Qualification Specification

GA Level 5 Diploma in Health and Social Care (610/7988/1)

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 5 Diploma in Health and Social Care (610/7988/1).

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 5 Diploma in Health and Social Care	610/7988/1	07/09/2026	Sept 2031

1.3 Qualification Aims and Objectives

The GA Level 5 Diploma in Health and Social Care is designed to develop advanced knowledge, understanding and academic skills relevant to contemporary health and social care and to support progression within the sector and to further higher-level study. The qualification builds on knowledge and skills that may have been developed through previous health and social care study or relevant experience, while also providing a suitable programme of study for learners entering at Level 5 with an appropriate background.

Learners will develop their understanding of research methods and evidence-based practice and their ability to critically appraise and apply research evidence within health and social care contexts. They will examine communication, collaboration and integrated working in complex situations and develop their understanding of organisational quality, governance, safeguarding, assurance and risk management. Learners will also explore person-centred approaches to complex care and support, including shared decision-making and the ethical, legal and professional considerations involved in balancing autonomy, choice, risk and safety.

The qualification further develops learners' understanding of public health, health promotion and health inequalities, including the interpretation and application of population-health evidence. Learners will also examine approaches to service improvement, digital and other forms of innovation, and change and apply their understanding to the development and justification of an evidence-informed service improvement proposal.

Throughout the qualification, learners are required to analyse complex health and social care issues, critically evaluate evidence and different approaches, make reasoned judgements and apply their knowledge to health and social care contexts. The 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 roles involving increased responsibility within the health and social care sector.

Throughout the qualification, learners should have opportunities to apply their knowledge and understanding to a range of contemporary health and social care contexts. These may include mental health; dementia and ageing; disability; neurodivergence; children and families; substance use; long-term conditions; palliative and end-of-life care; and homelessness and multiple disadvantage.

The contexts selected should be appropriate to the learning outcomes and assessment requirements and should enable learners to consider diverse needs, experiences, populations and service settings. Learners are not expected to develop specialist clinical knowledge in each area; rather, relevant contexts should be used to support the application, analysis and evaluation of the principles and approaches covered within the qualification.

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

The structure of this qualification is as follows:

GA Level 5 Diploma in Health and Social Care (610/7988/1)					
Mandatory Units	Unit Reference	Level	Credits	GLH*	Study Time
1. Research Methods and Evidence-Based Practice	F/652/3798	5	20	60	140
2. Communication, Collaboration and Integrated Practice in Health and Social Care	H/652/3799	5	20	60	140
3. Quality, Governance and Risk Management in Health and Social Care	R/652/3800	5	20	60	140
4. Person-Centred Practice and Complex Care in Health and Social Care	T/652/3801	5	20	60	140
5. Public Health, Health Promotion and Health Inequalities	Y/652/3802	5	20	60	140
6. Improvement and Innovation in Health and Social Care	A/652/3803	5	20	60	140
Totals			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 qualifications within this specification are designated at Level 5 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 this qualification is considered by GA to lead to the outcome as follows:

Achievement at Level 5 reflects the ability to use practical, theoretical or technological knowledge and understanding of a subject or field of work to find ways forward in broadly defined, complex contexts and analyse, interpret and evaluate relevant information, concepts and ideas. It reflects an awareness of the nature and scope of the area of study or work and an understanding of different perspectives, approaches or schools of thought and the reasoning behind them. It also reflects the ability to determine, adapt and use appropriate methods, cognitive and practical skills to address broadly defined, complex problems, use relevant research or development to inform actions and evaluate actions, methods and results.

1.5 Rules of Combination

In order to meet the rules of combination for the GA Level 5 Diploma in Health and Social Care qualification, learners must achieve all 6 mandatory units and achieve 120 credits.

Learners must successfully demonstrate their achievement of all the 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 5 Diploma in Health and Social Care is intended for learners who wish to develop advanced knowledge and understanding relevant to health and social care. It is suitable for learners progressing from relevant Level 4 study, individuals working within health and social care who wish to develop their knowledge and support career progression, and learners seeking preparation 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 years and above.

Learners should normally hold a relevant Level 4 qualification or equivalent.

Applicants who do not hold a relevant Level 4 qualification may also be considered where they have relevant health and social care experience that demonstrates their ability to undertake study at Level 5.

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 5 Diploma in Health and Social Care qualification is an ideal qualification for learners who wish to progress onto further higher-level study, higher level practical occupational training and/or employment.

Learners who successfully complete the qualification may progress to the GA Level 6 Diploma in Health and Social Care Leadership and Management, other relevant Level 6 or higher-level qualifications, or further study in health and social care and related disciplines.

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 Teaching, Learning and Assessment Resources

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

- ensure teaching, learning and assessment materials directly address the learning outcomes
- ensure the teaching and learning materials sufficiently prepare learners for assessment.
- structure all 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 unit specifications content in Section 4 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 resources should be inclusive of the principles of equality and diversity and the safeguarding of learners.

2.4 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.

2.5 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

2.6 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.

2.7 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.

2.8 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.

2.9 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.

2.10 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.

2.11 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.

2.12 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.

2.13 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.

2.14 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.

2.15 Direct Claims Status (DCS)

Direct Claim Status is not available for this qualification.

2.16 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 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 in a work environment.

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 Assessors to assess the volume of learners they intend to register.

All Tutors must:

- hold a minimum of a Level 5 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 5 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 IQAs (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.

Centres must have a sufficient number of appropriately qualified/experienced IQAs to internally quality assure the anticipated volume of assessors and learners.

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.

Centres 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 centres.

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

3.8 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: Research Methods and Evidence-Based Practice

Mandatory Unit		GLH	Credits	Level	Unit Reference
1	Research Methods and Evidence-Based Practice	60	20	5	F/652/3798

This unit develops learners' understanding of research methods and evidence-based practice within health and social care. Learners will examine research approaches, designs and ethical considerations, critically appraise published research and explore how evidence informs professional judgement, practice and service development.

Learners will also evaluate the relevance and applicability of research evidence and use this to draw justified evidence-informed conclusions and recommendations in relation to contemporary health and social care.

Assessment Instructions and Guidance

Learners may be assessed through research critique assignments, evidence appraisal exercises, literature reviews and reports that apply research findings to health and social care practice.

Evidence may be drawn from published research studies, systematic reviews, professional and organisational evidence bases, and real or simulated health and social care scenarios requiring evidence-informed decision-making.

Assessment must demonstrate the ability to critically appraise research approaches, designs and methods, and to evaluate the quality, relevance and applicability of evidence to inform professional judgement and practice.

Learners should demonstrate the ability to analyse and interpret research evidence, drawing justified, evidence-informed conclusions and recommendations relevant to contemporary health and social care contexts.

Assessment evidence should reflect Level 5 expectations, including the ability to analyse, interpret and evaluate research evidence and different methodological approaches, and to use this evidence to inform actions and evaluate outcomes within broadly defined, complex 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. Understand research approaches, designs and methods used in health and social care	1.1 Analyse qualitative, quantitative and mixed-methods approaches to research in health and social care
	IC: Selection and application of qualitative, quantitative and mixed-methods approaches in health and social care research; relationship between research aims, research questions and methodological approach; suitability of qualitative approaches for investigating experiences, meanings, perceptions and context; suitability of quantitative approaches for investigating measurement, variables, patterns and relationships; rationale for combining qualitative and quantitative approaches within mixed-methods research; alignment between methodological approach and the nature and forms of data required; implications of methodological choices for the type, depth, breadth and interpretation of evidence generated; comparison of the suitability and methodological implications of different approaches for health and social care research questions, populations and contexts; distinction and relationship between research approach, research design and research method.
	1.2 Analyse the strengths and limitations of different research designs and methods used in health and social care
	IC: Research designs including experimental and quasi-experimental designs, observational studies, surveys, case studies, cohort and longitudinal studies, cross-sectional studies and qualitative designs; research methods including questionnaires, interviews, focus groups, observation and analysis of existing data or documents; strengths and limitations in relation to research purpose, depth and breadth of data, measurement, control, context and feasibility; sampling and recruitment considerations; representativeness and generalisability; validity, reliability and potential bias in quantitative research; credibility, dependability and transferability in qualitative research; limitations associated with self-report, researcher influence and participant attrition; practical considerations including access, time, resources and participant burden; appropriateness of designs and

	methods for different health and social care questions and populations.
	1.3 Assess ethical considerations in health and social care research
	IC: Principles of research ethics including respect for autonomy, beneficence, non-maleficence, justice, dignity and protection of rights; informed and voluntary consent; decision-making capacity and additional safeguards where participation may involve individuals who are vulnerable or at increased risk of harm; right to withdraw; privacy, confidentiality, anonymity and management of personal and sensitive information; minimising physical, psychological, social or other potential harm; proportionality between potential risks and benefits; avoiding coercion, undue influence, exploitation and inappropriate incentives; inclusion, exclusion and equitable participation; cultural sensitivity and accessibility; safeguarding considerations and responding to disclosures or concerns; ethical considerations in research involving existing records, digital data or online environments; research integrity and conflicts of interest; ethical review, approval and ongoing ethical responsibility; balancing the value and feasibility of proposed research against ethical risks and responsibilities.
	1.4 Justify the selection of an appropriate research approach, design and methods for investigating a health or social care issue
	IC: Relationship between the health or social care issue, research aim or question and methodological choices; selection of qualitative, quantitative or mixed-methods approaches according to the nature and purpose of the investigation; selection of research design and data collection methods appropriate to the information required; consideration of the population or participant group, setting and context; sampling and recruitment considerations; type, quality and depth of data required; validity, reliability, credibility and transferability as applicable; potential sources of bias and limitations; ethical acceptability; accessibility and inclusion; feasibility in relation to access, participant burden, time and resources; comparison of alternative methodological choices; justification of selected approach, design and methods with reference to their suitability, strengths, limitations and ethical and practical considerations.

