern labour market and progress in their career and/or into higher level study.

This Qualification Specification covers the GA Level 4 Diploma in Health and Social Care (610/7989/3).

This document provides centre staff, learners and employers with an overview of the qualification content as well as the assessment and quality assurance requirements for this qualification.

This qualification is regulated by the Office of Qualifications and Examinations Regulations (Ofqual) in England and are part of the Regulated Qualifications Framework (RQF).

All versions of this qualification are listed on the Register of Regulated Qualifications which is operated by Ofqual at http://register.ofqual.gov.uk.

This qualification is not designed to replace any existing qualifications.

1.2 Qualification Titles, Qualification Numbers and Important Dates

Qualification Title and Level	Qualification Number	Operational Start Date	Operational Review Date
GA Level 4 Diploma in Health and Social Care	610/7989/3	07/09/2026	Sept 2031

1.3 Qualification Aims and Objectives

The GA Level 4 Diploma in Health and Social Care is designed to develop the higher-level knowledge, understanding and academic skills required for progression within health and social care and for further study in the sector. The qualification builds on knowledge and skills that may have been developed through previous study or relevant experience, while also providing a suitable programme of study for learners entering at Level 4 with an appropriate background.

Learners will develop academic and research skills for higher-level study and explore communication and information management within contemporary health and social care contexts. They will examine how policy, legislation, regulation and governance influence health and social care organisations, services and practice, and develop their understanding of professional values, ethical practice, accountability, reflective practice and continuing professional development.

The qualification also develops learners' understanding of leadership, team working and people management within health and social care. Learners will examine health, illness and wellbeing from a range of perspectives and consider how biological, psychological and social influences interact across the life course. They will explore diverse experiences of health and wellbeing, including mental health, disability, neurodivergence, ageing and long-term conditions, and consider how social, economic and environmental determinants, disadvantage and inequalities can influence health, wellbeing and experiences of health and social care.

Throughout the qualification, learners are encouraged to apply knowledge and understanding to health and social care contexts, consider different perspectives, use evidence appropriately and develop reasoned conclusions.

This qualification provides a foundation for progression to further higher-level study in health and social care and related disciplines and supports learners seeking to develop their knowledge and capabilities for progression within the health and social care sector.

1.4 Qualification Structure and Overview: Units, GLH, TQT and Credit Value

The structure of this qualification is as follows:

GA Level 4 Diploma in Health and Social Care (610/7989/3)					
Mandatory Units	Unit Reference	Level	Credits	GLH*	Study Time
1. Academic and Research Skills for Health and Social Care	M/652/3792	4	20	60	140
2. Communication and Information Management in Health and Social Care	R/652/3793	4	20	60	140
3. Health and Social Care Policy, Regulation and Governance	T/652/3794	4	20	60	140
4. Personal and Professional Development in Health and Social Care	Y/652/3795	4	20	60	140
5. Leadership and People Management in Health and Social Care	A/652/3796	4	20	60	140

6. Health, Society and the Life Course	D/652/3797	4	20	60	140
			Total Credits 120	Total GLH* 360	TQT** (GLH + ST) 1200

*Guided Learning Hours (GLH): Definition

The activity of a learner in being taught or instructed by – or otherwise participating in education or training under the immediate guidance or supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training.

**Total Qualification Time (TQT): Definition

The number of Guided Learning Hours assigned, plus an estimate of the number of study hours a learner will reasonably be likely to spend in preparation, study or any other form of participation in education or training, including assessment, which takes place as directed by – but, unlike Guided Learning, not under the immediate guidance or supervision of a lecturer, supervisor, tutor or other appropriate provider of education or training.

The number of study hours a learner is expected to undertake in order to complete each unit is expressed in the 'Study Time' above. This, including the GLH, provides the Total Qualification Time, or TQT, and represents an estimate of the total amount of time that could reasonably be expected to be required in order for a learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of the qualification.

The estimates for Guided Learning Hours and Total Qualification Time above have been produced with due regard to information gathered from those with experience in education and training and are in line with guidance published by Ofqual on the allocation and expression of Total Qualification Time and Guided Learning Hours.

Level

The qualification within this specification is designated at Level 4 on the Regulated Qualification Framework (RQF) according to the Level Descriptors for knowledge and understanding, which build on those used within the Qualifications and Credit Framework (QCF) and the European Qualifications Framework (EQF). This means that the qualifications are considered by GA to lead to the outcome as follows:

Achievement at Level 4 reflects the ability to identify and use relevant understanding, methods and skills to address problems that are well defined but complex and non-routine. It includes taking responsibility for overall courses of action as well as exercising autonomy and judgement within fairly broad parameters. It also reflects understanding of different perspectives or approaches within an area of study or work.

1.5 Rules of Combination

In order to meet the rules of combination for the GA Level 4 Diploma in Health and Social Care qualification, the learner must achieve all 6 mandatory units. The learner must achieve 120 credits.

Learners must successfully demonstrate their achievement of all learning outcomes and meet all qualification requirements in order to achieve the qualification.

There are no further rules of combination.

1.6 Intended Audience

The GA Level 4 Diploma in Health and Social Care is intended for learners who wish to develop higher-level knowledge and understanding relevant to health and social care. It is suitable for learners progressing from relevant Level 3 study, individuals working within health and social care who wish to develop their knowledge and support career progression, and learners seeking a foundation for further higher-level study in health and social care or related disciplines.

The qualification is suitable for learners from a range of health and social care contexts and does not require learners to be working in a specific occupational role or setting.

1.7 Age and Entry Requirements

This qualification is intended for learners aged 18 and above.

Learners should hold a relevant Level 3 qualification or equivalent.

Applicants who do not hold a relevant Level 3 qualification may also be considered where they have relevant health and social care experience that demonstrates their ability to undertake study at Level 4.

Given the nature of the qualification content, learners are required to have a proficient level of spoken and written English (e.g., GCSE Grade C / Grade 4 or above, or equivalent).

In addition to the above, if English is not the learner's first language, an English language level of minimum International English B2 (CEFR) is required.

Centre recruitment and enrolment processes must be carried out by suitably qualified and experienced centre staff.

It is recommended that prior to commencing a programme of study leading to this qualification, learners receive detailed advice and guidance from the training provider in order to ensure the programme and qualification will meet their needs.

1.8 Recognition of Prior Learning and Transfer of Credits

Recognition of Prior Learning (RPL) is a method of assessing whether a learner's previous experience and achievements meet the standard requirements of a GA qualification, prior to the learner taking the assessment for the qualification, or part of the qualification, they are registered for.

Any prior learning must be relevant to the knowledge, skills and understanding which will be assessed as part of that qualification, and GA will subsequently amend the requirements which a learner must have satisfied before they are assessed as eligible to be awarded the qualification.

Where there is evidence that the learner's knowledge and skills are current, valid and sufficient, the use of RPL may be acceptable for recognising achievement of assessment criteria, learning outcome or unit(s), as applicable. The requirement for RPL in such instances must also include a consideration of the currency of the knowledge gained by the learner at the time they undertook the prior learning.

RPL cannot be guaranteed in instances where industry practice or legislation has significantly changed in the time since the prior learning was undertaken / a previous award was issued.

All RPL decisions and processes are subject to External Quality Assurance (EQA) scrutiny and must be documented in line with GA's quality assurance requirements.

No transfer of credits is permitted.

1.9 Reasonable Adjustments and Special Considerations

Assessment for this qualification is designed to be accessible and inclusive. The assessment methodology is appropriate and rigorous for individuals or groups of learners.

Please refer to the GA Candidate Access Policy, available on the GA website, which contains information about Reasonable Adjustments and Special Considerations. This policy document provides centre staff with clear guidance on the reasonable adjustments and arrangements that can be made to take account of disability or learning difficulty without compromising the achievement of the qualification.

1.10 Relationship to Other Qualifications and Progression Opportunities

The GA Level 4 Diploma in Health and Social Care builds on knowledge and skills that may be developed through relevant Level 3 health and social care qualifications or equivalent prior learning and experience. It provides progression to higher-level study by developing academic, research, professional and sector-specific knowledge and skills appropriate to Level 4.

Learners who successfully complete the qualification may progress to the GA Level 5 Diploma in Health and Social Care, other relevant Level 5 or higher-level qualifications, or further study in health and social care and related disciplines.

The qualification may also support learners seeking to progress within health and social care employment by developing knowledge and skills relevant to professional practice, communication, policy and governance, leadership and people management, and understanding of health, wellbeing, the life course and health inequalities.

This qualification may also allow learners to progress onto degree-level studies at a university or higher education institution.

1.11 Language of Assessment

This qualification is offered in English.

Further information concerning the provision of qualification and assessment materials in other languages may be obtained from GA.

1.12 Qualification Availability

This qualification is available in the UK and internationally.

If you would like further information on offering this qualification, please contact us. Our contact details appear on our website, www.gatehouseawards.org

Section 2: Qualification Delivery: Assessment, Quality Assurance Model and Administration

2.1 Teaching and Learning Requirements

Courses leading to this qualification may consist of e-learning courses or classroom-based courses, or a blended option.

Learners can therefore undertake learning and assessment on a flexible basis.

Learners must have suitable access to teaching and assessment staff as well as technical support. It is essential that the centre provides specialist staff, high quality learning materials and access to assessment opportunities.

2.2 Assessment & Quality Assurance Model

This qualification is a centre-assessed qualification. This means that it is internally assessed and internally moderated by centre staff who must clearly show where learners have achieved the learning outcomes, assessment criteria and qualification requirements.

Detailed Assessment Instructions for each component unit of this qualification is provided in Section 4 *Unit Specifications* below.

Prior to use, assessment materials devised by the centre must be submitted to GA for 'sign-off' and authorisation. The centre must therefore also:

- review the materials carefully against the sign-off criteria before submission (refer to the *GA External Quality Assurance of Centre-Devised Materials* form).

The centre should contact their dedicated Centre Administrator for full instructions on how to submit their materials and the timescale required for sign-off.

Assessment, internal moderation and quality assurance activities are subject to external moderation and quality assurance conducted by GA.

This qualification is subject to the GA Centre Assessment and Standards Scrutiny (CASS) and General Moderation Policy.

2.3 Assessment of Learners and Portfolio Requirements

All learners must complete assessment for all six mandatory units.

To meet the assessment requirements, learners must:

- follow a suitable programme of learning.
- maintain and submit a portfolio of all coursework incorporating all materials related to assessment.

All evidence must be mapped against the learning outcomes and assessment criteria, reflecting the type of evidence supplied and indicating its location. Using portfolio reference numbers will enable the learner, assessor, IQA and EQA to quickly locate the evidence submitted.

Suitable sources of evidence may include the following:

- essays/assignments
- short questions and answers
- professional discussions
- workbooks
- reflective accounts
- records of questioning
- case studies

The centre must ensure that the learner's work is authentic.

Assurances that learner work is authentic can be gained via:

1. oral questioning to confirm knowledge and understanding.
2. written questions answered under controlled supervised conditions to compare the learner's writing style against their other work.

All knowledge and understanding evidence must be marked and assessed by centre assessors in line with the GA CRAVES requirement, clearly indicating where the learner has achieved the requisite knowledge and understanding. Assessors are responsible for providing feedback and instructions for re-submission, where applicable.

All assessment decisions and internal moderation are externally quality assured by GA.

2.4 CRAVES Requirements

Assessors must ensure that all evidence within the learner's portfolio judged to meet GA's 'CRAVES' requirements is:

- current: the work is relevant at the time of the assessment
- reliable: the work is consistent with that produced by other learners
- authentic: the work is the learner's own work
- valid: the work is relevant and appropriate to the subject being assessed and is at the required level
- evaluated: where the learner has not been assessed as competent, the deficiencies have been clearly and accurately identified via feedback to the learner
- sufficient: the work covers the expected learning outcomes and any range statements as specified in the criteria or requirements in the assessment strategy

2.5 Resubmissions

GA recommends that the centre operates a policy of allowing learners to resubmit assessed work a maximum of two times. However, the acceptance and management of resubmissions of assessed work is at the discretion of the centre.