2. Understand evidence-based practice within health and social care	2.1 Explain the principles of evidence-based practice in health and social care
	IC: Meaning and purpose of evidence-based practice; integration of best available research evidence with professional expertise and the needs, preferences, values and circumstances of individuals; use of evidence to support informed, person-centred and professionally defensible decision-making; identifying information needs, accessing and considering relevant evidence, applying evidence appropriately to context and reviewing outcomes; importance of current and relevant evidence rather than reliance solely on tradition, routine, personal experience or unsupported opinion; relationship between evidence-based practice, professional judgement, quality of care and continuous learning.
	2.2 Analyse the relationship between research evidence, professional expertise and the needs, preferences and circumstances of individuals
	IC: Research evidence as one component of evidence-based decision-making rather than a substitute for professional judgement; contribution of professional knowledge, skills, experience and contextual understanding; individual needs, preferences, values, goals, circumstances and lived experience; person-centred involvement and shared decision-making; relevance of evidence to different individuals, populations, settings and situations; balancing research findings with professional responsibilities, individual choice, safety and feasibility; alignment or conflict between evidence, professional judgement and individual preferences; reasoned decision-making where evidence is uncertain, incomplete or competing.
	2.3 Assess factors that influence the implementation of evidence-based practice within health and social care
	IC: Availability, accessibility, quality, relevance and currency of research evidence; practitioner knowledge, research literacy, confidence, attitudes and established ways of working; leadership, organisational culture and support for evidence use; workforce capacity, time, resources and competing priorities; policies, standards and professional or regulatory requirements; communication and collaboration; involvement of individuals, carers and other stakeholders; differences between research and local populations, settings or resources; barriers and facilitators to translating evidence into practice; approaches to supporting implementation including

	education, guidance, professional discussion, leadership support, monitoring and review.
	2.4 Critically evaluate the use of evidence-based practice within health and social care
	IC: Benefits including improved quality, safety, consistency and effectiveness; informed and professionally defensible decision-making; reduction of ineffective, outdated or potentially harmful practice; support for person-centred care and improved outcomes; accountability, effective use of resources and service development. Limitations including gaps, uncertainty or conflicting findings in the evidence base; variable quality, relevance and representation within research; challenges in transferring evidence between populations and settings; resource and implementation constraints; risk of over-reliance on research or standardised guidance at the expense of professional judgement and individual circumstances; importance of critical and contextualised application of evidence.
3. Be able to critically appraise research evidence relevant to health and social care	3.1 Explain recognised principles and criteria used to critically appraise research evidence
	IC: Purpose and principles of critical appraisal; systematic consideration of research quality, credibility, relevance and usefulness; recognised critical appraisal frameworks and checklists; appropriateness of research question, approach, design and methods; sampling and recruitment; data collection and analysis; validity and reliability in quantitative research; credibility, dependability and transferability in qualitative research; bias, confounding and limitations; ethical considerations; transparency of reporting; interpretation of findings and conclusions; relevance and applicability to health and social care contexts.
	3.2 Apply recognised appraisal criteria to assess the quality and credibility of published research
	IC: Selection and application of appraisal criteria appropriate to the research approach and design; assessment of clarity and appropriateness of research aims, design, sampling, methods and analysis; consideration of validity, reliability, credibility and potential sources of bias as applicable; ethical conduct and reporting; consistency between findings, interpretation and conclusions; identification of strengths, weaknesses and limitations; use of

	appraisal findings to reach reasoned judgements about the overall quality and credibility of published research.
	3.3 Critically evaluate research evidence relating to a contemporary health or social care issue
	IC: Selection and consideration of relevant research evidence relating to a contemporary health or social care issue; comparison and synthesis of findings across sources; areas of agreement, difference, uncertainty or conflicting evidence; relative strengths and limitations of the evidence; consistency and patterns within findings; consideration of research quality when interpreting the overall evidence; gaps or limitations within the evidence base; development of a balanced, evidence-supported evaluation rather than reliance on individual studies or findings in isolation.
	3.4 Draw and justify conclusions about the quality, relevance and applicability of the research evidence
	IC: Drawing conclusions from critical appraisal and evaluation of the evidence; overall strength, consistency and limitations of the evidence base; relevance to the health or social care issue under consideration; applicability to particular individuals, populations, settings and contexts; consideration of differences between research populations and practice contexts; uncertainty, gaps and limitations affecting conclusions; avoiding overgeneralisation beyond what the evidence supports; justification of conclusions through explicit reference to the quality, relevance and applicability of the evidence.
4. Understand the application of research evidence within health and social care	4.1 Analyse how research evidence can inform health and social care practice and decision-making
	IC: Use of research evidence to inform professional judgement, care and support approaches, policies, procedures and service development; identifying effective, ineffective or potentially harmful practice; informing decisions about interventions, resources and priorities; relationship between research evidence, professional guidance and local practice; translating research findings into meaningful practice information; consideration of the strength and limitations of evidence when making decisions; use of evidence alongside professional expertise, individual circumstances and contextual factors; contribution of research evidence to quality, safety and improved outcomes.

	4.2 Assess factors that influence the applicability and transferability of research findings to different health and social care contexts
	IC: Applicability and transferability of findings across individuals, populations, services and settings; characteristics and representativeness of research participants; similarities and differences between research and practice populations; organisational, cultural, social and geographical context; service models and professional roles; available resources, workforce capacity and infrastructure; inclusion and under-representation within research; feasibility and acceptability of applying findings; relevance of research conducted in different systems or settings; currency of evidence and changes in practice or policy; limitations on generalising or transferring findings beyond the context in which evidence was produced.
	4.3 Evaluate how research evidence could be applied to inform practice or decision-making in relation to a contemporary health or social care issue
	IC: Application of relevant research evidence to a selected contemporary health or social care issue; interpretation of findings in relation to the issue and context; identification of implications for practice or decision-making; consideration of evidence supporting different approaches or options; potential benefits, limitations, risks and unintended consequences of applying findings; individual, professional, organisational and contextual considerations; feasibility and acceptability; areas of uncertainty or insufficient evidence; balanced evaluation of how and to what extent available evidence should inform practice or decisions.
	4.4 Draw and justify evidence-informed conclusions or recommendations from the evaluation of research evidence
	IC: Development of conclusions or recommendations that are proportionate to the available evidence; synthesis of relevant findings and appraisal judgements; consideration of quality, consistency, relevance and applicability of evidence; acknowledgement of uncertainty, conflicting evidence and gaps in knowledge; integration of evidence with professional, person-centred and contextual considerations; justification of conclusions or recommendations through clear links to the evidence evaluated; identification of limitations or conditions affecting recommendations; avoiding claims

	or recommendations that extend beyond what the evidence can reasonably support.

4.2 Mandatory Unit 2: Communication, Collaboration and Integrated Practice in Health and Social Care

Mandatory Unit		GLH	Credits	Level	Unit Reference
2	Communication, Collaboration and Integrated Practice in Health and Social Care	60	20	5	H/652/3799

This unit develops learners' understanding of communication, collaboration and integrated practice within health and social care. Learners will examine approaches to communication in complex and sensitive situations and explore how effective communication supports partnership with individuals, families, carers and professionals.

The unit considers multidisciplinary, multi-agency and integrated working, including the sharing of information, professional perspectives and responsibilities across organisational boundaries. Learners will also examine collaborative decision-making, professional disagreement and the factors that influence coordinated, person-centred care and support.

Assessment Instructions and Guidance

Learners may be assessed through case studies, reflective accounts of multi-agency working, reports analysing communication and collaboration within integrated care pathways, and presentations exploring complex communication scenarios.

Evidence may be drawn from real or simulated multi-disciplinary and multi-agency settings, professional communication records, and integrated care pathways spanning health, social care and other services.

Assessment must demonstrate understanding of the principles of effective communication and collaboration in complex situations, and the ability to analyse barriers to, and enablers of, integrated working across professional and organisational boundaries.

Learners should demonstrate the ability to evaluate the effectiveness of communication and collaborative practice, and to determine and justify appropriate approaches for improving integrated working in broadly defined, complex care situations.