The decision regarding whether to permit a learner to resubmit work and/or attempt an assessment again will be based on an evaluation of how closely their previous attempts met the passing criteria. This evaluation will consider the extent to which the learner's work demonstrated progress towards meeting the required standards.

Resubmitted work will be assessed with the same rigour and adherence to standards as the initial submission.

If a learner does not pass after three attempts at submitting assessed work, the centre must consider the following course of action:

- Additional support – consider whether the learner could benefit from additional support, remedial guidance, or additional resources to help them understand the material better. This could involve providing extra teaching sessions, study materials, or one-on-one tutoring to address specific areas of difficulty. Sometimes, extending deadlines or providing additional time can alleviate pressure and allow for better comprehension and performance.

- Review and feedback - consider whether sufficient detailed feedback, which highlights areas that need improvement and provides specific guidance on how the learner can enhance their work, has been provided after each attempt.

- Alternative assessment methods - consider whether an alternative assessment method, such as the use of professional discussion, may provide opportunities for the learner to

demonstrate their understanding. The centre should refer to the GA Candidate Access Policy for further information.

- Reconsideration of participation - assess whether the learner might need to take a break from the programme or whether, despite supportive measures and multiple attempts, the learner's progress is not indicative that they will meet the qualification requirements. They may be issued with a final 'Fail' grade or withdraw from the programme.

The centre must ensure that their policies and procedures regarding learner dismissal or failure are communicated clearly to learners to maintain fairness and transparency.

2.6 Internal Moderation and Quality Assurance Arrangements

Internal Moderators (also known as Internal Quality Assurers or IQAs) ensure that assessors are assessing to the same standards, i.e., consistently and reliably, and that assessment decisions are correct. IQA activities will include:

- ensuring assessors are suitably experienced and qualified in line with the qualification requirements
- sampling assessments and assessment decisions
- ensuring that assessment decisions meet the GA 'CRAVES' requirements (Current, Reliable, Authentic, Valid, Evaluated and Sufficient)
- conducting standardisation and moderation of assessment decisions
- providing assessors with clear and constructive feedback
- supporting assessors and providing training and development where appropriate
- ensuring any stimulus or materials used for the purposes of assessment are fit for purpose.

Sampling of assessment will be planned and carried out in line with a clear IQA and moderation strategy, which takes into account the number of learners, number of assessors, and the experience and competency of assessors.

Centre IQAs may wish to refer to the guidance documents provided by GA to approved centres (available on the Ark) in order to formulate an appropriate Sampling Strategy.

2.7 Grading and Recording Achievement

All learning outcomes and assessment requirements must be met before a learner can be considered as having achieved the qualification.

This qualification is not graded on a scale. Learners are assessed as Pass or Fail.

The centre must ensure that regulations relating to the resubmission of work are adhered to.

2.8 Unit and Portfolio Sign Off

Upon completion, each unit must be signed off by the assessor and IQA to confirm the learner's achievement.

The content of the portfolio that contains all units the learners has achieved is subject to final portfolio sign off by the assessor and IQA to confirm that the specific qualification requirements and rules of combination have been met.

The learner is also required to sign an authenticity declaration, stating that the work contained in their portfolio is their own.

2.9 External Moderation and Quality Assurance Arrangements

Assessment and internal moderation and quality assurance activities are subject to external moderation and wider scrutiny and centre controls as per GA's quality assurance arrangements for centre-assessed qualifications.

All GA Approved Centres are entitled to two EQA visits per year. Additional visits can be requested, for which there may be an additional charge.

EQA activities will focus on the centre's continuing adherence to and maintenance of the *GA Centre Approval Criteria* and the criteria and requirements for the specific qualifications for which it holds approval. This will include:

- checking that the management of the centre and the management arrangements relating to the qualification are sufficient
- checking that resources to support the delivery of the qualification, including physical resources and staffing, are in place and sufficient
- ensuring that the centre has appropriate policies and procedures in place relevant to the organisation and to the delivery and quality assurance of the qualification
- the use of assessment materials and the arrangements in place to ensure that evidence for assessment is 'CRAVES' (Current, Reliable, Authentic, Valid, Evaluated and Sufficient)
- sampling assessment decisions against the qualification requirements across the range of levels, number of assessors and assessment sites, according to the number of learners
- the internal moderation and quality assurance arrangements

- sampling internal moderation records against the qualification requirements across the range of levels, number of assessors and assessment sites, according to the number of learners
- administrative arrangements
- ensuring that any actions from moderation and wider quality assurance activities have been carried out by the centre
- confirming any claims for RPL, reasonable adjustments or special considerations

Through discussions with centre staff, examining learner work, moderation of assessment, talking to learners and reviewing documentation and systems, the GA EQA will provide the centre with full support, advice and guidance as necessary.

2.10 Registering Learners and Unique Learner Numbers (ULNs)

Learners must be registered through the Ark, the GA online Learner Management System.

Owing to the Total Qualification Time of this qualification, the validity period of registrations made will be three years. Should a learner not have achieved in the timescale, a new registration is required.

Each approved GA centre is provided with a user account to allow approved staff access to the online system.

Where the Unique Learner Number (ULN) of a learners is known, this should be provided at the point of registration in order for GA to issue updates to the Learner Record Service.

2.11 ID Requirements

It is the responsibility of the centre to have systems in place to confirm each learner's identity.

Learners are required to declare that all work submitted for assessment is their own work.

2.12 Record Keeping

Records of learner details, their work and any records of Reasonable Adjustments, Special Considerations and records containing learners' personal details must be kept by the centre in line with the Data Protection Act 2018 (including GDPR and all relevant privacy regulations) for a minimum of 2 years.

The centre must operate a safe and effective system of care and comply with information governance requirements, with appropriate policies and procedures in place to maintain confidentiality, related to staff and learners.

All records must be easily retrievable and made available to GA or the Regulator upon request.

Portfolios must be retained until the following External Quality Assurance visit to allow them to be sampled. Following external moderation and the award of a qualification by GA, the centre may return portfolios to learners.

Records of all internal quality assurance and moderation activity undertaken must be kept and made available to GA upon request.

2.13 Results and Certification

Centres may make claims for certification via the Ark when learners complete and the assessor and IQA have confirmed achievement. Claims for certification are subject to successful external quality assurance (EQA).

Following the EQA's confirmation of a learner's achievement, GA will authorise claims for the certification of learners, details of which will be visible to the centre in the centre's Ark account. Certificates are usually issued within 10 working days of the award of the qualification.

The qualification certificate will indicate both the title and the level at which the qualification is achieved.

Certificates will only be issued to learners who have achieved sufficient credits and met the rules of combination for the qualification they are registered for. If a learner has not achieved sufficient credits or failed to meet the rules of combination, the qualification certificate will not be issued.

Replacement certificates are available upon request.

Amendments to certificates are available upon request but may require the centre to provide evidence of the need for any amendment (e.g., learner proof of identification) and will involve the return of the original certificate. Replacements and amendments may incur an additional charge.

2.14 Direct Claims Status (DCS)

Direct Claim Status is not available for this qualification.

2.15 Appeals and Enquiries

GA has an appeals procedure in accordance with the arrangements for regulated qualifications.

General enquiries can be made at any time and should be directed to a GA Centre Administrator.

Section 3: Staff and Resource Requirements for Centres

In order to deliver this qualification, the centre must ensure that they meet the following requirements for staff and physical resources.

3.1 General Staff Requirements

It is the centre's responsibility to ensure that all staff involved in the delivery, assessment and internal quality assurance of this qualification are suitably qualified in line with the stipulations for teachers, assessors and Internal Quality Assurers (IQAs) detailed below.

The centre must ensure that they hold up-to-date and detailed information about the staff involved with the delivery and quality assurance of this qualification and must make records available to GA upon request. The information GA expects the course provider to hold for each member of staff includes, as a minimum:

- a current up to date CV
- copies of relevant qualification certificates
- relevant and up to date CPD (Continuous Professional Development) records

Centre staff must be familiar with the qualification requirements prior to offering the qualification or unit and planning the centre's assessment and moderation strategy.

The centre must provide all staff involved in the assessment process with sufficient time and resources to carry out their roles effectively.

The centre must also ensure that they have the management and administrative staffing arrangements in place which are suitable to support the registration of learners and the receipt of results and certificates.

The knowledge and experience of all staff involved in the teaching, assessment and internal quality assurance of this qualification will be considered during the approval and re-approval process and at External Quality Assurance Visits.

3.2 Requirements for Tutors and Assessors

Teaching staff include those who deliver teaching and learning content for knowledge and understanding elements and those who are involved in practical teaching and learning.

The primary responsibility of an assessor is to assess a learner's performance and ensure that the evidence submitted by the learner meets the requirements of the qualification.

It is the centre's responsibility to select and appoint suitably qualified and experienced teachers and assessors.

Centres must have a sufficient number of appropriately qualified/experienced Tutors and Assessors to assess the volume of learners they intend to register.

All Tutors must:

- hold a minimum of a Level 4 qualification in health and social care (or equivalent)
- have practical experience of working in the health and social care sector
- hold, or be working towards, a recognised teaching or training qualification, e.g. Level 3 Award in Education and Training or equivalent*

All Assessors must:

- hold a minimum of a Level 4 qualification in health and social care (or equivalent)
- have practical experience of working in the health and social care sector
- hold, or be working towards, a recognised assessor qualification or their recognised equivalent** e.g.,
    - Level 3 Award in Assessing Competence in the Work Environment
    - Level 3 Certificate in Assessing Vocational Achievement
    - A1 Assess Candidate Performance Using a Range of Methods
    - D32 Assess Candidate Performance and D33 Assess Candidate Using Differing Sources of Evidence.

*In the absence of a regulated teaching qualification, the Tutor must ensure that they are able to demonstrate that they have delivered a minimum of 30 hours of teaching or assessing. They are then required to agree to update their training to an Ofqual-regulated teaching qualification within 18 months of commencing their role in order to continue to deliver the qualification.

**Assessors may be working towards a relevant equivalent qualification in assessing under the guidance of a suitably qualified and experienced Assessor and their IQA. Trainee Assessors' decisions MUST be counter-signed by a suitably qualified, experienced Assessor.

All staff involved with the delivery and assessment of this qualification must also be able to demonstrate ongoing professional development relevant to the sector subject area.

All teachers and assessors must also:

- be able to evidence relevant and up to date teaching/assessing experience.
- understand the qualification structure, unit learning outcomes and criteria related to the teaching and learning being delivered.
- have access to appropriate guidance and support.
- participate in continuing professional development in the specific subject they are teaching and/or assessing.

3.3 Requirements for IQA (Internal Quality Assurers, also referred to as Internal Moderators)

IQAs are responsible for internal moderation and quality assurance of the qualification to ensure standardisation, reliability, validity and sufficiency of the assessor's assessment decisions.

It is the centre's responsibility to select and appoint IQAs.

To be able to perform the internal moderation and quality assurance role, an Internal Moderator must:

- hold a minimum of Level 4 qualification in health and social care (or equivalent)
- have practical experience of working in the health and social care sector

AND

- hold, or be working towards**, one of the following internal quality assurance qualifications or their recognised equivalent:
    - Level 4 Award in Internal Quality Assurance of Assessment Processes and Practice
    - Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice
    - V1 Conduct internal quality assurance of the assessment process
    - D34 Internally verify the assessment process

**Internal Moderators may be working towards a relevant equivalent quality assurance qualification under the guidance of a suitably qualified and experienced Internal Moderator. Trainee Internal Moderator's decisions MUST be counter-signed by a suitably qualified, experienced Internal Moderator.

Each assessor may have one or several appointed IQAs.

Staff may undertake more than one role within the centre, e.g., teacher, assessor and IQA. However, members of staff must NOT IQA their own assessment decisions.

The knowledge and experience of Teachers, Assessors and Internal Moderators will be considered during the centre and qualification approval process and at External Quality Assurance Visits.

3.4 CPD Requirements

All staff must ensure their role and subject-specific knowledge, understanding and competence is current and therefore must keep up to date with sector changes and developments.

Participation in continuing professional development in order to evidence contemporaneous proficiency must take place regularly. Centre staff in teaching, assessment or IQA roles must ensure that they complete and document their CPD hours. There are no set minimum number of hours of CPD required; however, the CPD activities must reflect contemporary standards and developments in the health and social care sector.

Records of CPD activities (both planned and those that have taken place) must be made available to GA at EQA visits or upon request.

3.5 Teaching, Learning and Assessment Resources

When devising teaching, learning and assessment materials for this qualification, the centre must:

- ensure teaching and learning materials directly address the learning outcomes and sufficiently prepare learners for assessment.
- structure materials to be accessible and engaging.
- use clear, unambiguous language appropriate for the level.
- align materials to the specific topics and content.
- pitch the level and depth of materials accurately based on the content to be delivered.
- ensure materials can be clearly attributed back to the centre.
- offer opportunities and resources for additional research and study, where appropriate.
- offer opportunity for learners to relate teaching and learning content to their own experience.
- ensure materials provide any relevant guidance to staff on consistent delivery.

Course programmes must be designed using the assessment requirements and unit specifications content below.

Teaching and learning resources must be relevant, up-to-date and of industry standard, in order to allow learners to adequately prepare for assessment. This will be considered at approval and during the on-going monitoring of the centre.

All delivery and assessment resources should be inclusive of the principles of equality and diversity and the safeguarding of learners.

3.6 Venue and Equipment Requirements

When training premises are used in the delivery of teaching and assessment of this qualification, centres should, wherever possible, provide suitable access in line with Disability Discrimination, Diversity & Equality law and regulations and any other regulations which apply.

The centre must ensure that all products and equipment used in the delivery and assessment of this qualification are confirmed as fit for purpose and compliant with current Health and Safety legislation and any other relevant regulations. This will be considered at approval and during the on-going monitoring of the centre.

Where specific products and equipment are required for the delivery and assessment of a GA qualification, the suitability of the products and equipment at the centre will be considered during the centre and qualification approval process and at External Quality Assurance Visits.

For this qualification, suitable equipment includes:

- access to library resources relevant educational literature
- IT facilities and systems to support research, presentations, and access to online learning materials
- case study materials, simulations, or scenario-based resources relevant to health and social care contexts
- a suitable environment for all assessment activities
- a virtual learning environment (VLE) or online platforms to support blended or distance learning delivery models

3.7 Ongoing Support

There are a number of documents on the GA website that centres and learners may find useful: www.gatehouseawards.org. The website is updated regularly with news, information about GA qualifications, sample materials, updates on regulations and other important notices.

Within the centre, a named Examinations Officer is responsible for ensuring that all information and documents provided to centre staff and learners are correct and up to date.

GA must be kept up to date with contact details of all changes of personnel so the centre can be provided with the best level of support and guidance.

At the time of approval, the centre is assigned a designated Centre Administrator who is their primary point of contact for all aspects of service or support.

Learners should always speak to a member of staff at the centre for information relating to GA and our qualifications prior to approaching GA directly.

Contact details for GA can be found on the GA website www.gatehouseawards.org.

Section 4: Unit Specifications

4.1 Mandatory Unit 1: Academic and Research Skills for Health and Social Care

Mandatory Unit		GLH	Credits	Level	Unit Reference
1	Academic and Research Skills for Health and Social Care	60	20	4	M/652/3792

This unit develops the academic and research skills required for higher-level study in health and social care.

Learners will develop skills in critical thinking, academic communication and information literacy, explore the nature and use of research and other forms of evidence in health and social care, and apply appropriate academic conventions when presenting their work.

Assessment Instructions and Guidance

Learners may be assessed through academic skills audits, reflective accounts, structured literature searches, source evaluation exercises, research-based reports and referenced academic assignments.

Evidence may be drawn from academic and professional literature, published research, professional and organisational guidance, and health and social care topics, issues or case examples encountered during study.

Assessment must demonstrate the application of academic and research skills to genuine or realistic academic tasks, and the ability to locate, evaluate and use information and evidence appropriately within a health and social care context. Learners are expected to integrate critical thinking, information literacy and academic conventions, applying these consistently across their own academic work.

Learners should demonstrate the ability to evaluate the relevance, credibility and reliability of sources of information and evidence, and to present a coherent, appropriately referenced academic argument supported by reasoned conclusions.

Assessment evidence should reflect Level 4 expectations, including the application of academic and research skills to increasingly independent study, analysis of information and evidence from a range of sources, and evaluation of their relevance, credibility and use within health and social care contexts.

Indicative Content (IC) is provided against each individual Assessment Criteria in the table below.

Learning Outcomes The learner will	Assessment Criteria The learner can
1. Develop academic skills for higher-level study in health and social care	1.1 Evaluate own academic strengths and areas for development
	IC Academic skills required for higher-level study, including academic reading and writing, critical thinking, information and digital literacy, numeracy, communication, organisation and independent learning; expectations of Level 4 study, including increasing independence, responsibility for own learning and engagement with complex information and ideas; methods of identifying academic strengths and areas for development, including self-assessment, skills audits, diagnostic activities, previous academic experience and feedback; consideration of confidence and competence across different academic tasks; identification and prioritisation of development needs; evaluation of strengths and areas for development in relation to current study requirements and progression to further higher-level learning.
	1.2 Apply critical thinking skills to information and ideas relevant to health and social care
	IC Purpose and importance of critical thinking in higher-level study and health and social care; questioning and interrogating information rather than accepting it at face value; distinguishing between fact, opinion, assertion, interpretation and evidence; identifying the main claims, arguments and conclusions within information; recognising assumptions, generalisations, bias and potential influences on information and ideas; considering different perspectives and alternative explanations; identifying relationships, inconsistencies and gaps in reasoning; using relevant information and evidence to support or challenge ideas; drawing reasoned and appropriately cautious conclusions; applying critical thinking to health and social care topics, issues and examples.
	1.3 Apply effective approaches to independent learning and study

	IC Principles of independent and self-directed learning; taking responsibility for own learning and academic progress; setting learning priorities and realistic study goals; planning and organising study, including workload, deadlines and competing demands; time-management and task-management approaches; effective approaches to reading, note-taking, summarising, revision and consolidation of learning; selecting and using appropriate learning resources, including academic, library and digital resources; participation in individual and collaborative learning activities where appropriate; seeking, interpreting and acting on academic feedback; recognising when support or clarification is required and accessing appropriate academic support; monitoring progress and adapting study strategies in response to outcomes, feedback and changing learning needs; development of effective and increasingly autonomous approaches to higher-level study.
2. Understand academic literature and evidence used within health and social care	2.1 Identify different sources of academic and professional information relevant to health and social care
	IC Types and purposes of academic and professional information relevant to health and social care; academic sources, including peer-reviewed journal articles, academic books and chapters, systematic and other literature reviews; research reports and published studies; professional and practice-based sources, including professional standards, codes of practice, practice guidance and professional publications; government and public body publications, including legislation, policy, statutory guidance, national reports and official statistics; guidance and evidence produced by recognised health and social care organisations; primary and secondary sources; research evidence and other forms of evidence and information used within health and social care; differences between academic, professional, organisational and publicly available information; appropriate use of different source types according to academic purpose and information need.
	2.2 Apply appropriate methods to locate academic and professional information relevant to health and social care
	IC Identification of an information need and development of focused search questions or topics; selection and use of appropriate information sources and search tools, including library catalogues, academic databases, journal collections, search engines and relevant professional, government and organisational websites; development

	and refinement of keywords and search terms; use of synonyms and alternative terminology; basic search techniques, including phrases, Boolean operators and filters; use of reference lists and citation trails to locate related information; refining searches in response to the relevance and quantity of results; accessing full-text and other appropriate resources; recording searches and source details to support effective information management and subsequent referencing.
	2.3 Evaluate the relevance, credibility and reliability of information and evidence from different sources
	IC Criteria for evaluating information and evidence; relevance to the topic, question, population or context; authority, expertise and provenance of authors, organisations and publishers; purpose and intended audience; currency and date of publication; quality and appropriateness of supporting evidence; transparency of authorship and sources; peer review and other indicators of academic or professional quality; potential bias, conflicts of interest, commercial interests and misleading or unsupported claims; accuracy, consistency and corroboration with other credible sources; distinction between credible professional or academic information and misinformation or poor-quality information; particular considerations when evaluating websites, digital content and information encountered through social media; reasoned judgement about the relevance, credibility, reliability and appropriate use of a source.
	2.4 Compare information and evidence from different sources to identify similarities, differences and limitations
	IC Comparison of information and evidence addressing the same or related health and social care topic; identification of areas of agreement, consistency and corroboration; identification of differences, contradictions and competing interpretations; consideration of differences in source type, perspective, context, population, purpose, date and evidence base when interpreting findings or claims; recognition that evidence may be incomplete, uncertain or contested; identification of limitations within and across sources; consideration of the relative contribution and usefulness of different sources; avoiding conclusions based on a single source where wider evidence is required; drawing balanced conclusions that acknowledge similarities, differences, limitations and uncertainty within the available information and evidence.

3. Understand research and evidence-based practice in health and social care	3.1 Explain the purpose and role of research within health and social care
	IC Meaning and purpose of research within health and social care; systematic investigation and generation of knowledge and evidence; research to explore experiences, needs and perspectives, describe and understand health and social care issues, identify patterns and relationships, evaluate interventions, services and approaches to care, and contribute to improvements in practice and outcomes; role of research in developing and challenging existing knowledge and understanding; contribution of research to evidence-based practice, service improvement, policy and decision-making; importance of research that is relevant to diverse individuals, communities and health and social care contexts; distinction between research, routine information gathering, service evaluation and audit at an introductory level.
	3.2 Compare qualitative, quantitative and mixed-methods approaches to research
	IC Characteristics and purposes of qualitative, quantitative and mixed-methods research; qualitative approaches to exploring experiences, perceptions, meanings and social contexts through non-numerical information; quantitative approaches to measuring variables, patterns, relationships, differences and outcomes through numerical data; mixed-methods approaches combining qualitative and quantitative evidence to develop complementary or broader understanding; types of research questions and information suited to different approaches; broad examples of qualitative and quantitative forms of data and data collection; comparison of the nature and type of evidence produced by each approach; broad strengths and limitations of qualitative, quantitative and mixed-methods approaches; reasons why different approaches may produce different but potentially complementary insights into health and social care issues.
	3.3 Explain how research evidence is used to inform health and social care practice
	IC Meaning and principles of evidence-based practice within health and social care; use of research evidence alongside professional expertise and judgement, the needs, preferences, values and circumstances of individuals, and relevant practice context;

	translation of research findings into professional guidance, recommendations, policies, procedures and approaches to care and support; use of research evidence to inform decisions, interventions and service development; identifying effective, ineffective or potentially harmful approaches; supporting quality improvement and improved outcomes; importance of considering the applicability of research evidence to particular populations, individuals, settings and circumstances; examples of research-informed changes or developments within health and social care.
	3.4 Evaluate the benefits and limitations of using research evidence to inform health and social care practice
	IC Benefits of research-informed practice, including supporting informed and transparent decision-making, identifying effective approaches, reducing reliance on assumption or unsupported practice, improving consistency and quality, supporting innovation and service improvement, and contributing to safe, effective and person-centred care; limitations associated with the availability, currency, quality and applicability of research evidence; gaps, uncertainty, inconsistency and conflicting findings within the evidence base; limitations in applying findings from particular populations or settings to different individuals and contexts; time lag between research and implementation in practice; practical, organisational and resource constraints affecting implementation; risk of over-reliance on research evidence without consideration of professional judgement, individual needs, preferences and circumstances, and practice context; need for balanced and proportionate use of research evidence within health and social care decision-making.
4. Be able to apply academic conventions in academic work	4.1 Apply appropriate structure, style and academic language when presenting academic work
	IC Purpose, audience and requirements of different forms of academic work; appropriate organisation and structure, including introductions, development of ideas, paragraphs, sections and conclusions as appropriate to the task; logical sequencing and signposting of information and ideas; clear and concise academic writing; appropriate formal tone, terminology and health and social care vocabulary; accurate grammar, punctuation and spelling; objective and appropriately cautious academic language; distinction between descriptive, explanatory, analytical and evaluative writing; use of tables, figures, headings and other presentational features where