Assessment evidence should reflect Level 5 expectations, including the ability to analyse, interpret and evaluate communication, collaboration and integrated working, applying different perspectives and approaches to broadly defined, complex 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. Understand communication in complex health and social care situations	1.1 Analyse factors that influence communication in complex and sensitive health and social care situations
	IC: Nature and complexity of the situation, including uncertainty, distress, conflict, sensitive or difficult information and changing circumstances; individual communication needs, preferences and ability to engage; emotional and psychological factors affecting communication; relationships between individuals, families, carers and professionals; cultural, social and contextual influences; differing expectations, priorities and perspectives; professional roles and responsibilities; power imbalances and dependency; environmental and organisational factors including privacy, time and continuity; impact of previous experiences, trust and relationships on communication; need to adapt communication according to the individual, situation and level of complexity.
	1.2 Evaluate communication approaches used to respond to complex and sensitive situations
	IC: Approaches including active and empathic listening, appropriate questioning, clarification, summarising and checking understanding; communicating sensitive, difficult or uncertain information clearly and compassionately; adapting pace, language, timing and method to individual needs and circumstances; recognising and responding to emotional cues, distress, anxiety, anger or reluctance to engage; de-escalation and approaches to reducing misunderstanding or conflict; maintaining dignity, privacy and respect; supporting informed involvement without coercion or undue influence; appropriate involvement of families, carers, advocates or other professionals; strengths, limitations and suitability of different approaches according to the individual, context and situation.
	1.3 Analyse how power, professional roles, values and differing perspectives can influence communication

	IC: Sources and effects of power within health and social care relationships; power arising from professional status, expertise, authority, access to information or control over resources and decisions; dependency and unequal relationships; influence of professional roles, responsibilities, boundaries and accountability; personal and professional values, beliefs, assumptions and bias; differing professional perspectives, priorities and terminology; perspectives and lived experience of individuals, families and carers; effects of hierarchy and organisational culture on willingness to communicate, question or challenge; potential for power and differing perspectives to influence participation, trust, information sharing and decisions; approaches to recognising and reducing inappropriate power imbalances.
	1.4 Assess approaches to maintaining effective, person-centred communication where needs, views or priorities differ
	IC: Recognising and exploring differing needs, views, expectations and priorities; maintaining respect, dignity and person-centred focus during disagreement or uncertainty; establishing shared understanding while acknowledging differences; active listening, clarification and open discussion; supporting individuals to express views and participate meaningfully; recognising the individual as an active partner in communication; balancing individual preferences with professional responsibilities and relevant safety considerations; negotiation, compromise and identification of areas of agreement; appropriate involvement of advocates, carers or other professionals; maintaining trust and professional relationships where agreement cannot be reached; clear communication of decisions, rationale, limitations and next steps.
2. Understand partnership working with individuals and others in health and social care	2.1 Analyse the principles and importance of partnership working with individuals, families, carers and others
	IC: Principles of partnership including respect, trust, openness, shared responsibility, participation and collaborative working; recognising individuals as active partners with expertise in their own needs, preferences, experiences and aspirations; contribution and perspectives of families, carers, advocates and others involved in care and support; appropriate sharing of information and responsibilities; clarity of roles and expectations; partnership based on consent, rights, choice and person-centred practice; benefits and challenges of partnership working; contribution to coordinated care and support,

	informed decisions, continuity and positive experiences and outcomes.
	2.2 Analyse factors that can influence participation, involvement and shared decision-making
	IC: Individual needs, preferences, values, circumstances and desired level of involvement; communication needs and access to appropriate information; health literacy and understanding of available options; decision-making capacity and support required to participate; confidence, previous experiences and relationships with services; cultural, social and language factors; accessibility and reasonable adjustments; involvement of families, carers or advocates where appropriate; professional attitudes, assumptions and expectations; power imbalances and dependency; availability of meaningful choices and alternatives; organisational processes, time and resources; complexity, uncertainty and risk; factors that enable or restrict genuine participation and shared decision-making.
	2.3 Assess approaches to addressing power imbalances and supporting meaningful involvement in decisions
	IC: Recognition of actual or perceived power imbalances within care and support relationships; accessible, timely and balanced information about choices, options, benefits and risks; adapting communication and providing appropriate support to enable understanding and participation; advocacy and independent support where appropriate; allowing sufficient time and opportunity to ask questions, express preferences and consider options; recognising and valuing lived experience and individual expertise; avoiding coercion, tokenism and undue influence; supported decision-making and involvement of others with appropriate consent; transparent discussion of professional concerns or limitations; documenting and communicating preferences and decisions; approaches to promoting shared responsibility, autonomy and meaningful rather than tokenistic involvement.
	2.4 Evaluate how partnership working can contribute to person-centred experiences and outcomes
	IC: Contribution of partnership working to dignity, choice, control, independence and wellbeing; improved understanding of individual needs, preferences, strengths and circumstances; involvement in decisions and greater ownership of care and support; trust,

	engagement and relationships with services; coordination, continuity and responsiveness of care and support; involvement of families, carers and others where appropriate; potential contribution to safety, quality and outcomes; challenges including conflicting views, unequal participation, unclear roles or expectations and practical constraints; importance of reviewing whether partnership arrangements remain meaningful, appropriate and responsive to the individual.
3. Understand multidisciplinary, multi-agency and integrated working in health and social care	3.1 Analyse the principles and purposes of multidisciplinary, multi-agency and integrated working
	IC: Meaning and characteristics of multidisciplinary, multi-agency and integrated working; distinctions and relationships between different forms of collaborative practice; shared purpose, coordinated approaches and person-centred working; bringing together different professional expertise, services and resources; appropriate information sharing and communication; reducing fragmentation, duplication and gaps in care and support; supporting continuity and coordinated responses to individual needs; benefits and challenges of working across professional, service and organisational boundaries.
	3.2 Analyse the roles, responsibilities and contributions of different professionals, services and agencies within collaborative practice
	IC: Roles and contributions of health, social care and other relevant professionals, services and agencies; statutory, voluntary, independent and community provision; differing professional expertise, responsibilities, accountability and scope of practice; contribution of individuals, families, carers and advocates to collaborative practice; clarity of roles, responsibilities and expectations; referral, liaison and coordination between services; appropriate sharing of information and professional perspectives; interdependence between roles and services; potential for gaps, duplication, conflicting responsibilities or differing priorities; maintaining professional accountability within collaborative working.
	3.3 Assess factors that influence effective collaboration and coordination across professional and organisational boundaries
	IC: Shared goals, values and understanding of roles and responsibilities; communication, trust and professional relationships; leadership and organisational culture; professional identities, perspectives, terminology and priorities; clarity of accountability and decision-making responsibilities; information sharing, confidentiality

	and interoperability of systems; referral and communication pathways; organisational structures, policies and procedures; differences in resources, thresholds, eligibility criteria and service priorities; time, workload and workforce capacity; geographical and service boundaries; power, hierarchy and professional disagreement; factors supporting or obstructing effective coordination across organisations and services.
	3.4 Evaluate approaches to improving continuity, coordination and integration of care and support
	IC: Approaches including agreed communication, referral and information-sharing arrangements; clearly defined roles, responsibilities and points of coordination; multidisciplinary or multi-agency meetings and reviews; named or lead professionals and care coordination arrangements where appropriate; shared records and interoperable information systems; joint protocols, pathways and working arrangements; effective transitions and handovers between services or settings; involvement of individuals, families and carers in coordinated working; mechanisms for resolving gaps, delays or disagreements; review and evaluation of collaborative arrangements; strengths, limitations and suitability of approaches for improving continuity, reducing fragmentation and supporting coordinated, person-centred care and support.
4. Understand collaborative communication and decision-making across health and social care	4.1 Analyse the role of communication in coordinating information, perspectives and decisions across collaborative practice
	IC: Communication as a basis for coordinated collaborative practice; timely, accurate and relevant exchange of information; bringing together individual, family, carer and professional perspectives; communicating assessment findings, concerns, priorities and changes in circumstances; establishing shared understanding of needs, goals and responsibilities; clarification of differing views and information; communication across professional, service and organisational boundaries; appropriate documentation and information sharing; communication supporting coordinated decisions, actions, referrals, transitions and follow-up; consequences of incomplete, delayed, unclear or inconsistent communication.
	4.2 Assess the impact of differing professional perspectives, priorities and responsibilities on collaborative decisions

	IC: Influence of different professional knowledge, expertise, values, responsibilities and scopes of practice; differing interpretations of needs, evidence, risk and appropriate responses; professional and organisational priorities; legal, ethical and professional responsibilities; accountability for decisions and actions; resource, service and eligibility considerations; hierarchy, authority and power within collaborative relationships; benefits of bringing together diverse expertise and perspectives; potential for disagreement, delay, fragmented decisions or competing priorities; approaches to reaching reasoned decisions while maintaining professional accountability and person-centred focus.
	4.3 Evaluate approaches to managing disagreement and conflict within collaborative practice
	IC: Sources of disagreement and conflict including differing perspectives, priorities, responsibilities, expectations, professional judgements and organisational constraints; early recognition and constructive discussion of disagreement; active listening, clarification, negotiation and problem-solving; respectful challenge and professional curiosity; maintaining focus on the individual's needs, rights and outcomes; use of evidence, policy and professional standards to support discussion; mediation, escalation or use of organisational procedures where appropriate; maintaining professional relationships and communication where consensus cannot be reached; strengths, limitations and suitability of approaches in different collaborative situations.
	4.4 Assess how effective collaborative communication can support safe, coordinated and person-centred care and support
	IC: Contribution of collaborative communication to shared understanding, timely decisions and coordinated actions; accurate transfer of relevant information across professionals, services and settings; continuity during referrals, transitions and changes in care or support; early identification and communication of concerns, changes and risks; reduction of omissions, duplication, delays and conflicting actions; involvement of individuals, families and carers in communication and decisions; clarity of roles, responsibilities and follow-up; contribution to safeguarding, safety, quality and person-centred experiences and outcomes; consequences of ineffective collaborative communication.