	appropriate; reviewing, editing and proofreading academic work for clarity, accuracy, coherence and adherence to task requirements.
	4.2 Apply appropriate citation and referencing conventions to acknowledge sources
	IC Purpose and importance of citation and referencing in academic work; acknowledging the origin of information, ideas, evidence and direct quotations; application of the referencing system required by the institution or programme; accurate and consistent in-text citations and reference lists or bibliographies as appropriate; citation of different types of academic, professional, organisational, digital and other sources; use of page numbers and other source identifiers where required; distinction between citation, reference lists and bibliographies; integration of citations appropriately within academic writing; checking references for accuracy, completeness and consistency; appropriate use of digital referencing tools where available.
	4.3 Apply principles of academic integrity when using information and evidence
	IC Meaning and principles of academic integrity, including honesty, transparency, responsibility and appropriate acknowledgement of the work of others; plagiarism and different ways it can occur, including direct copying, inappropriate paraphrasing, patchwriting and use of ideas without acknowledgement; appropriate quotation, paraphrasing and summarising; distinction between common knowledge and information requiring acknowledgement; maintaining accuracy when representing the ideas, evidence and findings of others; fabrication, falsification and misrepresentation of information or evidence; collusion and inappropriate collaboration; responsibilities when producing individual and collaborative academic work; responsible and transparent use of digital and generative artificial intelligence tools in accordance with institutional requirements, including recognising limitations, checking accuracy and avoiding misrepresentation of AI-generated work as own independent academic work; consequences of breaches of academic integrity.
	4.4 Present a coherent academic argument supported by relevant evidence
	IC Characteristics of a coherent academic argument; development of a clear position, line of reasoning or response to an academic question; selection and use of relevant evidence to support claims and

	conclusions; integration of information and evidence from multiple sources rather than presenting sources separately; synthesis of related information and ideas; consideration of differing perspectives, interpretations or evidence where relevant; use of critical thinking to examine claims and avoid unsupported assertions; logical connections between evidence, analysis and conclusions; acknowledgement of uncertainty, limitations or counterarguments where appropriate; maintaining focus and coherence throughout academic work; drawing reasoned conclusions that are consistent with the evidence presented.

4.2 Mandatory Unit 2: Communication and Information Management in Health and Social Care

Mandatory Unit		GLH	Credits	Level	Unit Reference
2	Communication and Information Management in Health and Social Care	60	20	4	R/652/3793

This unit aims to develop learners' understanding of communication and information management within health and social care. Learners will explore communication theories and methods, factors that influence effective and person-centred communication, and approaches to meeting diverse communication needs.

The unit also considers digital communication and information management, including the legal and ethical responsibilities associated with recording, storing and sharing information. Learners will examine the role of effective communication in supporting rights, choice and participation, safeguarding, advocacy, collaborative working and integrated practice.

Assessment Instructions and Guidance

Learners may be assessed through case study analysis, scenario-based assignments, reports, reflective accounts and evaluations of communication practice.

Evidence may be drawn from real or realistic health and social care interactions, case studies involving individuals, families, carers and professionals, organisational information systems and policies, and examples of multidisciplinary or multi-agency working.

Assessment must demonstrate understanding of communication theories, models and methods, and the ability to analyse factors that support or create barriers to effective, person-centred communication. Learners are expected to integrate communication skills with legal, ethical and information governance requirements, applying these to real or simulated health and social care scenarios.

Learners should demonstrate the ability to evaluate the effectiveness of communication methods and information management practices, and to justify approaches to meeting diverse communication needs using relevant theory, evidence and professional guidance.

Assessment evidence should reflect Level 4 expectations, including the application of communication and information management principles to realistic scenarios, analysis of factors affecting communication and information sharing, and evaluation of their impact on individuals, professionals and services.

Indicative Content (IC) is provided against each individual Assessment Criteria in the table below.

Learning Outcomes The learner will	Assessment Criteria The learner can
1. Understand the principles and theories of communication in health and social care	1.1 Analyse theoretical models of communication used within health and social care
	IC: Principles and processes of communication, including sender, receiver, message, channel, feedback and context; verbal and non-verbal communication and the interaction between them; theoretical models of communication, including linear, interactional and transactional models; relevant communication theories and frameworks, for example Argyle's communication cycle and communication as a transactional process; application of models to communication between individuals, families, carers and health and social care professionals; influence of feedback, interpretation, context, relationships and communication environment on the communication process; strengths and limitations of different models in explaining communication within contemporary health and social care; use of communication theory to analyse effective and ineffective interactions and identify factors that may influence meaning and understanding.
	1.2 Evaluate the effectiveness of different methods of communication used with individuals, families and professionals
	IC: Methods of communication used within health and social care, including face-to-face verbal communication, non-verbal communication, written communication, telephone and video communication, digital and electronic communication, visual information and communication using signs, symbols or other supported methods; formal and informal communication; communication with individuals, families, carers, colleagues and other professionals; selection of communication methods according to purpose, audience, individual needs and preferences, sensitivity and complexity of information, urgency, confidentiality and practice context; advantages and limitations of different methods; potential for misunderstanding, loss of non-verbal information, accessibility issues and digital exclusion; effectiveness of methods in supporting

	accurate information exchange, understanding, engagement and appropriate professional communication; use of more than one method where this supports effective communication.
	1.3 Explain the role of effective communication in supporting person-centred practice
	IC: Principles of person-centred communication, including respect, dignity, individuality, empathy, compassion and non-judgemental approaches; recognising the individual as an active participant and partner in communication rather than a passive recipient of information; establishing rapport, trust and effective relationships; active listening and appropriate questioning; providing information in ways that support understanding; checking and clarifying understanding rather than assuming that communication has been effective; recognising and responding to verbal and non-verbal communication, including changes in presentation or behaviour that may communicate needs, preferences, discomfort or concerns; adapting communication to the individual, situation and context; supporting individuals to express what matters to them, their preferences, needs and desired outcomes; contribution of effective communication to individualised, respectful and responsive health and social care.
	1.4 Explain how communication supports the rights, choices and participation of individuals
	IC: Communication as a means of supporting voice, autonomy, involvement and participation; enabling individuals to access, understand and contribute relevant information; supporting individuals to express views, wishes, preferences, concerns and decisions; providing information in an understandable and accessible form to support informed choices; checking understanding and providing opportunities for questions and clarification; avoiding assumptions about an individual's ability or willingness to participate; recognising the individual's right to communicate preferences, including disagreement or refusal; involvement of individuals in discussions and decisions affecting their care and support; appropriate involvement of families, carers, advocates or others in accordance with the individual's wishes, rights and circumstances; communication that promotes dignity, equality, respect and inclusion; recognising and addressing communication practices that may restrict voice, choice or participation.

2. Understand the factors that influence effective communication in health and social care	2.1 Analyse barriers to effective communication experienced by individuals accessing health and social care services
	IC: Individual barriers, including sensory impairment, speech and language needs, learning disability, cognitive impairment, neurodivergence, literacy and health literacy, physical and emotional factors; language differences and unfamiliar terminology; environmental barriers, including noise, privacy, positioning and interruptions; interpersonal barriers, including assumptions, bias, attitudes, power imbalances and lack of trust; organisational barriers, including time pressures, inaccessible information and limited communication support; technological barriers and digital exclusion; interaction between barriers and their impact on understanding, participation, access, safety and outcomes.
	2.2 Explain strategies used to overcome communication barriers for individuals with diverse communication needs
	IC: Identification of individual communication needs, preferences and established methods of communication; adapting language, tone, pace, level of detail and communication method; plain language, accessible formats, visual information and other communication resources; active listening, appropriate questioning, allowing processing time, checking understanding and clarification; adapting the environment and timing of communication; responding appropriately to non-verbal communication and behaviour; professional interpreting, translation and specialist communication support; appropriate involvement of families, carers and advocates; reasonable adjustments and inclusive communication; trauma-informed communication principles, including safety, trust, choice and avoiding re-traumatisation; reviewing and adapting communication approaches according to individual response and need.
	2.3 Explain the use of augmentative and alternative communication to meet individual communication needs
	IC: Purpose and principles of augmentative and alternative communication (AAC); augmentative and alternative approaches; unaided AAC, including gesture and signing; aided AAC, including objects of reference, photographs, symbols, communication books and boards, and electronic or voice-output devices; low- and high-tech approaches; use of AAC to support expression, understanding, choice, participation and independence; matching AAC to individual

	needs, preferences and established communication systems; consistency, accessibility and sufficient communication time; role of specialist assessment and support; avoiding assumptions about understanding or ability based on communication differences.
	2.4 Explain how culture, language, beliefs and values can influence communication within health and social care
	IC: Influence of culture, language, beliefs, values and individual identity on communication preferences, expectations and interpretation; verbal and non-verbal communication, including forms of address, eye contact, gesture, touch, personal space and expression of emotion; language proficiency, meaning and interpretation; communication about health, illness, disability, pain, distress, care and help-seeking; influence of beliefs, values and family or community roles where relevant to the individual; assumptions, stereotyping, ethnocentrism and unconscious bias; variation within cultural, linguistic, religious and social groups; culturally responsive, respectful and non-discriminatory communication; identifying individual preferences rather than making assumptions; appropriate use of professional interpreting and translation services.
3. Understand the principles of information management and digital communication in health and social care	3.1 Explain the role of digital communication technologies within health and social care practice
	IC: Digital communication technologies used within health and social care, including email, secure messaging, video consultations, digital platforms, portals and mobile technologies; communication between individuals, families, carers, professionals and services; supporting access to information, appointments, remote communication, collaboration and continuity of care; appropriate and professional use of digital communication; accessibility and digital inclusion; risks associated with digital communication, including confidentiality, privacy, security, misinformation, inappropriate use and digital exclusion.
	3.2 Explain the benefits and challenges of electronic information systems used within health and social care organisations
	IC: Electronic records and information systems used to record, access, update and share health and social care information; benefits, including timely access to information, accuracy and continuity of records, coordination between services, reduced duplication, monitoring and service improvement; interoperability and appropriate

	information sharing across services; challenges, including system failures, inaccurate or incomplete records, duplication, compatibility between systems, cybersecurity, unauthorised access, staff competence and reliance on technology; implications for safe, effective and coordinated practice.
	3.3 Explain the legal and ethical responsibilities associated with the management, storage and sharing of information
	IC: Relevant legal, regulatory, organisational and professional requirements for handling information; lawful, fair and transparent processing; appropriate collection, recording, access, use, storage, retention, sharing and disposal of information; accurate, relevant, timely and factual records; secure storage and access controls; sharing information on an appropriate and proportionate basis; consent and appropriate authority for information sharing; responsibilities when information must be shared to protect individuals or others from harm; ethical principles, including privacy, dignity, respect and maintaining trust; reporting and responding to information breaches, errors and inappropriate access or disclosure.
	3.4 Explain the importance of confidentiality, data protection and information governance in protecting individuals
	IC: Principles and purpose of confidentiality, data protection and information governance; protection of personal and sensitive information from inappropriate access, use, loss or disclosure; privacy, dignity, autonomy and trust; appropriate access to information according to role and purpose; maintaining confidentiality in verbal, written, electronic and digital communication; circumstances in which confidentiality may be limited by legal, safeguarding or public-interest responsibilities; balancing confidentiality with appropriate information sharing; consequences of poor information governance for individuals, professionals and organisations; contribution of effective information governance to safe, lawful and accountable health and social care practice.
4. Understand the role of communication in collaborative and professional practice	4.1 Analyse the importance of effective communication in collaborative and integrated practice
	IC: Meaning and principles of collaborative and integrated practice; communication between individuals, families, carers, practitioners, teams, services and organisations; timely, accurate and appropriate exchange of information; shared understanding of needs, preferences,

	roles, responsibilities and agreed actions; coordination, continuity and consistency of care and support; communication across organisational and professional boundaries; involvement of individuals and carers in collaborative working; impact of effective and ineffective communication on relationships, decision-making, safety, quality of care and outcomes.
	4.2 Evaluate approaches used to provide information, advice and guidance to individuals and carers
	IC: Purpose and scope of information, advice and guidance within health and social care; person-centred approaches to providing accurate, current, relevant and accessible information; verbal, written and digital approaches and use of appropriate communication resources; adapting information to individual communication needs, preferences, circumstances and level of understanding; checking understanding and providing opportunities for questions and clarification; supporting informed choice without coercion or inappropriate influence; recognising professional boundaries and limits of own knowledge or role; signposting and referral to appropriate services, professionals, advocacy or specialist sources; evaluating effectiveness according to accessibility, understanding, relevance and individual need.
	4.3 Explain how effective communication supports safeguarding, advocacy and empowerment
	IC: Role of communication in enabling individuals to express concerns, wishes, experiences and preferences; creating opportunities for individuals to be heard and taken seriously; recognising and responding appropriately to communication that may indicate harm, abuse, neglect, exploitation or risk; accessible and sensitive communication when concerns are raised or disclosed; accurate recording, appropriate information sharing and communication of concerns through agreed safeguarding channels; purpose and role of advocacy, including supporting individuals whose voice may otherwise be unheard; communication that promotes voice, autonomy, informed choice, participation, confidence and control; avoiding discriminatory, coercive or disempowering communication; maintaining appropriate confidentiality while recognising responsibilities to share information where necessary to safeguard individuals or others.

	4.4 Evaluate approaches to professional communication within multidisciplinary and multi-agency working
	IC: Purpose and principles of professional communication within multidisciplinary and multi-agency working; verbal, written, digital and structured approaches to information exchange, including meetings, handovers, referrals, reports and professional records; clear, concise, accurate, factual and timely communication; use of appropriate professional terminology while maintaining clarity; communicating roles, responsibilities, decisions, actions and concerns; respectful professional challenge, clarification and escalation where required; managing differences in professional perspectives, terminology, priorities and organisational practices; confidentiality and appropriate information sharing across professional and organisational boundaries; effectiveness of communication approaches in supporting coordination, accountability, safe practice and positive outcomes.

4.3 Mandatory Unit 3: Health and Social Care Policy, Regulation and Governance

Mandatory Unit		GLH	Credits	Level	Unit Reference
3	Health and Social Care Policy, Regulation and Governance	60	20	4	T/652/3794

This unit aims to develop learners' understanding of the policy, legislative, regulatory and governance frameworks that shape health and social care provision. Learners will explore the organisation of health and social care, how policy is developed and implemented, and the factors that influence policy and service delivery.

The unit examines the role of legislation, regulation and professional bodies in protecting rights, maintaining standards and supporting safeguarding and safe practice. Learners will also consider governance and accountability within health and social care organisations and their contribution to safe, effective and person-centred practice.

Assessment Instructions and Guidance

Learners may be assessed through policy analysis assignments, case studies examining legislation and regulation, reports evaluating governance arrangements, and structured briefings or presentations.

Evidence may be drawn from current health and social care policy, legislation and regulatory frameworks, professional and regulatory body guidance, and real or simulated organisational governance and accountability scenarios.

Assessment must demonstrate understanding of the policy, legislative, regulatory and governance frameworks that shape health and social care provision, and the ability to analyse the relationship between policy, regulation and practice. Learners are expected to integrate legal, regulatory and governance considerations, applying these to real or simulated organisational contexts.

Learners should demonstrate the ability to evaluate the implementation and impact of policy, and the contribution of legislation, regulation, governance and accountability to safe, effective and person-centred practice, justifying conclusions using appropriate evidence.

Assessment evidence should reflect Level 4 expectations, including the application of policy, legislative and governance principles to real or simulated contexts, analysis of factors influencing their implementation, and evaluation of their contribution to safe and effective health and social care services.

Indicative Content (IC) is provided against each individual Assessment Criteria in the table below.

Learning Outcomes The learner will	Assessment Criteria The learner can
1. Understand the organisation and policy framework of health and social care	1.1 Describe the structure of health and social care provision within the UK
	IC: Organisation of health and social care across the four UK nations and the impact of devolution; national, regional and local responsibilities for planning, commissioning, funding and delivering services; statutory, independent, private, voluntary and community provision; primary, secondary and specialist healthcare; social care and community-based services; roles of central and devolved governments, local authorities, health bodies and other relevant organisations; interfaces between health, social care and wider services; integrated and partnership approaches to provision; variation in structures and arrangements across England, Scotland, Wales and Northern Ireland.
	1.2 Explain the purpose of health and social care policy
	IC: Meaning and purpose of policy within health and social care; setting priorities, aims and direction for services; responding to population needs, inequalities, evidence and emerging challenges; translating political and strategic priorities into expectations for health and social care provision; promoting quality, safety, effectiveness, accessibility and person-centred care; supporting prevention and improvement in population health and wellbeing; influencing allocation and use of resources; promoting consistency while allowing appropriate local implementation; relationship between national policy, organisational policy and practice.
	1.3 Explain the influence of national priorities on the planning and delivery of health and social care services
	IC: Sources and purposes of national health and social care priorities; population health needs, demographic change, health inequalities and changing patterns of need; prevention, early intervention and public health; quality, safety and person-centred care; access, waiting times and service capacity; integration and coordination of health and

	social care; workforce priorities; digital transformation and use of technology; financial pressures, sustainability and efficient use of resources; emergency preparedness and emerging health and social care challenges; influence of national priorities on service planning, commissioning, resource allocation, workforce planning and models of service delivery; variation in priorities across the UK nations and over time.
	1.4 Assess the relationship between policy and service delivery
	IC: Translation of national and local policy into service priorities, plans, commissioning decisions, organisational policies and models of delivery; influence of policy on access, eligibility, service design, workforce, resources, quality expectations and approaches to care and support; role of local organisations and practitioners in implementing policy; variation in implementation according to local population needs, resources and service context; factors that can support or constrain implementation, including funding, workforce capacity, infrastructure, organisational culture and competing priorities; intended and unintended effects of policy on services and individuals; use of service outcomes, evaluation, feedback and changing needs to inform policy development and review.
2. Understand the development and implementation of health and social care policy	2.1 Describe the stages involved in the development of health and social care policy
	IC: Identification of health and social care issues, needs or priorities; agenda setting and defining policy objectives; gathering and considering evidence; consultation and stakeholder engagement; development and appraisal of policy options; decision-making and policy formulation; approval and adoption through relevant governmental or organisational processes; planning for implementation; communication and implementation of policy; monitoring, evaluation and review; revision or replacement in response to evidence, outcomes and changing needs; variation in policy-development processes according to context and across the UK nations.
	2.2 Explain the influence of political, economic, social and demographic factors on policy development
	IC: Political influences, including government priorities, political ideology, public expectations and changing administrations; economic

	influences, including public expenditure, funding priorities, economic conditions, workforce and resource pressures; social influences, including public attitudes, inequalities, changing expectations, social trends and patterns of need; demographic influences, including population size and distribution, ageing, migration, birth rates and changing population characteristics; interaction between political, economic, social and demographic factors; influence of evidence, emerging issues and changing circumstances on policy priorities and responses.
	2.3 Explain the role of key stakeholders in the development and implementation of health and social care policy
	IC: Stakeholders involved in policy development and implementation, including governments and policymakers, health and social care organisations, local authorities, commissioners and service planners, regulatory and professional bodies, health and social care professionals, voluntary and community organisations, individuals using services, families, carers and advocacy groups; consultation, representation, lobbying, professional expertise, research evidence and lived experience as sources of influence; stakeholder involvement in interpreting, communicating and implementing policy; collaboration and partnership working; differing stakeholder interests, priorities, influence and power; importance of meaningful involvement of individuals and communities affected by policy.
	2.4 Evaluate the implementation and impact of a current health or social care policy
	IC: Selection of a relevant current health or social care policy; policy context, aims, intended outcomes and target populations; approaches to implementation at national, regional, local or organisational level as appropriate; roles of relevant organisations and stakeholders; resources, workforce, communication and other factors influencing implementation; evidence of progress and outcomes; impact on services, practitioners, individuals, communities or population groups as relevant; intended and unintended consequences; variation or inequalities in implementation and impact; barriers and facilitators to effective implementation; comparison of intended aims with available evidence of actual implementation and outcomes; strengths, limitations and areas for improvement or further development.

3. Understand the legislative and regulatory framework within health and social care	3.1 Explain the purpose of legislation and regulation within health and social care
	IC: Purpose and functions of legislation and regulation in health and social care; establishing legal duties, rights, responsibilities and minimum standards; protecting individuals from harm, abuse, neglect, discrimination and unsafe practice; promoting quality, safety, equality, dignity and person-centred care; regulation of services, organisations, professionals and the workforce; monitoring compliance and responding to failures; consequences of non-compliance; relationship between legislation, regulation, statutory guidance, professional standards, organisational policies and practice; variation in legislative and regulatory frameworks across the UK nations.
	3.2 Explain the role of regulatory and professional bodies in maintaining standards within health and social care
	IC: Purpose and functions of service regulators, professional regulators and relevant professional bodies; registration, regulation and oversight of services and professionals as applicable; setting and monitoring standards; codes of conduct, ethics and professional practice; inspection, assessment and quality monitoring; education, training and competence requirements where applicable; responding to concerns, complaints and breaches of standards; investigation, enforcement and sanctions; provision of professional guidance and support; contribution to public protection, accountability, quality improvement and maintaining confidence in health and social care services and professions.
	3.3 Explain how legislation protects the rights of individuals accessing health and social care services
	IC: Legislative protection of human rights, equality and freedom from discrimination; dignity, privacy and family life; autonomy, choice and participation; consent and decision-making; mental capacity and support for decision-making; confidentiality and protection of personal information; accessible and equitable treatment and reasonable adjustments; protection from abuse, neglect, exploitation and degrading or unsafe treatment; rights relating to concerns and complaints; balancing individual rights with lawful restrictions and responsibilities to protect individuals and others; application of relevant legislation and statutory requirements within health and social care contexts.

	3.4 Explain legislative and regulatory responsibilities for safeguarding and safe practice within health and social care
	IC: Legislative and regulatory responsibilities for safeguarding children and adults at risk and promoting safe practice; types, signs and indicators of abuse, neglect, exploitation and harm; prevention and early recognition of safeguarding concerns; responsibilities for responding to concerns or disclosures, immediate safety and seeking appropriate support; accurate recording, reporting and escalation through agreed safeguarding procedures; responsibilities where concerns remain or appropriate action has not been taken; appropriate and proportionate information sharing, including circumstances in which safeguarding responsibilities may override confidentiality; roles of relevant safeguarding agencies, regulators and professionals; safer working practices, risk management and duty of care; learning from safeguarding incidents, serious failures and reviews; contribution of effective safeguarding arrangements to protecting rights, wellbeing and safety.
4. Understand governance and accountability within health and social care	4.1 Explain the principles and purpose of governance within health and social care
	IC: Meaning and purpose of governance in health and social care; structures and processes for directing, overseeing and assuring the quality and safety of services; leadership, accountability, transparency and ethical decision-making; compliance with legal, regulatory, professional and organisational requirements; quality assurance and continuous improvement; risk management and safeguarding; use of evidence, information, audit, feedback and performance data to monitor services; clear policies, procedures and lines of responsibility; contribution of effective governance to public confidence, organisational learning and safe, effective and person-centred services.
	4.2 Explain roles and responsibilities for accountability within health and social care organisations
	IC: Meaning of accountability and responsibility within health and social care; individual, professional, managerial and organisational accountability; accountability for decisions, actions and omissions; defined roles, responsibilities and lines of reporting; working within role, competence, authority, policies and agreed standards; delegation and oversight; responsibilities of leaders, managers, practitioners and

	governing or oversight structures; recording and evidencing decisions and actions; raising and escalating concerns; openness, transparency and duty of candour; external accountability to regulators, commissioners, individuals using services and the public.
	4.3 Explain organisational responsibilities for managing concerns, complaints and safeguarding issues
	IC: Accessible and transparent arrangements for raising concerns and making complaints; receiving, acknowledging, recording and responding to concerns, complaints and safeguarding issues; appropriate reporting, referral and escalation routes; timely and proportionate action to protect individuals and address concerns; investigation and review processes; communication with individuals, families, carers and relevant professionals or agencies; confidentiality and appropriate information sharing; duty of candour and open communication following incidents or failures; support for individuals raising concerns and speaking up; monitoring patterns and themes; learning from complaints, safeguarding issues, incidents and adverse outcomes; implementing and reviewing actions to reduce recurrence and improve services.
	4.4 Assess the contribution of governance and accountability to safe, effective and person-centred practice
	IC: Contribution of governance and accountability to maintaining standards, managing risk, safeguarding individuals and promoting quality and safety; clear responsibilities and oversight; monitoring performance, outcomes and compliance; use of evidence, audit, incidents, complaints and feedback to identify concerns and support improvement; transparency, openness and learning cultures; accountability for decisions, actions and service quality; involvement and experiences of individuals in evaluating services; relationship between effective governance, professional practice and person-centred outcomes; consequences of weak governance or unclear accountability, including failures in safety, quality, rights and public confidence.