4.3 Mandatory Unit 3: Quality, Governance and Risk Management in Health and Social Care

Mandatory Unit		GLH	Credits	Level	Unit Reference
3	Quality, Governance and Risk Management in Health and Social Care	60	20	5	R/652/3800

This unit develops learners' understanding of quality, governance, safeguarding and risk management within health and social care organisations. Learners will examine governance and accountability frameworks, organisational responsibilities for safeguarding, approaches to quality assurance and the use of information to monitor the safety, effectiveness and quality of services.

The unit explores organisational risk management, including the identification, escalation and oversight of safeguarding concerns, and considers how incidents, complaints, feedback, audit, inspection and other sources of assurance contribute to organisational learning, accountability and safe, effective and person-centred service provision.

Assessment Instructions and Guidance

Learners may be assessed through case studies, governance audits, risk assessment reports and reflective analyses of quality assurance and safeguarding arrangements within health and social care organisations.

Evidence may be drawn from organisational governance frameworks, quality assurance systems, regulatory and inspection requirements, and real or simulated risk management and safeguarding scenarios.

Assessment must demonstrate understanding of the principles of organisational quality, governance, assurance and risk management, and the ability to analyse how these principles are applied within complex health and social care contexts.

Learners should demonstrate the ability to evaluate the effectiveness of governance, quality assurance and risk management arrangements, and to determine and justify appropriate methods for addressing identified risks and quality concerns.

Assessment evidence should reflect Level 5 expectations, including the ability to analyse, interpret and evaluate governance, quality and risk management information, and to use this to inform actions and evaluate their outcomes within broadly defined, complex organisational 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. Understand governance and accountability within health and social care organisations	1.1 Analyse governance frameworks and arrangements used within health and social care organisations
	IC: Meaning and purpose of organisational governance; governance frameworks, structures and arrangements within health and social care; strategic and operational oversight; leadership and governing bodies; policies, procedures and systems of control; delegation and reporting arrangements; quality, safeguarding, safety and risk oversight; use of assurance information to support governance; transparency, integrity and effective oversight; relationship between governance, organisational objectives and responsibilities to individuals, staff, regulators and other stakeholders; strengths and limitations of different governance arrangements according to organisational context.
	1.2 Analyse how roles, responsibilities and lines of accountability operate within organisational governance
	IC: Roles and responsibilities of governing bodies, senior leaders, managers and staff within organisational governance; individual, professional and organisational accountability; delegation of authority and responsibility; reporting structures and lines of accountability; responsibility for decision-making, oversight and escalation, including organisational responsibilities for safeguarding concerns; clarity of roles and limits of authority; mechanisms for scrutiny, challenge and review; recording and evidencing decisions and actions; consequences of unclear or fragmented accountability; importance of transparent responsibilities and effective reporting arrangements in maintaining organisational control and assurance.
	1.3 Assess how governance arrangements support regulatory compliance, safeguarding, organisational assurance and the quality and safety of services

	IC: Governance arrangements for maintaining oversight of legal, regulatory, professional and organisational requirements; organisational safeguarding responsibilities and arrangements for oversight, reporting and escalation of safeguarding concerns; policies, procedures, reporting and monitoring systems; identification and escalation of non-compliance, concerns and emerging issues; use of audit, inspection, performance information, incidents, complaints, safeguarding information and feedback as sources of assurance; oversight of quality, safeguarding, safety and organisational risk; mechanisms for scrutiny, challenge and corrective action; evidence used to demonstrate compliance and provide assurance; contribution of effective governance to accountability, safe and effective services and person-centred outcomes.
	1.4 Evaluate the effectiveness of governance arrangements within a health or social care context
	IC: Evaluation of governance arrangements within a selected or provided health or social care context; clarity of governance structures, roles, responsibilities and accountability; effectiveness of oversight, reporting, escalation and scrutiny arrangements; use and quality of assurance information; responsiveness to identified concerns, risks or weaknesses; evidence of regulatory compliance, transparency and organisational learning; contribution to quality, safety and person-centred service provision; identification of strengths, limitations and gaps in governance arrangements; reasoned conclusions about effectiveness and areas requiring development.
2. Understand quality assurance and monitoring within health and social care	2.1 Analyse principles and approaches used to assure the quality of health and social care services
	IC: Meaning and purpose of quality assurance; dimensions of quality including safety, effectiveness, person-centredness, responsiveness and consistency; relationship between quality assurance, quality control and continuous improvement; organisational responsibility for setting, maintaining and reviewing standards; internal and external approaches to assurance; use of policies, procedures, standards, monitoring and review; involvement of individuals, staff and other stakeholders in understanding service quality; identification of variation, gaps and areas of concern; use of assurance findings to support accountability and maintain service quality.

	2.2 Analyse the use of standards, audit, inspection, performance indicators and service evaluation in monitoring quality
	IC: Purpose and use of standards and quality measures; internal and external audit; regulatory and other forms of inspection; performance indicators, targets and outcome measures; service evaluation and review; comparison of performance against agreed standards, expectations or benchmarks; quantitative and qualitative measures of quality; identification of trends, variation, strengths and areas of concern; strengths and limitations of different monitoring approaches; importance of using appropriate measures and interpreting findings within context.
	2.3 Assess how different sources of information and evidence contribute to organisational assurance
	IC: Sources of assurance including audit and inspection findings, performance and outcome data, incidents and near misses, complaints and concerns, compliments and feedback, safeguarding information, staff feedback, service evaluations and other organisational information; contribution of quantitative and qualitative evidence; triangulation of information from different sources; identifying patterns, trends, inconsistencies and emerging concerns; reliability, relevance, completeness and timeliness of assurance information; limitations of individual data sources; use of combined evidence to provide a more informed view of service quality, safety and performance.
	2.4 Evaluate the effectiveness of quality assurance and monitoring arrangements within a health or social care context
	IC: Evaluation of quality assurance and monitoring arrangements within a selected or provided health or social care context; appropriateness of standards, measures and sources of assurance; effectiveness of audit, monitoring, reporting and review arrangements; quality, range and use of available information; ability to identify variation, concerns and areas of good practice; involvement of individuals, staff and relevant stakeholders; responsiveness to findings and identified weaknesses; strengths, limitations and gaps in assurance arrangements; reasoned conclusions about their effectiveness in supporting safe, effective and person-centred services.

3. Understand organisational risk management within health and social care	3.1 Analyse principles and processes of organisational risk management in health and social care
	IC: Meaning and purpose of organisational risk management; systematic approaches to identifying, assessing, managing, monitoring and reviewing risk; proactive and reactive risk management; likelihood, impact and severity of risk; risk tolerance and proportionality; risk controls and mitigation; recording, reporting and escalation of risk; risk registers and organisational oversight; roles, responsibilities and accountability for managing risk; relationship between risk management, governance, assurance, regulatory requirements and safe service provision; balancing risk reduction with effective and person-centred service delivery.
	3.2 Analyse factors that can contribute to risk within health and social care organisations and services
	IC: Sources and contributory factors including staffing, competence, workload and workforce pressures; communication and information-sharing failures; ineffective policies, procedures or systems; equipment, technology and environmental factors; medicines and treatment-related risks where relevant; safeguarding concerns, failures in safeguarding arrangements and infection prevention and control; service transitions and coordination between teams or organisations; resource constraints and competing demands; human factors and organisational culture; failures in leadership, oversight or accountability; changing service-user needs and service demands; interaction and cumulative effect of multiple factors in creating or increasing organisational risk.
	3.3 Assess approaches used to identify, assess, manage, monitor and escalate risk
	IC: Approaches to identifying risk through risk assessments, incident and near-miss reporting, complaints, safeguarding concerns, audit, inspection, staff and service-user feedback and performance information; assessment of likelihood, impact and severity; prioritisation and recording of identified risks; selection and implementation of proportionate controls and mitigation measures; allocation of responsibility and timescales; risk registers and action plans; ongoing monitoring and review of risk and controls; thresholds and routes for reporting and escalation; responding to new, changing

	or emerging risks; strengths and limitations of different approaches to organisational risk management.
	3.4 Evaluate the contribution of effective risk management to safe, effective and accountable service provision
	IC: Contribution of effective risk management to prevention and reduction of harm; early identification and response to emerging concerns; safer and more consistent service provision; informed organisational decision-making and prioritisation; regulatory compliance, governance and organisational assurance; clarity of responsibility and accountability; learning from incidents, near misses and identified risks; protection of individuals, staff and organisations; limitations of risk management, including uncertainty and inability to eliminate all risk; potential consequences of ineffective or overly risk-averse approaches; importance of proportionate risk management that supports safety, quality and person-centred outcomes.
4. Understand how assurance information supports organisational learning and accountability	4.1 Analyse how incidents, errors and near misses can contribute to organisational learning
	IC: Incidents, errors and near misses as sources of information about safety, quality and system weaknesses; importance of timely recognition, recording, reporting and appropriate escalation; investigation and review to identify what happened and contributory factors; distinguishing individual actions from wider system and organisational factors; identification of patterns, trends and recurring concerns; learning from events where harm occurred and where harm was avoided; open and proportionate responses that support learning rather than inappropriate blame; communication and sharing of learning; use of findings to inform policies, procedures, training, systems and practice; monitoring whether identified learning has been embedded.
	4.2 Assess how concerns, complaints and feedback can contribute to organisational learning and accountability
	IC: Concerns, complaints, compliments and other feedback from individuals, families, carers, staff and other stakeholders as sources of assurance; accessible and transparent routes for raising concerns and providing feedback; appropriate recording, acknowledgement, investigation, response and escalation; duty of candour and openness where applicable; identification of individual concerns, recurring themes, trends and wider service issues; responding fairly and without

	disadvantage to those raising concerns; demonstrating accountability through explanation, action and follow-up; sharing learning while maintaining confidentiality; strengths and limitations of complaints and feedback as indicators of service quality; use of findings to inform organisational learning and review.
	4.3 Analyse how findings from audit, inspection and service evaluation can inform organisational learning
	IC: Findings from internal and external audit, regulatory and other inspection, service evaluation and review; comparison with standards, requirements, expected outcomes and previous performance; identification of strengths, variation, gaps, non-compliance and areas requiring attention; interpretation of findings alongside other assurance information; recommendations, required actions and areas for development; communication and dissemination of findings to relevant stakeholders; organisational response, oversight and follow-up; use of repeated or comparative findings to identify patterns and progress; contribution to learning, accountability and informed organisational decision-making.
	4.4 Evaluate the importance of organisational learning in supporting safe, effective and accountable health and social care services
	IC: Organisational learning as the systematic use of experience, evidence and assurance information to strengthen services; learning from positive practice as well as incidents, concerns and identified weaknesses; contribution to safety, effectiveness, quality and person-centred service provision; openness, transparency and accountability; leadership and organisational culture that support reporting, reflection, challenge and learning; sharing and embedding learning across teams and services; avoiding recurrence of preventable problems and responding to emerging quality, safety or safeguarding concerns; monitoring whether learning results in sustained changes to practice or systems; barriers to organisational learning, including blame cultures, poor communication, weak follow-up and failure to act on findings; consequences where organisations collect assurance information but do not learn from it.

4.4 Mandatory Unit 4: Person-Centred Practice and Complex Care in Health and Social Care

Mandatory Unit		GLH	Credits	Level	Unit Reference
4	Person-Centred Practice and Complex Care in Health and Social Care	60	20	5	T/652/3801

This unit develops learners' understanding of person-centred practice in meeting complex and changing health and social care needs. Learners will examine holistic assessment, personalised outcomes and the co-production and review of care and support plans.

The unit explores partnership with individuals, families, carers and advocates, including shared decision-making, autonomy, choice and positive risk-taking. Learners will also consider the ethical, legal and professional factors involved in balancing individual rights, preferences, safety and wellbeing within complex care and support.

Assessment Instructions and Guidance

Learners may be assessed through case studies, reflective accounts and reports examining person-centred approaches to complex care and support, including scenarios involving shared decision-making and ethical dilemmas.

Evidence may be drawn from real or simulated complex care situations, multi-disciplinary case discussions, and professional and ethical frameworks relevant to autonomy, choice, risk and safety.

Assessment must demonstrate understanding of person-centred approaches to complex care, and the ability to analyse the ethical, legal and professional considerations involved in balancing autonomy, choice, risk and safety.

Learners should demonstrate the ability to evaluate approaches to shared decision-making and complex care planning, and to determine and justify appropriate methods for addressing conflicting needs, risks and preferences.

Assessment evidence should reflect Level 5 expectations, including the ability to analyse, interpret and evaluate complex care situations from different perspectives, and to determine and justify appropriate person-centred approaches within broadly defined, complex 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. Understand person-centred practice in the context of complex care and support	1.1 Analyse principles and approaches that underpin person-centred and personalised care and support
	IC: Principles of person-centred and personalised care and support; dignity, respect, rights, autonomy, choice, control, independence and wellbeing; recognising the individual as an active partner with expertise in their own life and experiences; strengths-based and asset-based approaches; holistic and individualised approaches rather than task- or service-led provision; shared decision-making and co-production; importance of relationships, trust and continuity; consideration of the whole person and what matters to them; adapting care and support as needs and circumstances change; application of person-centred principles where needs are complex or competing.
	1.2 Analyse how individual strengths, needs, preferences, circumstances and aspirations can influence care and support
	IC: Holistic consideration of physical, psychological, emotional, social, cultural and communication needs; individual strengths, abilities, resources and protective factors; preferences, values, beliefs, identity and lived experience; personal goals, aspirations and desired outcomes; family, relationships, caring responsibilities and support networks; home, community, financial and wider social circumstances; communication and accessibility requirements; existing health conditions, disabilities and multiple or changing needs; recognising interactions between different needs and circumstances; avoiding assumptions based on diagnosis, condition or perceived dependency; implications for individualised and responsive care and support.
	1.3 Assess factors that can enable or constrain choice, control, independence and meaningful participation
	IC: Access to understandable and accessible information, meaningful options and appropriate support to participate; communication needs and reasonable adjustments; decision-making capacity and supported decision-making; confidence, knowledge and previous experiences of services; relationships, trust and continuity; family, carer and

	advocacy support; professional attitudes, assumptions and approaches to risk; organisational policies, eligibility criteria, resources and service availability; environmental, social, cultural and financial factors; discrimination, stigma and unequal power relationships; balancing support and protection with opportunities for autonomy and independence; approaches to reducing barriers and enabling meaningful rather than tokenistic participation.
	1.4 Evaluate the contribution of person-centred and personalised approaches to experiences and outcomes for individuals with complex needs
	IC: Contribution to dignity, autonomy, choice, control, independence and wellbeing; care and support that reflects individual strengths, priorities, preferences and desired outcomes; improved involvement, engagement, trust and relationships; coordination and responsiveness where needs are multiple or changing; potential contribution to safety, quality of life, confidence and self-management where appropriate; recognition of family, carer and wider support networks; potential tensions between individual preferences, professional responsibilities, available resources and service constraints; limitations of approaches that are person-centred in principle but not meaningfully individualised in practice; importance of reviewing whether care and support remains responsive to the individual and their changing circumstances.
2. Understand holistic assessment and care and support planning for individuals with complex needs	2.1 Analyse approaches to holistic assessment of the strengths, needs, preferences, circumstances and aspirations of individuals with complex needs
	IC: Purpose and principles of holistic, person-centred assessment; strengths-based and needs-led approaches; involvement of the individual as an active partner in assessment; consideration of physical, psychological, emotional, social, cultural, communication and environmental factors; strengths, abilities, resources, relationships and support networks; preferences, values, aspirations and desired outcomes; multiple, interacting and changing needs; relevant information from families, carers, advocates and professionals where appropriate; accessible communication and reasonable adjustments; trauma-informed and culturally responsive approaches where relevant; avoiding assumptions and deficit-based assessment; use and interpretation of information from different sources to develop a holistic understanding of the individual.

	2.2 Assess how assessment information is used to agree personalised outcomes and develop co-produced care and support plans
	IC: Use of assessment findings to identify priorities, strengths, needs and desired outcomes; agreeing outcomes that are meaningful, realistic and person-centred; active involvement of individuals in determining what matters to them and how needs may be met; co-production of care and support plans with individuals and appropriate involvement of families, carers, advocates and professionals; consideration of available options, resources and alternatives; clear identification of agreed actions, responsibilities and support arrangements; accessibility of plans to the individual; recording preferences, choices and agreed outcomes; responding to differing views or priorities; ensuring plans reflect the whole person rather than individual conditions or service requirements.
	2.3 Analyse approaches to balancing autonomy, choice, positive risk-taking and safety within care and support planning
	IC: Principles of autonomy, choice and positive risk-taking; risk enablement and proportionate approaches to risk; recognising that avoiding all risk may restrict independence, wellbeing and quality of life; identifying potential benefits as well as possible harms; involving individuals in identifying, understanding and considering risks and options; individual attitudes to and tolerance of risk; strengths, capacity and available support; proportionate measures to reduce or manage risk while preserving choice and control; professional responsibilities, duty of care and safeguarding considerations; involvement of others where appropriate; documenting decisions, agreed measures and rationale; avoiding unnecessarily restrictive or risk-averse approaches; review where risks, circumstances or individual preferences change.
	2.4 Evaluate approaches to reviewing and adapting care and support plans in response to changing needs, circumstances and outcomes
	IC: Purpose and importance of ongoing and planned review; involvement of individuals and relevant others in reviewing care and support; consideration of progress towards agreed outcomes and the individual's experience of care and support; changes in strengths, needs, preferences, circumstances, risks or aspirations; use of observations, feedback, assessment information and relevant professional input; identifying what is working, what is not working