4.4 Mandatory Unit 4: Personal and Professional Development in Health and Social Care

Mandatory Unit		GLH	Credits	Level	Unit Reference
4	Personal and Professional Development in Health and Social Care	60	20	4	Y/652/3795

This unit aims to develop learners' understanding of personal and professional development within health and social care. Learners will explore the professional values, behaviours and ethical principles that underpin practice, alongside professional accountability, boundaries and responsibilities.

The unit examines the role of reflective practice, supervision and feedback in supporting learning and continuous improvement. Learners will apply these principles to evaluate their own development needs in relation to current or intended health and social care roles and plan realistic short- and long-term objectives for continuing professional development and lifelong learning.

Assessment Instructions and Guidance

Learners may be assessed through reflective accounts, case-based analysis of ethical and professional situations, self-assessment tasks and the production of a personal and professional development plan.

Evidence may be drawn from the learner's own current or intended professional role, real or simulated practice situations, feedback and supervision, and relevant professional standards and codes of conduct.

Assessment must demonstrate understanding of professional values, ethical practice, accountability and professional boundaries, and the ability to apply a recognised model of reflective practice to a relevant learning or practice experience. Learners are expected to integrate professional standards, ethical principles and reflective practice, applying these to their own development and practice.

Learners should demonstrate the ability to evaluate their own strengths and development needs, and to produce a realistic personal and professional development plan with clear objectives, evidence and support requirements.

Assessment evidence should reflect Level 4 expectations, including the application of ethical and reflective principles to own practice, analysis of factors influencing professional

decision-making, and evaluation of own development needs supported by a realistic, evidenced plan. Indicative Content (IC) is provided against each individual Assessment Criteria in the table below.

Learning Outcomes The learner will	Assessment Criteria The learner can
1. Understand professional values and ethical practice in health and social care	1.1 Explain the professional values and behaviours that underpin health and social care practice
	IC: Professional values and behaviours, including respect, dignity, compassion, empathy, honesty, integrity, reliability, openness and non-judgemental practice; commitment to person-centred care, individual rights, choice and participation; maintaining confidentiality and trust; professional conduct, communication and relationships; responsibility for own actions and behaviour; reliability and consistency in meeting agreed standards; recognising the influence of own values and attitudes on practice; relevant professional standards, codes of conduct and organisational expectations; contribution of professional values and behaviours to safe, effective and respectful health and social care.
	1.2 Explain key principles of ethical practice and their application within health and social care
	IC: Meaning and importance of ethical practice; principles of autonomy, beneficence, non-maleficence and justice; dignity, respect, confidentiality, consent and fairness as ethical considerations; application of ethical principles to health and social care situations and decisions; balancing competing principles, rights, needs and responsibilities; ethical tensions relating to choice, safety, confidentiality, resource allocation and professional responsibilities; recognising that ethical issues may not have a single clear solution; use of ethical principles, professional standards and reasoned judgement to support defensible practice.
	1.3 Explain how equality, diversity, inclusion and respect for individual rights inform professional practice

	IC: Principles of equality, diversity, inclusion, equity and human rights; recognising and respecting individual identity, background, culture, beliefs, values, needs, preferences and circumstances; discrimination, direct and indirect discrimination, harassment, victimisation, stereotyping and exclusion; reasonable adjustments and removal of barriers; inclusive, culturally responsive and anti-discriminatory practice; promoting dignity, autonomy, choice, participation and equitable access; recognising and challenging discriminatory or exclusionary practice; relevant legal, professional and organisational expectations; contribution of equality, diversity, inclusion and rights-based approaches to person-centred professional practice.
	1.4 Evaluate factors that can influence ethical and professional decision-making in health and social care
	IC: Factors influencing ethical and professional decisions, including individual needs, wishes, rights and circumstances; professional values, ethical principles, legislation, professional standards, organisational policies and available evidence; own values, beliefs, experiences and assumptions; conscious and unconscious bias, stereotyping and cultural influences; emotions, relationships and previous experiences or outcomes; professional experience and level of competence; influence of colleagues, teams, organisational culture and workplace pressures; resource, time and service constraints; differing professional perspectives and competing priorities; uncertainty, conflicting information and ethical dilemmas; use of reflection, self-awareness, consultation, supervision and appropriate challenge to support balanced, reasoned and professionally defensible decisions.
2. Understand professional accountability in health and social care	2.1 Explain the responsibilities of health and social care professionals in maintaining professional standards
	IC: Personal and professional accountability for conduct, decisions, actions and omissions; working in accordance with relevant legislation, professional standards, codes of conduct, organisational policies and agreed ways of working; maintaining safe, ethical, person-centred and evidence-informed practice; maintaining required knowledge, skills and competence; accurate record keeping and appropriate information handling; maintaining confidentiality and professional relationships; recognising and raising concerns about unsafe, unethical or poor practice; openness and honesty when errors or concerns arise; responsibility for seeking advice, support or

	escalation where required; consequences of failing to maintain professional standards.
	2.2 Explain the importance of maintaining professional boundaries
	IC: Meaning and purpose of professional boundaries; distinction between professional and personal relationships; maintaining appropriate physical, emotional, social and digital boundaries; appropriate use of self-disclosure; relationships with individuals, families and carers; conflicts of interest, favouritism, gifts and financial or personal relationships; use of social media and digital communication; recognising power imbalances and vulnerability within professional relationships; risks associated with boundary crossing and boundary violations; seeking guidance or support where boundaries are unclear; contribution of appropriate boundaries to trust, safety, objectivity and protection of individuals and professionals.
	2.3 Explain the role of supervision, appraisal and feedback in supporting professional development
	IC: Purpose and functions of supervision, appraisal and feedback; formal and informal approaches; reviewing practice, performance, achievements and development needs; opportunities to discuss challenges, concerns, workload and professional practice; constructive feedback from managers, supervisors, colleagues, individuals and other relevant sources; setting and reviewing development objectives; identifying learning, training and support needs; recognising strengths and areas for improvement; using feedback to inform learning and changes in practice; contribution of supervision and appraisal to professional support, accountability, development and continuous improvement.
	2.4 Evaluate the importance of recognising and working within own role, responsibilities and limits of competence
	IC: Scope of own role, responsibilities, authority and competence; distinction between role boundaries and professional competence; recognising limitations in knowledge, skills, experience and authority; working within agreed standards, policies and procedures; responsibilities when undertaking delegated activities; seeking advice, supervision or support when required; appropriate referral, escalation or transfer of responsibility; declining or stopping activities that fall

	outside own competence or authority; maintaining and updating competence as roles and practice develop; risks associated with working beyond competence, including harm, unsafe practice and loss of professional accountability; contribution of role clarity and recognition of limitations to safe, effective and accountable practice.
3. Understand reflective practice in health and social care	3.1 Compare recognised models and approaches to reflective practice
	IC: Meaning and purpose of reflective practice; reflection during and following practice; recognised models and approaches, including Gibbs' Reflective Cycle, Kolb's Experiential Learning Cycle, Schön's reflection-in-action and reflection-on-action, and Rolfe et al.'s reflective model; stages, features and intended uses of different approaches; structured and less formal approaches to reflection; strengths and limitations of different models; suitability of approaches for different learning and practice situations; comparison of how different approaches support analysis, learning and future action.
	3.2 Explain how reflective practice supports learning and professional development
	IC: Use of reflection to examine experiences, actions, decisions and responses; identifying strengths, development needs and gaps in knowledge or skills; recognising the influence of own values, assumptions, bias, emotions and previous experiences; learning from feedback, successes, challenges, errors and unexpected outcomes; considering alternative approaches and perspectives; linking experience with evidence, professional standards and learning; identifying changes to knowledge, skills or practice; contribution of regular reflection to self-awareness, professional learning, competence and continuing development.
	3.3 Apply a recognised model or approach to reflect on own learning or practice
	IC: Selection and application of an appropriate recognised reflective model or approach; identification of a relevant learning or practice experience; consideration of actions, decisions, responses and outcomes; analysis of what was effective and less effective and factors influencing the experience; consideration of feedback, evidence or alternative perspectives where relevant; identification of learning gained, strengths and areas for development; recognition of own assumptions, values or responses where relevant; identification

	of realistic actions or changes for future learning or practice; moving beyond description to meaningful analysis and learning.
	3.4 Evaluate how reflective practice can contribute to continuous improvement and outcomes for individuals
	IC: Relationship between reflection, learning and continuous improvement; using reflection to identify effective practice and areas requiring change; learning from feedback, incidents, concerns, complaints, errors, positive outcomes and examples of good practice; reviewing the effectiveness and impact of changes made; sharing learning and contributing to improvements in team or service practice where appropriate; contribution to safer, more effective, responsive and person-centred practice; potential impact on quality, individual experiences and outcomes; limitations of reflection when used in isolation, including the need for evidence, feedback, supervision and wider organisational learning.
4. Be able to plan own personal and professional development in health and social care	4.1 Explain the principles and importance of personal and professional development in health and social care
	IC: Meaning and relationship of personal and professional development; responsibility for developing and maintaining relevant knowledge, skills, behaviours and professional competence; development in preparation for or response to changing roles, standards, evidence, policy, technology and service needs; self-awareness and openness to learning; use of reflection, feedback, supervision, guidance and other development opportunities; relationship between development, professional confidence, adaptability and effective practice; contribution of personal and professional development to safe, ethical, evidence-informed and person-centred health and social care practice.
	4.2 Evaluate own strengths and areas for professional development
	IC: Evaluation of own knowledge, skills, behaviours, values and relevant experience; identification of strengths, achievements and areas requiring development; use of self-assessment, reflection, feedback and relevant professional or organisational standards; consideration of the requirements of a current or intended role within health and social care; identification of gaps in knowledge, skills or experience; consideration of role responsibilities and limits of competence where applicable; prioritisation of development needs

	according to current or intended professional responsibilities, sector expectations and future aspirations; reasoned conclusions about priorities for professional development.
	4.3 Produce a professional development plan containing realistic short and long-term objectives
	IC: Purpose and structure of a professional development plan; development priorities arising from evaluation of own strengths and needs; relationship to a current or intended health and social care role or professional direction; realistic short- and long-term objectives; specific and measurable outcomes, actions and timescales; relevant development activities, including formal learning, workplace or experiential learning, mentoring, professional reading and other development opportunities; resources and support required; potential barriers and strategies for addressing them; measures and evidence of progress and achievement; review points; updating and adapting the plan in response to progress, feedback, changing aspirations or emerging development needs.
	4.4 Assess the role of continuing professional development and lifelong learning in maintaining effective practice
	IC: Meaning and purpose of continuing professional development and lifelong learning; developing, maintaining and extending knowledge, skills and competence throughout professional life; preparation for professional roles and responsibilities and response to changes in evidence, legislation, policy, professional standards, technology and models of care; formal and informal CPD activities; maintaining awareness of developments within health and social care; recording and evidencing CPD where required; relationship between CPD, professional standards, employability and career development; contribution to safe, current, evidence-informed and effective practice; risks associated with outdated knowledge or competence; responsibility for ongoing learning and development.