	and unintended outcomes; adapting outcomes, actions, support arrangements and risk-management measures where appropriate; responding to deterioration, improvement or significant change; recording and communicating agreed changes; timely review following significant events or concerns; maintaining continuity while ensuring plans remain current, proportionate and person-centred.
3. Understand shared decision-making and partnership in complex care and support	3.1 Analyse principles and approaches that support shared decision-making with individuals
	IC: Meaning and principles of shared decision-making; partnership between individuals and professionals; recognising the individual's expertise in their own life, experiences, preferences and priorities; exchange of relevant information, professional knowledge and individual perspectives; accessible and balanced discussion of available options, potential benefits, risks and uncertainties; supporting individuals to consider what matters to them; checking understanding and allowing sufficient time for consideration; respect for autonomy, choice and the right to participate in decisions; supported decision-making where required; reaching and recording decisions collaboratively; recognising situations where decisions may need to be revisited as needs, preferences or circumstances change.
	3.2 Assess factors that can influence an individual's involvement in decisions about their care and support
	IC: Individual preferences and desired level of involvement; communication and information needs; health literacy and understanding of options; decision-making capacity and support required; physical, cognitive, psychological or emotional factors; confidence, previous experiences and relationships with services; cultural, social and language factors; accessibility and reasonable adjustments; complexity, uncertainty and perceived risk; availability of meaningful options; professional attitudes, assumptions and power imbalances; time, resources and organisational constraints; support from families, carers or advocates; approaches to reducing barriers and enabling meaningful involvement.
	3.3 Evaluate the roles and contributions of families, carers and advocates in person-centred decision-making
	IC: Roles of families, unpaid carers, advocates and other people important to the individual; contribution of knowledge about the individual's history, strengths, preferences, communication and

	support needs; emotional, practical and decision-making support; advocacy in enabling individuals to understand information, express views and exercise rights; appropriate involvement based on the individual's wishes, consent and circumstances; confidentiality and appropriate information sharing; potential differences between the views or interests of the individual and others; avoiding assumptions that families or carers speak for the individual; boundaries of roles and decision-making authority; benefits, limitations and potential challenges of involvement in supporting person-centred decisions.
	3.4 Analyse approaches to managing differing views, preferences and priorities within person-centred decision-making
	IC: Sources of differing views between individuals, families, carers and professionals; respectful exploration of perspectives, preferences, concerns and priorities; maintaining the individual's rights, wishes and person-centred outcomes as central to decision-making; accessible communication, clarification and checking understanding; use of relevant evidence and professional advice; negotiation and identification of areas of agreement; advocacy or independent support where appropriate; transparent discussion of risk, uncertainty, professional responsibilities and available options; appropriate escalation or further professional input where differences cannot be resolved; recording decisions, differing views and rationale; maintaining relationships and continuing involvement where agreement is not possible.
4. Understand ethical, legal and professional decision-making in complex care and support	4.1 Analyse ethical, legal and professional considerations that can influence decisions in complex care and support
	IC: Ethical principles including autonomy, beneficence, non-maleficence, justice, dignity and respect; individual rights, preferences, values and wellbeing; relevant legal duties and protections relating to consent, capacity, equality, safeguarding, confidentiality and human rights; professional standards, codes, accountability, duty of care and limits of competence; organisational policies and procedures; differing interpretations of benefit, harm and risk; competing rights, responsibilities and priorities; influence of evidence, professional judgement and available options; recognising ethical dilemmas and tensions where responsibilities or principles conflict.
	4.2 Assess how consent, decision-making capacity and best-interest decision-making can influence person-centred care and support

	IC: Principles and requirements of valid consent; informed, voluntary and ongoing consent; right to refuse or withdraw consent; presumption of capacity and decision-specific, time-specific approaches to capacity; supporting individuals to understand, retain, use or weigh relevant information and communicate decisions; avoiding assumptions about capacity based on age, disability, diagnosis, appearance or behaviour; fluctuating or impaired capacity; best-interest decision-making where an individual lacks capacity for a specific decision; consideration of the individual's wishes, feelings, beliefs and values; involvement of appropriate others and use of relevant legal safeguards; least restrictive approaches; recording and reviewing decisions; maintaining person-centred involvement as far as possible.
	4.3 Critically evaluate approaches to balancing individual rights, autonomy and choice with duty of care, safeguarding and safety
	IC: Rights to autonomy, choice, privacy, dignity and participation; professional duty of care and responsibilities to prevent or respond to harm, abuse and neglect; safeguarding principles and proportionality of responses; positive risk-taking and risk enablement; distinction between informed choice and circumstances requiring protective action; consideration of likelihood, severity and potential consequences of harm alongside benefits of autonomy and independence; least restrictive and proportionate responses; supported decision-making and involvement of individuals in considering risk; tensions between individual wishes, professional concerns and the views of others; appropriate consultation, escalation and safeguarding action; recording and justification of decisions; avoiding unnecessarily restrictive or risk-averse practice.
	4.4 Justify approaches to ethical and professionally defensible decision-making in complex health and social care situations
	IC: Structured consideration of relevant facts, evidence, individual wishes and circumstances; identification of ethical, legal and professional issues and areas of uncertainty or conflict; consideration of alternative options and their potential benefits, harms and consequences; involvement of the individual and appropriate others; use of relevant legislation, professional standards, organisational requirements and evidence; consultation, supervision or specialist advice where appropriate; recognition of own role, competence and authority; proportionate escalation where concerns cannot be

	resolved; transparent rationale and accurate recording of decisions; review where circumstances or information change; justification of decisions that demonstrates person-centred, lawful, ethical and professionally accountable reasoning.

4.5 Mandatory Unit 5: Public Health, Health Promotion and Health Inequalities

Mandatory Unit		GLH	Credits	Level	Unit Reference
5	Public Health, Health Promotion and Health Inequalities	60	20	5	Y/652/3802

This unit develops learners' understanding of public health, population health and health promotion within health and social care. Learners will examine how epidemiological, demographic and other population-health evidence is used to identify health needs, inequalities and public-health priorities.

The unit explores approaches to prevention and health promotion and considers how interventions can be selected and evaluated to improve health and wellbeing and reduce inequalities. Learners will also examine the contribution of partnership, community involvement and evidence-informed approaches to addressing population-health priorities.

Assessment Instructions and Guidance

Learners may be assessed through case studies, health needs assessments, reports analysing public health data and evidence, and presentations examining approaches to health promotion and reducing health inequalities.

Evidence may be drawn from population-health evidence and data, public health strategies, health promotion campaigns, and real or simulated communities or population groups experiencing health inequalities.

Assessment must demonstrate understanding of public health principles and approaches to health promotion, and the ability to interpret and apply population-health evidence to analyse patterns and causes of health inequalities.

Learners should demonstrate the ability to evaluate the effectiveness of public health and health promotion approaches, and to determine and justify strategies for addressing health inequalities within particular populations or contexts.

Assessment evidence should reflect Level 5 expectations, including the ability to analyse, interpret and evaluate public health evidence and different approaches to health promotion, applying these to broadly defined, complex population health 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. Understand population health and the use of evidence in public health	1.1 Analyse the principles, purposes and functions of public health and population health
	IC: Meaning and scope of public health and population health; distinction and relationship between individual health and population-level approaches; prevention of ill health, protection and improvement of health and wellbeing, and reduction of health inequalities; communicable and non-communicable disease as major areas of population-health concern; assessment of population needs and health outcomes; surveillance systems and monitoring of diseases, health threats and population-health trends; health protection and prevention; health promotion; contribution to policy, planning and commissioning; addressing wider determinants of health through coordinated action; role of public health in supporting healthier populations and reducing avoidable differences in health outcomes.
	1.2 Analyse measures and sources of data used to understand population health
	IC: Measures including incidence, prevalence, morbidity, mortality, life expectancy and healthy life expectancy; burden of disease and measures used to understand the impact of disease and ill health on populations; measures of absolute and relative risk; measures of health status, wellbeing, risk and protective factors and service use; demographic measures including age, sex, population structure and population change; measures relating to inequalities and differences between population groups; sources including population censuses, vital statistics, disease and health surveillance systems, health surveys, service and administrative data, registries and published public-health datasets; national, international and comparative population-health data and evidence; quantitative and qualitative population-health information; strengths and limitations of different measures and data sources, including accuracy, completeness, currency, comparability and representation.
	1.3 Interpret epidemiological, demographic and other population-health data to identify patterns, needs and inequalities

	IC: Interpretation of rates, proportions, trends and distributions within population-health data; interpretation of absolute and relative risk and their implications for understanding population-health patterns; comparison between population groups, geographical areas, time periods and, where appropriate, countries or populations internationally; identification of patterns in morbidity, mortality, burden of disease, life expectancy, health behaviours, risk and protective factors and service use; demographic patterns and population change; identification of unequal health outcomes and differences in access or experience; consideration of relationships between population characteristics, wider determinants, risk and protective factors and health outcomes; recognising variation, trends and potential associations without assuming causation; limitations of population-level associations and caution when applying population-level findings to individuals; factors affecting comparison and interpretation of international and comparative population-health evidence; limitations, gaps and uncertainty within available data; drawing evidence-supported conclusions about population-health needs and inequalities.
	1.4 Assess how population-health evidence is used to identify and prioritise public-health needs
	IC: Use of epidemiological, demographic and wider population-health evidence, including surveillance and relevant national, international or comparative evidence, to assess need and identify public-health priorities; consideration of scale, severity, burden, distribution and trends in health needs; populations experiencing poorer outcomes or disproportionate risk; preventability and potential for intervention; inequalities and equity considerations; population needs alongside service use, community perspectives and other relevant evidence; resource and feasibility considerations; comparison of competing priorities; use of evidence to inform planning, targeting and allocation of public-health resources and interventions; importance of transparent and evidence-informed prioritisation.
2. Understand public-health approaches to addressing health inequalities	2.1 Analyse how patterns of health inequality can inform public-health priorities and responses
	IC: Patterns of inequality in health outcomes, health behaviours, risk factors, access to services and experience of care; differences between population groups and geographical areas; consideration of the scale, severity, persistence and distribution of inequalities;