4.5 Mandatory Unit 5: Leadership and People Management in Health and Social Care

Mandatory Unit		GLH	Credits	Level	Unit Reference
5	Leadership and People Management in Health and Social Care	60	20	4	A/652/3796

This unit aims to develop learners' understanding of leadership and people management within health and social care. Learners will explore leadership and management roles, responsibilities and approaches, and examine how leadership influences organisational culture, staff practice and person-centred outcomes.

The unit considers effective team working and performance management, alongside approaches to supporting, developing and retaining the health and social care workforce. Learners will also examine the responsibilities of leaders and managers in promoting safe and effective practice, supportive workplace cultures, organisational learning and continuous improvement.

Assessment Instructions and Guidance

Learners may be assessed through case-based leadership analysis, scenario-based team management assignments, reports evaluating leadership and workforce practice, and presentations.

Evidence may be drawn from real or simulated health and social care leadership and management situations, team-working scenarios, workforce development examples and organisational case studies.

Assessment must demonstrate understanding of leadership and management theory, team effectiveness and approaches to supporting and developing the workforce, and the ability to analyse the influence of leadership on organisational culture, staff practice and outcomes. Learners are expected to integrate leadership, team management and workforce development considerations, applying these to real or simulated health and social care scenarios.

Learners should demonstrate the ability to evaluate the effectiveness of leadership and management approaches, team working and workforce support, and to justify conclusions using relevant theory, evidence and professional standards.

Assessment evidence should reflect Level 4 expectations, including the application of leadership and management theory to real or simulated scenarios, analysis of factors

affecting teams and the workforce, and evaluation of their contribution to safe, effective and person-centred practice.

Indicative Content (IC) is provided against each individual Assessment Criteria in the table below.

Learning Outcomes The learner will	Assessment Criteria The learner can
1. Understand the principles of leadership and management in health and social care	1.1 Explain the roles and responsibilities of leaders and managers within health and social care
	IC: Meaning and relationship of leadership and management; similarities and differences between leading and managing; formal and informal leadership; roles and responsibilities of leaders and managers, including setting direction, communicating expectations, organising work, allocating responsibilities, supporting and developing staff, monitoring performance and promoting effective team working; responsibility for quality, safety, person-centred practice and use of resources; supporting implementation of organisational policies, procedures and agreed standards; responding to concerns and changing service needs; accountability and appropriate delegation; contribution of leadership and management to effective health and social care services.
	1.2 Explain different leadership and management styles used within health and social care organisations
	IC: Leadership and management styles, including autocratic, democratic, laissez-faire, transactional, transformational and situational approaches; characteristics and application of different styles; directive, supportive and participative approaches; factors influencing the suitability of different approaches, including staff experience and competence, team needs, task, risk, urgency and organisational context; strengths and limitations of different styles; adapting leadership and management approaches according to circumstances; implications of leadership style for staff engagement, communication, performance and service delivery.
	1.3 Explain how leadership influences organisational culture and staff practice

	IC: Meaning and characteristics of organisational and workplace culture; influence of leaders through values, behaviours, expectations, communication and role modelling; establishing and reinforcing standards of practice and behaviour; influence on openness, trust, inclusion, staff engagement and psychological safety; influence of leadership on teamwork, communication, accountability and consistency of practice; impact of positive and negative leadership behaviours on staff experience and practice; relationship between leadership, workplace culture and quality of service provision.
	1.4 Assess the contribution of effective leadership to person-centred practice and outcomes for individuals
	IC: Leadership in establishing expectations for person-centred, rights-based and inclusive practice; promoting dignity, respect, choice, participation and responsiveness to individual needs; supporting staff to apply person-centred values consistently; ensuring staff have appropriate guidance, resources and support; encouraging communication, collaboration and learning; responding to feedback, concerns and evidence about individuals' experiences; relationship between staff support, workplace culture and quality of care and support; contribution of effective leadership to safety, continuity, experience, wellbeing and outcomes for individuals; consequences of ineffective leadership for person-centred practice and outcomes.
2. Understand the principles of effective team working and performance management	2.1 Explain the characteristics of effective teams within health and social care
	IC: Characteristics of effective teams, including shared purpose and objectives, clear communication, trust, respect, inclusion, cooperation and mutual support; appropriate skills, knowledge and experience within the team; clear expectations and accountability; effective leadership and decision-making; participation and constructive challenge; adaptability and responsiveness to changing needs; commitment to person-centred values and agreed standards; psychological safety and confidence to raise concerns; contribution of team cohesion, communication and shared responsibility to effective health and social care practice.
	2.2 Explain how team roles, responsibilities and ways of working contribute to team effectiveness
	IC: Clear definition and understanding of individual and team roles, responsibilities and accountability; allocation of work according to

	role, competence and service requirements; appropriate delegation and oversight; recognising the contribution, expertise and limitations of different team members; agreed ways of working, policies, procedures and professional standards; communication, information sharing, handovers and team meetings; coordination and cooperation between team members; shared decision-making and problem-solving where appropriate; managing interdependence and avoiding gaps, duplication or confusion in responsibilities; reviewing and adapting ways of working to support team effectiveness.
	2.3 Explain approaches to managing performance and resolving conflict within teams
	IC: Purpose and principles of performance management; setting clear expectations, objectives and standards; monitoring performance and progress; constructive feedback, supervision, appraisal, coaching and support; recognising effective performance and identifying development or support needs; responding appropriately to performance concerns; fair, consistent and proportionate approaches; causes and signs of conflict within teams, including communication difficulties, role ambiguity, differing perspectives, workload and competing priorities; early identification and constructive management of disagreement; open communication, active listening, negotiation, mediation and problem-solving; appropriate escalation where issues cannot be resolved; learning from performance and conflict issues to improve team working.
	2.4 Assess how effective team working contributes to positive outcomes for individuals accessing health and social care services
	IC: Relationship between effective team working and safe, coordinated and person-centred care and support; consistent communication and information sharing; continuity of care and reduced gaps, errors and duplication; coordinated responses to individual needs and changing circumstances; use of complementary knowledge, skills and perspectives; timely identification and response to concerns; involvement of individuals and carers where appropriate; contribution to safety, experience, dignity, wellbeing and achievement of individual outcomes; impact of ineffective team working, including fragmented care, inconsistent practice, communication failures, delays and increased risk.

3. Understand approaches to supporting and developing the health and social care workforce	3.1 Explain principles and approaches that support effective recruitment and induction within health and social care
	IC: Purpose and principles of effective recruitment and selection; identifying role requirements, responsibilities, knowledge, skills, experience and values; clear and inclusive role information and selection processes; safer recruitment and relevant pre-employment checks; fair, transparent and non-discriminatory recruitment; values-based recruitment; matching individuals to role and service requirements; purpose and components of effective induction, including organisational values, role expectations, policies and procedures, safeguarding, health and safety, professional standards and mandatory requirements; orientation, initial training, supervision and support; contribution of effective recruitment and induction to workforce competence, safety, retention and quality of services.
	3.2 Explain the importance of equality, diversity and inclusion in supporting an effective workforce
	IC: Equality, diversity, inclusion and equity within the workforce; fair and non-discriminatory recruitment, development, progression and employment practices; reasonable adjustments and removal of workplace barriers; inclusive leadership and workplace culture; valuing different backgrounds, experiences, perspectives and contributions; recognising and addressing discrimination, harassment, bullying, stereotyping and bias; psychological safety, belonging and opportunities to contribute; relationship between workforce diversity, staff experience, innovation and understanding of diverse communities; contribution of inclusive workforce practices to staff engagement, retention and effective service delivery.
	3.3 Explain approaches used by leaders and managers to support staff learning, development and performance
	IC: Identifying individual and team learning, development and performance needs; induction, training and continuing development; supervision, appraisal and constructive feedback; coaching, mentoring, shadowing, peer learning and workplace learning; setting and reviewing objectives and expectations; supporting staff to maintain knowledge, skills and competence; recognising effective performance and addressing development or performance concerns; providing appropriate learning opportunities, resources and support; adapting support to individual roles, experience and development

	needs; evaluating the impact of learning and development on staff practice and performance; contribution to workforce competence and continuous improvement.
	3.4 Assess the importance of staff wellbeing, motivation and retention in delivering effective health and social care services
	IC: Factors influencing staff wellbeing, motivation and retention, including workload, staffing levels, working conditions, leadership, recognition, autonomy, inclusion, relationships, development opportunities and work-life balance; workplace stress, fatigue and burnout; supportive leadership, supervision, communication and access to appropriate support; employee voice and involvement; recognition and opportunities for learning and progression; impact of wellbeing and motivation on engagement, attendance, performance and quality of practice; effects of recruitment and retention difficulties, turnover and workforce instability on continuity, capacity and service quality; relationship between a supported, motivated and stable workforce and safe, effective and person-centred health and social care services.
4. Understand the role of leadership in supporting safe and effective practice in health and social care	4.1 Explain the responsibilities of leaders and managers in promoting safe and effective practice
	IC: Leadership and management responsibilities for promoting quality, safety and person-centred practice; communicating expectations and modelling appropriate professional values and behaviours; ensuring staff understand their roles, responsibilities and limits of competence; appropriate staffing, allocation of responsibilities, delegation and oversight; supporting staff competence, supervision and access to guidance; identifying and responding to risks, concerns and unsafe practice; promoting safeguarding, infection prevention and control, health and safety and appropriate risk management; supporting effective communication and teamwork; responding to changes in individual, workforce and service needs; contribution of effective leadership to safe, consistent and effective practice.
	4.2 Explain how leaders and managers support staff to work within agreed standards, policies and procedures
	IC: Communicating and reinforcing relevant legislation, professional standards, organisational policies, procedures and agreed ways of working; ensuring staff understand expectations and responsibilities relevant to their roles; induction, training, supervision, guidance and

	access to current information; role modelling and consistent application of expected standards; monitoring practice and providing constructive feedback; supporting staff to seek advice and raise concerns where requirements are unclear or cannot be met; identifying gaps in knowledge, competence or compliance and taking appropriate action; responding to changes in standards, policies and procedures; promoting accountability while providing appropriate support to staff.
	4.3 Explain the role of leadership in creating an open, inclusive and supportive workplace culture
	IC: Leadership behaviours that promote openness, trust, respect, fairness, inclusion and psychological safety; role modelling expected values and behaviours; encouraging staff participation, voice, feedback and constructive challenge; creating an environment in which staff feel able to ask for help, acknowledge mistakes, raise concerns and speak up without fear of inappropriate blame or disadvantage; recognising and responding to bullying, harassment, discrimination and exclusion; valuing diversity and different perspectives; supportive communication, recognition and fair treatment; responding appropriately to staff concerns and feedback; relationship between workplace culture, staff wellbeing, teamwork, safe practice and quality of services.
	4.4 Assess how leadership can contribute to learning and continuous improvement within health and social care
	IC: Leadership in promoting learning, reflection and continuous improvement; encouraging staff to identify learning needs and share knowledge, feedback and effective practice; learning from incidents, errors, near misses, safeguarding concerns, complaints, audits, feedback and outcomes; creating opportunities for reflection, discussion and collaborative problem-solving; using evidence, feedback and learning to identify areas for improvement; supporting implementation and review of changes to practice; involving staff and individuals using services in improvement where appropriate; recognising and sharing effective practice; monitoring whether changes lead to improvement; contribution of learning cultures to quality, safety, staff practice and outcomes for individuals.

4.6 Mandatory Unit 6: Health, Society and the Life Course

Mandatory Unit		GLH	Credits	Level	Unit Reference
6	Health, Society and the Life Course	60	20	4	D/652/3797

This unit aims to develop learners' understanding of health, illness and wellbeing in relation to individual experience, society and the life course. Learners will explore different perspectives on health, illness and wellbeing, including sociological and biopsychosocial perspectives, and consider how biological, psychological and social influences interact to shape health and wellbeing.

Learners will examine influences on development, health and wellbeing across the life course, including life events, transitions, risk and protective factors, and the cumulative effects of advantage and disadvantage. They will consider diverse experiences of health and wellbeing, including mental health, disability, neurodivergence, ageing and long-term conditions, and the influence of individual circumstances, identity and social context.

The unit also examines how social, economic and environmental determinants contribute to health inequalities and influence access to and experiences of health and social care. Learners will consider the effects of disadvantage, discrimination and social exclusion and explore approaches to promoting equitable and inclusive access to health and social care services.

Assessment Instructions and Guidance

Learners may be assessed through case study analysis, essays or reports applying sociological and biopsychosocial perspectives, life course case-based assignments and presentations examining health inequalities.

Evidence may be drawn from real or case-study individuals and populations across the life course, published research, statistics and reports on health and health inequalities, and examples of diverse experiences of health, illness and wellbeing.

Assessment must demonstrate understanding of sociological, biopsychosocial and life course perspectives on health, illness and wellbeing, and the ability to analyse the influence of biological, psychological, social and structural factors on individual and population health. Learners are expected to integrate different perspectives and evidence, applying these to the analysis of individual, case-study or population health and social care experiences.

Learners should demonstrate the ability to evaluate the contribution of different perspectives to understanding health and wellbeing, and to assess approaches to reducing health inequalities and promoting equitable and inclusive access to services.

Assessment evidence should reflect Level 4 expectations, including the application of relevant theories and perspectives to individual and case-study contexts, analysis of factors influencing health and wellbeing across the life course, and evaluation of approaches to promoting equity and inclusion in health and social care.

Indicative Content (IC) is provided against each individual Assessment Criteria in the table below.

Learning Outcomes The learner will	Assessment Criteria The learner can
1. Understand perspectives on health, illness and wellbeing	1.1 Explain different perspectives on health, illness and wellbeing
	IC: Meanings and concepts of health, illness and wellbeing; health as more than the absence of disease; physical, mental and social aspects of health and wellbeing; different ways in which health and illness may be understood; biomedical perspectives, including emphasis on biological factors, disease, diagnosis and treatment; psychological perspectives, including the influence of thoughts, emotions and behaviours on health and wellbeing; social and sociological perspectives, including the influence of relationships, culture, social conditions, inequality and wider society; differences in the factors emphasised by different perspectives; value of considering different perspectives when developing a broader understanding of health and wellbeing.
	1.2 Compare key sociological perspectives on health, illness and wellbeing
	IC: Meaning and purpose of sociological perspectives in understanding health, illness and wellbeing; key perspectives, including functionalism, Marxism and conflict perspectives, feminism and interactionism; functionalist perspectives on health, illness, social roles and the sick role; Marxist and conflict perspectives on power, inequality, material conditions and health; feminist perspectives on gender, power, inequality and experiences of health and care; interactionist perspectives on meaning, identity, labelling and lived experiences of

	health and illness; similarities and differences between the factors emphasised by different sociological perspectives; strengths and limitations of different explanations; use of more than one sociological perspective to develop a broader understanding of health, illness and wellbeing.
	1.3 Explain the biopsychosocial perspective on health, illness and wellbeing
	IC: Principles of the biopsychosocial perspective; understanding health, illness and wellbeing through the interaction of biological, psychological and social influences; biological influences, including physical health and biological factors; psychological influences, including thoughts, emotions, behaviours and responses to health and illness; social influences, including relationships, social support, culture, living conditions and socioeconomic circumstances; ways in which biological, psychological and social influences can interact and affect individuals differently; contribution of the biopsychosocial perspective to a holistic understanding of health and wellbeing; strengths and limitations of the biopsychosocial perspective.
	1.4 Assess the contribution of different perspectives to understanding health, illness and wellbeing
	IC: Contribution of biomedical, psychological, sociological and biopsychosocial perspectives to understanding health, illness and wellbeing; different factors emphasised by each perspective; ways in which different perspectives can help explain causes, influences and experiences of health and illness; relationship between individual experiences and wider social and environmental influences; strengths and limitations of different perspectives; limitations of relying on a single explanation of health and illness; value of considering different perspectives when seeking to understand individual experiences and health and wellbeing; relevance of different perspectives to contemporary health and social care and person-centred practice.
2. Understand influences on health and wellbeing across the life course	2.1 Explain biological, psychological and social influences on development, health and wellbeing across the life course
	IC: Meaning of the life course and its relevance to health and wellbeing; broad stages of life from early life through childhood, adolescence, adulthood and later life; development and change across physical, cognitive, emotional and social areas; biological influences, including growth, physical development and ageing; psychological

	influences, including emotional development, identity, coping and resilience; social influences, including family relationships, education, friendships and social networks, employment and community; interaction between influences at different stages of life; recognition that development and experiences vary between individuals and are influenced by individual circumstances and wider environments.
	2.2 Analyse how life events and transitions can influence health and wellbeing
	IC: Meaning of life events and transitions; expected and unexpected changes across the life course; examples including starting or leaving education, entering or changing employment, forming or changing relationships, parenthood and caring responsibilities, changes in health, bereavement, changes in living circumstances, retirement and changes in independence or support needs; potential positive and negative effects on physical health, mental health, emotional wellbeing, relationships, identity and participation; influence of timing, circumstances and previous experiences; availability of family, social and community support; differences in how individuals may experience and respond to similar events or transitions; ways in which multiple or significant changes can interact and influence health and wellbeing.
	2.3 Explain how risk, protective factors, advantage and disadvantage can influence health and wellbeing across the life course
	IC: Meaning of risk and protective factors in relation to health and wellbeing; factors that may increase vulnerability to poor health or support positive health and wellbeing; protective influences, including supportive relationships, stability, positive experiences, social connection and access to appropriate support; adverse influences, including instability, isolation, adverse experiences and limited support; accumulation of positive and negative influences over time; ways in which earlier experiences can influence later health and wellbeing without determining individual outcomes; interaction between risk and protective factors; resilience and the potential for supportive experiences, relationships and access to support to reduce or moderate adverse effects; importance of avoiding assumptions that particular experiences will lead to the same outcomes for all individuals.

	2.4 Assess factors that can influence health and wellbeing in ageing and later life
	IC: Ageing as a stage of the life course and variation in experiences of later life; physical changes associated with ageing and their potential influence on health and everyday life; psychological and emotional influences, including identity, adjustment, coping and maintaining independence; social influences, including relationships, social networks, participation, retirement, caring roles and changing living circumstances; importance of social connection, meaningful activity and opportunities for participation; ageism, stereotypes and assumptions about older people; interaction between health, individual circumstances, environment and available support; factors that can support independence, wellbeing and quality of life in later life; recognition that ageing does not affect all individuals in the same way.
3. Understand diverse experiences of health, illness and wellbeing	3.1 Explain factors that can influence mental health and wellbeing
	IC: Meaning of mental health and mental wellbeing; recognition that mental health can change over time and is relevant to everyone; factors that can support or adversely affect mental health and wellbeing, including relationships and social support, life experiences, stress, physical health, living circumstances, employment or education, social connection and access to support; interaction between different influences rather than reliance on a single explanation; protective factors; effects of poor mental health on wellbeing, relationships, participation and everyday life; stigma and attitudes associated with mental health difficulties; importance of recognising individual experiences.
	3.2 Analyse how individual, social and environmental factors can influence the experiences of people with disabilities and neurodivergent people
	IC: Different understandings of disability, including medical and social models of disability; disability as including a range of physical, sensory, learning and other impairments; meaning and examples of neurodivergence; recognition of variation in individual identities, strengths, needs, preferences and experiences; influence and accessibility of physical and social environments and their effects on participation, independence and wellbeing; influence of communication, relationships, education, employment and

	community participation; social attitudes, stigma, stereotyping and discrimination; barriers created by inaccessible environments, systems and services; importance of strengths-based and inclusive perspectives; avoiding assumptions about ability, independence, quality of life or support needs.
	3.3 Explain how long-term and chronic conditions can influence health, wellbeing and everyday life
	IC: Meaning and broad characteristics of long-term and chronic conditions; distinction between acute and long-term health needs at an introductory level; variation in the nature, severity, progression and impact of long-term conditions; potential effects on physical health, mental and emotional wellbeing, independence, daily activities, relationships, education or employment and social participation; adjustment to and management of ongoing health needs; effects of symptoms, treatment and changes in ability or circumstances; interaction between physical health and mental wellbeing; role of relationships, social support and accessible services in supporting wellbeing; recognition that individuals may experience the same or similar conditions differently.
	3.4 Assess how individual circumstances, identity and social context can influence experiences of health, illness and care
	IC: Influence of individual circumstances and identity on experiences of health, illness and care; factors including age, culture, language, beliefs, disability, neurodivergence, gender, relationships, family and social circumstances and previous experiences; interaction between different aspects of identity and circumstances; influence of social relationships, support networks, community and wider social attitudes; lived experience and the meaning individuals may attach to health, illness, disability and wellbeing; influence of stigma, stereotyping and assumptions on individual experiences; relationship between individual experience and wider social context; importance of listening to individual perspectives and avoiding assumptions; relevance of understanding individual experience to respectful, inclusive and person-centred health and social care.
4. Understand social influences on health inequalities and access	4.1 Explain how social, economic and environmental determinants influence health and wellbeing
	IC: Meaning of social determinants of health; influence of the conditions in which people are born, grow, live, learn, work and age;

to health and social care	*social influences, including education, relationships, social support and community connections; economic influences, including income, employment, unemployment and financial security; environmental influences, including housing, neighbourhood conditions, transport, pollution, access to green space and local services; ways in which these factors can affect physical and mental health, wellbeing and opportunities for good health; interaction between different determinants and individual circumstances; recognition that health and wellbeing are influenced by factors beyond individual behaviour and choice.*
	4.2 Analyse how disadvantage, discrimination and social exclusion can contribute to health inequalities
	IC: Meaning of health inequalities and differences in health outcomes between individuals, communities and population groups; disadvantage, including poverty, deprivation, insecure employment, poor housing and reduced access to resources and opportunities; discrimination, stigma, prejudice and unequal treatment; social exclusion, isolation and reduced participation in social, economic and community life; structural and institutional barriers; ways in which different forms of disadvantage and discrimination can interact; unequal exposure to risks and access to factors that support health and wellbeing; effects on physical and mental health, morbidity, mortality, life expectancy and quality of life; recognition that health inequalities may be patterned, avoidable and unfair; relationship between wider social conditions and unequal health outcomes.
	4.3 Analyse social and structural factors that can influence access to and experiences of health and social care
	IC: Factors that can create barriers to accessing health and social care, including financial circumstances, geographical location, transport, housing insecurity, language and communication needs, digital exclusion, physical and information accessibility, service availability, eligibility and waiting times; cultural and social influences, including stigma, discrimination, mistrust and previous experiences of services; differing ability to find, understand and navigate health and social care services; interaction between multiple barriers; unequal impact of barriers on different individuals, communities and population groups; effects on help-seeking, timely access, engagement, continuity of care and experiences of services; importance of recognising social and structural barriers rather than

	attributing difficulties in accessing services solely to individual choice or behaviour.
	4.4 Assess approaches to promoting equitable and inclusive access to health and social care
	IC: Meaning of equitable and inclusive access; distinction between providing the same support to everyone and responding appropriately to different needs and barriers; accessible and inclusive service provision, including reasonable adjustments and appropriate communication support; culturally responsive and non-discriminatory approaches; flexible and appropriate routes to services, including digital and non-digital options; outreach and community-based approaches; advocacy and support to access and navigate services; involvement of individuals and communities in identifying barriers and improving accessibility; use of feedback and relevant evidence to identify groups or communities experiencing poorer access; strengths and limitations of different approaches; contribution of equitable and inclusive access to improved experiences and health and wellbeing outcomes.

Document Specification:					
Purpose:	To detail the specification of the GA Level 4 Diploma in Health and Social Care (610/7989/3) qualification.				
Accountability:	GA Governance Committee		Responsibility:	GA Compliance Manager	
Version:	1	Effective From:	Sept 2026	Indicative Review Date:	Sept 2031
Links to Ofqual GCR:	E3; G6; G7; H2	Other relevant documents:	GA Centre Handbook GA Candidate Access Policy GA Malpractice & Maladministration Policy GA CASS Strategy and General Moderation Policy GA Quality Assurance policy		