	relationship between patterns of inequality and wider social, economic and environmental determinants; identification of populations experiencing disproportionate disadvantage or poorer outcomes; use of patterns and trends to identify priorities, populations and areas for action; importance of avoiding assumptions about individuals based on population-level data; use of evidence to inform proportionate and equitable public-health responses.
	2.2 Assess approaches to targeting resources and interventions according to population need
	IC: Principles of equity and proportionate responses to differing levels of need; universal, targeted and proportionate universal approaches; allocation of resources according to identified population needs, inequalities and risk; geographical, demographic and needs-based targeting; prioritising populations experiencing poorer outcomes or barriers to access; prevention and early intervention; balancing population-wide approaches with targeted support; accessibility, cultural appropriateness and acceptability of interventions; community involvement in identifying needs and appropriate responses; potential benefits, limitations and unintended consequences of targeting, including stigma, exclusion and widening inequalities.
	2.3 Evaluate public-health approaches used to reduce health inequalities
	IC: Approaches addressing individual, community and wider determinants of health; prevention and health-promotion interventions; improving access to services and reducing barriers to uptake; community-based and place-based approaches; action addressing social, economic and environmental influences on health; policy, regulatory and population-level interventions; partnership and cross-sector approaches; targeting resources and support according to need; consideration of reach, accessibility, acceptability, effectiveness and equity; evidence of impact on different population groups; potential for interventions to reduce, maintain or unintentionally widen inequalities; strengths and limitations of different approaches and combinations of approaches.
	2.4 Assess the challenges and limitations of public-health action in reducing health inequalities

	IC: Complex and interacting causes of health inequalities; influence of wider structural, social, economic and environmental factors beyond the direct control of health and social care services; differences in access, engagement and uptake between population groups; limited resources and competing public-health priorities; difficulties reaching underserved or marginalised populations; stigma, discrimination, mistrust and cultural or communication barriers; variation between communities and local contexts; time required for population-level change; difficulties attributing outcomes to individual interventions; limitations and gaps in available evidence and data; unintended consequences and potential for interventions to widen inequalities; importance of sustained, coordinated and evidence-informed action.
3. Understand approaches to health promotion and prevention	3.1 Analyse theories and models used to inform health promotion and behaviour change
	IC: Purpose and application of theories and models in understanding and influencing health behaviour; approaches including the Health Belief Model, Theory of Planned Behaviour, stages of change and social or ecological approaches to health promotion; influence of knowledge, beliefs, attitudes, motivation, perceived risk, social norms, self-efficacy and environmental factors on behaviour; individual, interpersonal, community and wider influences on health choices; strengths and limitations of different theories and models; use of theory to inform the selection and development of health-promotion approaches for different populations and contexts.
	3.2 Compare approaches to prevention used to address different health needs and levels of risk
	IC: Principles and purposes of prevention; primary, secondary and tertiary prevention; population-wide and targeted approaches; prevention across different stages of life and levels of need or risk; application of prevention approaches to communicable and non-communicable disease; approaches including health education, vaccination and immunisation, screening and early identification, risk reduction, early intervention and support to prevent deterioration or complications; relationship between prevention, health promotion and wider public-health action; appropriateness of different approaches according to population need, risk and context; strengths, limitations and potential inequalities associated with different preventive approaches.

	3.3 Evaluate strategies and interventions used to promote health and prevent ill health
	IC: Health-promotion and prevention strategies including education and information, behaviour-change interventions, screening and preventive programmes, community-based approaches, environmental and organisational measures and policy or regulatory interventions; targeting and tailoring approaches to population needs and circumstances; accessibility, cultural appropriateness and acceptability; engagement and participation of intended populations; use of evidence to inform intervention selection; reach, uptake, effectiveness and sustainability; potential benefits, limitations and unintended consequences; influence on health behaviours, health outcomes and inequalities.
	3.4 Critically evaluate a health promotion or prevention intervention in relation to its reach, effectiveness and impact on health outcomes and inequalities
	IC: Critical evaluation of a selected health-promotion or prevention intervention; aims, target population, rationale and approach; evidence underpinning the intervention; reach, uptake and engagement across different population groups; accessibility and acceptability; achievement of intended outcomes; short- and longer-term effects where evidence is available; impact on health behaviours, health outcomes and inequalities; variation in outcomes between groups; unintended consequences or potential to widen inequalities; quality and limitations of available evidence; contextual factors affecting effectiveness; balanced conclusions about overall effectiveness and areas for development.
4. Understand evidence-informed and collaborative approaches to improving population health	4.1 Analyse how evidence is used to inform the design and selection of public-health interventions
	IC: Use of epidemiological, demographic, research and population-health evidence, including surveillance and relevant national, international and comparative evidence, to identify needs and inform intervention design and selection; evidence about determinants, risk and protective factors, effectiveness and cost-effectiveness; understanding the characteristics and circumstances of intended populations; use of existing evidence, guidance and evaluation findings; consideration of reach, accessibility, acceptability and equity; matching interventions to identified needs, priorities and context; adapting evidence-informed approaches to local populations and

	settings; limitations, uncertainty and gaps in available evidence; balancing evidence with feasibility, resources and community perspectives.
	4.2 Assess the contributions of statutory, voluntary, independent and community organisations to improving population health
	IC: Roles and contributions of statutory health, social care and public-health organisations; local and national government; voluntary and charitable organisations; independent-sector providers; community organisations and groups; different responsibilities, expertise, resources, reach and relationships with communities; contribution to prevention, health promotion, reducing inequalities and addressing wider determinants of health; partnership and cross-sector working; opportunities for shared resources, knowledge and coordinated action; strengths, limitations and challenges associated with different organisational contributions and partnership arrangements.
	4.3 Evaluate approaches to involving communities and population groups in identifying needs and developing public-health responses
	IC: Principles of community involvement, engagement, participation and co-production; recognising community knowledge, lived experience, strengths and assets; approaches including consultation, surveys, focus groups, community forums, outreach and participatory or co-production approaches; involvement in identifying needs, priorities, barriers and appropriate responses; inclusive engagement with underserved and marginalised populations; accessible and culturally responsive approaches; representation and whose voices are heard or excluded; power, trust and relationships between communities and organisations; avoiding tokenistic involvement; benefits, limitations and practical challenges of different approaches; influence of meaningful involvement on relevance, acceptability, reach and equity of public-health responses.
	4.4 Recommend and justify an evidence-informed approach to addressing an identified population-health priority
	IC: Identification of a population-health priority supported by relevant evidence; consideration of the population, need, inequalities and contextual factors; selection of an appropriate public-health, prevention or health-promotion approach; use of research, population-health data and other relevant evidence to support the recommendation; consideration of community perspectives and

	relevant organisational contributions; intended population and outcomes; accessibility, acceptability, reach and equity; feasibility and resource considerations; potential benefits, limitations, risks and unintended consequences; justification of the recommended approach against reasonable alternatives and the available evidence.

4.6 Mandatory Unit 6: Improvement and Innovation in Health and Social Care

Mandatory Unit		GLH	Credits	Level	Unit Reference
6	Improvement and Innovation in Health and Social Care	60	20	5	A/652/3803

This unit develops learners' understanding of improvement, innovation and change within health and social care. Learners will examine approaches used to identify opportunities for improvement, develop evidence-informed changes and consider their implementation and evaluation.

The unit explores innovation, including digital innovation and service redesign, change management and the involvement of individuals, staff and other stakeholders in improvement. Learners will also consider factors that influence the implementation, sustainability and evaluation of change and apply their understanding to develop and justify a service improvement proposal.

Assessment Instructions and Guidance

Learners may be assessed through service improvement proposals, reports analysing digital or other forms of innovation, and reflective accounts of managing change within health and social care settings.

Evidence may be drawn from real or simulated service improvement initiatives, digital and technological innovations, and organisational change management processes within health and social care.

Assessment must demonstrate understanding of approaches to service improvement, innovation and change management, and the ability to analyse factors that support or hinder successful improvement within health and social care organisations.

Learners should demonstrate the ability to develop and justify an evidence-informed service improvement proposal, evaluating its likely impact, feasibility and implications for practice.

Assessment evidence should reflect Level 5 expectations, including the ability to use relevant research or development to inform an evidence-informed service improvement proposal, and to evaluate actions, methods and results within broadly defined, complex organisational 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. Understand approaches to service improvement in health and social care	1.1 Analyse principles and approaches that underpin service improvement in health and social care
	IC: Meaning and purpose of service improvement; systematic approaches to improving quality, safety, effectiveness, efficiency, accessibility and person-centred outcomes; identifying gaps between current and desired practice or performance; improvement as an ongoing and evidence-informed process; involvement of individuals, staff and relevant stakeholders; understanding services as interconnected systems and processes; use of measurement and feedback to inform improvement; testing, reviewing and refining changes; relationship between service improvement, quality improvement, organisational learning and innovation; importance of context, leadership and organisational culture in supporting improvement.
	1.2 Assess how evidence and information can be used to identify priorities and opportunities for service improvement
	IC: Sources including research evidence, service and performance data, audit and inspection findings, incidents and near misses, complaints, concerns and feedback, service evaluation and staff or stakeholder perspectives; comparison with standards, benchmarks and expected outcomes; identification of variation, gaps, recurring concerns and areas of effective practice; use of quantitative and qualitative information; triangulation of evidence from different sources; consideration of individual and service-user experiences; assessment of scale, significance, urgency and potential impact; limitations and gaps in available information; use of evidence to establish and justify improvement priorities.
	1.3 Compare methodologies and approaches used to support service improvement
	IC: Recognised improvement methodologies and approaches including Plan-Do-Study-Act cycles, Model for Improvement, Lean approaches, process mapping, benchmarking and root cause analysis; purpose and key features of different approaches; approaches to identifying problems, understanding processes, developing changes, testing improvements and measuring impact; use of data and stakeholder

	involvement within improvement methodologies; suitability for different types and scales of improvement; similarities and differences between structured methodologies and approaches; selection according to the improvement aim, context and available evidence.
	1.4 Evaluate the strengths and limitations of different approaches to service improvement
	IC: Strengths and limitations of improvement approaches in relation to purpose, scale, complexity and organisational context; ability to identify underlying problems and system factors; use of evidence and measurement; involvement of individuals, staff and stakeholders; flexibility and responsiveness to emerging findings; resource, time and workforce requirements; ease of implementation and evaluation; potential for unintended consequences; suitability for small-scale, incremental or wider service change; dependence on leadership, organisational culture and staff engagement; reasoned judgement about the suitability of different approaches for particular health and social care improvement needs.
2. Understand innovation and change in health and social care	2.1 Analyse the role and potential contribution of innovation within health and social care
	IC: Meaning and forms of innovation within health and social care; innovation in services, models of care and support, processes, workforce practice and use of technology; digital innovation and service redesign; telehealth and remote provision; assistive technology; digital tools and platforms; interoperability and connected systems as enablers of service redesign; use of digital technologies to support service delivery and improvement; incremental and more substantial innovation; drivers including changing population needs, evidence, technological developments, workforce pressures, resource constraints and quality or safety concerns; potential contribution to accessibility, quality, safety, effectiveness, efficiency and person-centred outcomes; opportunities to address unmet need or improve service delivery; digital exclusion and unequal access to digital services; accessibility and digital literacy; responsible use of artificial intelligence; potential for algorithmic bias and unequal impacts; cybersecurity, privacy and information risk associated with digital innovation; risks, limitations and unintended consequences of innovation; importance of evidence, ethical considerations, appropriate governance and evaluation rather than assuming that innovation necessarily represents improvement.

	2.2 Analyse theories and approaches used to understand and manage change
	IC: Purpose and application of change theories and models within health and social care; recognised approaches including Lewin's model of change and Kotter's change model; stages and processes associated with preparing for, implementing and embedding change; understanding readiness for change and the organisational context; communication, participation and engagement throughout change; leadership and management of change; responses to change, including uncertainty, resistance and differing perspectives; strengths and limitations of different theories and approaches; application and suitability according to the nature, scale and context of change.
	2.3 Assess factors that can enable or constrain the implementation of innovation and change
	IC: Leadership, organisational culture and readiness for change; staff engagement, attitudes, confidence and willingness to adopt new ways of working; communication and involvement of individuals and stakeholders; workforce capacity, skills, training and support; time, resources, infrastructure and technology; digital capability, interoperability, cybersecurity and information risk where relevant; availability and strength of supporting evidence; organisational priorities and competing demands; policies, governance, regulatory and professional requirements; collaboration across teams and services; accessibility, equality, digital inclusion and person-centred considerations; perceived benefits, risks and uncertainty; barriers and facilitators arising from the local context; interaction between factors affecting successful implementation.
	2.4 Evaluate approaches to supporting the implementation and adoption of change within health and social care
	IC: Approaches including clear rationale and objectives, leadership support, communication and stakeholder engagement; involvement and co-production where appropriate; assessment of readiness and barriers to change; education, training, resources and practical support; piloting, testing and phased implementation; use of champions or change agents; feedback, monitoring and responsive adaptation during implementation; addressing concerns and resistance constructively; reinforcing and embedding new ways of working within systems and practice; strengths and limitations of

	different implementation approaches; suitability according to organisational context, workforce needs and the nature and scale of change.
3. Understand involvement and co-production in service improvement	3.1 Analyse the principles and importance of involving individuals, carers, staff and other stakeholders in service improvement
	IC: Principles of involvement, participation, engagement and co-production in service improvement; recognising individuals, carers, staff and other stakeholders as sources of knowledge, expertise and lived experience; involvement throughout relevant stages of improvement activity; shared understanding of needs, priorities and desired outcomes; inclusion, respect, openness and transparency; contribution of different perspectives to identifying problems and potential solutions; involvement in supporting person-centred and responsive services; potential benefits including improved relevance, ownership, trust and engagement; avoiding tokenistic or purely consultative involvement where greater participation is appropriate.
	3.2 Compare approaches to involvement, engagement and co-production in service improvement
	IC: Approaches including consultation, surveys, interviews, focus groups, workshops, forums, advisory or reference groups and co-design or co-production activities; individual and collective approaches to involvement; face-to-face and digital methods; differences between informing, consulting, engaging, collaborating and co-producing; degree of influence, shared responsibility and decision-making within different approaches; suitability for different stakeholders, purposes and stages of improvement; accessibility and inclusivity; strengths and limitations of different approaches.
	3.3 Assess factors that can enable or constrain meaningful involvement in improvement activity
	IC: Accessibility of opportunities, information and communication; reasonable adjustments and inclusive approaches; time, resources and practical support for participation; confidence, knowledge and previous experiences of involvement; trust and relationships between organisations and stakeholders; organisational culture and commitment to involvement; leadership and staff attitudes; clarity about purpose, expectations and scope for influence; power imbalances and professional assumptions; representation and inclusion of diverse, underserved or marginalised voices; consultation

	fatigue and competing demands; feedback about how contributions have influenced decisions; factors contributing to meaningful participation or tokenism.
	3.4 Evaluate the contribution of involvement and co-production to the relevance, acceptability and effectiveness of service improvements
	IC: Contribution of involvement and co-production to understanding needs, experiences and priorities; identification of problems, barriers and potential solutions that may not be apparent from organisational data alone; relevance and responsiveness of proposed improvements; accessibility and acceptability to intended users; staff ownership and feasibility within practice; identification of potential unintended consequences; trust, engagement and support for change; potential contribution to implementation and sustainability; limitations including unequal participation, conflicting perspectives, representativeness and practical constraints; evaluating whether involvement has meaningfully influenced improvement decisions and outcomes.
4. Be able to develop and justify an evidence-informed service improvement proposal	4.1 Identify and justify a priority or opportunity for service improvement within a health or social care context
	IC: Identification of a service improvement priority or opportunity within a selected, researched or provided health or social care context; use of relevant evidence including service and performance data, research, audit or inspection findings, incidents, complaints, feedback and stakeholder perspectives; identification of gaps, variation, unmet need or opportunities to improve quality, safety, effectiveness, efficiency, accessibility or person-centred outcomes; consideration of scale, significance and potential impact; organisational and contextual factors; justification of the selected priority or opportunity using appropriate evidence and information.
	4.2 Develop an evidence-informed service improvement proposal with appropriate objectives, actions and measures of success
	IC: Clear definition of the proposed improvement and intended outcomes; evidence-informed rationale; specific and achievable objectives; proposed actions and sequence of activity; identification of relevant stakeholders and their involvement; selection of an appropriate improvement approach or methodology; responsibilities, resources and indicative timescales; measures of process, outcome and experience as appropriate; use of appropriate data to inform,

	monitor and evaluate improvement; baseline information and criteria for judging success; arrangements for monitoring and evaluation; consideration of potential risks and unintended consequences; development of a coherent and proportionate proposal appropriate to the identified context.
	4.3 Assess factors relevant to the implementation and sustainability of the proposed improvement
	IC: Organisational readiness, leadership and culture; staff and stakeholder engagement; communication and involvement; workforce capacity, knowledge, skills and training requirements; resources, time, infrastructure and technology; digital inclusion, interoperability, cybersecurity and information risk where relevant to the proposed improvement; governance, policy, regulatory and professional requirements; potential barriers, resistance and competing priorities; accessibility, equality and person-centred considerations; risks and unintended consequences; approaches to monitoring, feedback and adaptation during implementation; embedding changes into systems, processes and practice; ongoing ownership, resources and support; factors affecting whether improvements can be maintained over time.
	4.4 Justify the proposed improvement with reference to evidence, stakeholder involvement, feasibility, governance and anticipated outcomes
	IC: Synthesis of the rationale for the proposed improvement; quality and relevance of evidence supporting the need and proposed approach; contribution of individuals, carers, staff and other relevant stakeholders; alignment with identified needs and organisational context; feasibility in relation to resources, workforce, timescales and practical constraints; governance, accountability, risk and relevant regulatory or professional requirements; anticipated benefits for quality, safety, effectiveness, efficiency, accessibility or person-centred outcomes as applicable; potential limitations, risks and unintended consequences; consideration of reasonable alternatives; proportionate and evidence-supported justification of the overall proposal.

Document Specification:					
Purpose:	To detail the specification of the GA Level 5 Diploma in Health and Social Care (610/7988/1) qualification.				
Accountability:	GA Governance Committee		Responsibility	GA Compliance Manager	
Version:	1	Effective From:	07/09/2026	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 Syllabus, Assessment & Internal Moderation Handbook for the unit(s) within the qualification GA CASS Strategy and General Moderation Policy		