

# QUALIFICATION SPECIFICATION

**gateway**  
qualifications



## Level 2 Award in Health and Care

Access to HE

Apprenticeships

Digital

Employability &  
Enterprise

English & Maths

ESOL

Personal & Social  
Development

Professional  
Development

Vocational



This qualification specification covers the following qualification:

Qualification number	Qualification title
<b>603/6496/8</b>	Gateway Qualifications Level 2 Award in Health and Care

Version and date	Change detail	Section/page reference
<b>2.0 (January 2026)</b>	Specification template and indicative content updated	n/a

The previous version of this qualification specification is available in Prism. Search for the qualification in the Qualification Library and select the 'Documents' tab.

## About this qualification specification

Gateway Qualifications is a nationally regulated Awarding Organisation that supports education and training providers through its strong relationships, adaptability and expert team.

This qualification specification contains everything you need to know about this qualification and should be used by everyone involved in the planning, delivery and assessment of the Gateway Qualifications Level 2 Award in Health and Care.

This document should be read in conjunction with the Gateway Qualifications' Centre Handbook and other publications available on the website, which contain more detailed guidance on assessment and quality assurance practice.

In order to offer this qualification, you must be a Gateway Qualifications recognised centre and be approved to offer this qualification.

If your centre is not yet recognised, please contact our Business Development team to discuss becoming a Gateway Qualifications recognised centre:

Telephone: 01206 911211  
Email: [enquiries@gatewayqualifications.org.uk](mailto:enquiries@gatewayqualifications.org.uk)  
Website: [Gateway Qualifications](https://www.gatewayqualifications.org.uk)

## Contents

<b>Introduction</b> .....	<b>7</b>
<b>1. Qualification overview</b> .....	<b>8</b>
1.1 Qualification purpose .....	8
1.2 Aims and objectives .....	8
1.3 Key information .....	8
1.4 Entry requirements.....	9
1.5 Progression opportunities .....	9
1.6 Equity, diversity and inclusion .....	10
1.7 Resource requirements.....	10
1.8 Support materials and resources .....	10
1.9 Achieving the qualification.....	10
1.9 Indicative content.....	12
<b>2. Assessment</b> .....	<b>13</b>
2.1 Assessment overview .....	13
2.2 Assessment language.....	13
2.3 Explanation of assessment terms used in this qualification .....	13
<b>3. Unit details</b> .....	<b>14</b>
3.1 Mandatory Group units.....	14
Communication in Health and Social Care .....	14
Equality and Inclusion in Health, Social Care or Children's and Young People's Settings.....	18
Person-Centred Approaches in Health and Social Care.....	21
Working in Health and Social Care.....	24
3.2 Optional Group O1 (Health and Care) units .....	27
Activity Provision in Health and Social Care.....	27
Basic First Aid Principles.....	29
Care of the Elderly .....	31
Dealing with Loss and Grief in Health and Social Care .....	34
Dementia Awareness.....	37
Diabetes Awareness .....	40
Digital Skills for Work .....	44
Duty of Care in Health and Social Care.....	46
Food Safety in Health and Social Care and Children's and Young People's Settings..	48
Health and Safety in the Workplace .....	51
Infection Prevention and Control in Health and Social Care or Children's and Young People's Settings .....	53
Maintaining Quality Standards in the Health and Social Care Sector .....	56
Protection and Safeguarding in Health and Social Care.....	58

Stroke Awareness.....	62
Support Individuals to Eat and Drink.....	65
Supporting an Individual to be Part of a Community.....	69
Team Work in Health, Social Care or Children's and Young People's Settings.....	72
Understand How to Handle Information in Social Care Settings.....	74
Understanding Risk within Health, Social Care and Children's and Young People's Settings.....	76
<b>4. Quality assurance.....</b>	<b>79</b>
4.1 Internal quality assurance.....	79
4.2 Sampling.....	79
4.3 Internal standardisation.....	80
4.4 External quality assurance.....	80
4.5 Centre monitoring.....	80
4.6 Quality assuring centre assessment decisions.....	81
4.7 Malpractice and maladministration.....	81
4.8 Direct claim status.....	81
4.9 Recognition of prior learning.....	81
4.10 Reasonable adjustments and special considerations.....	82
4.11 Appeals.....	82
<b>5. Glossary of terms.....</b>	<b>83</b>

## Introduction

This qualification has been approved by the Office of Qualifications and Examinations Regulation (Ofqual), which regulates qualifications, examinations and assessments in England.

This qualification is intended to provide learners with the underpinning knowledge and skills specific to the health and care sector. The qualification is designed to support progression to further learning and ultimately to work in the health and care sector or other related sectors.

The qualification has been developed with the support of a number of further education colleges, training providers and adult and community learning providers. It has been designed to be consistent with the principles for study programmes for 16-19 year olds, but is also relevant for adults.

## 1. Qualification overview

### 1.1 Qualification purpose

The purpose of this qualification is to introduce learners to the core expectations of working within the health and care sector. The qualification provides learners with the opportunity to develop essential knowledge of working safely, effectively, and inclusively in health and care settings.

The qualification is designed for learners preparing to enter the health and care workforce, as well as those already in support roles who wish to develop their knowledge and skills. It also supports learners who wish to progress to further study. Learners will gain essential insight into professional responsibilities, values-based care, and the skills needed to contribute positively to the well-being and rights of those they support.

### 1.2 Aims and objectives

The aim of this qualification is to introduce learners to key principles and values in health and care, helping them develop the essential knowledge and skills needed for safe, person-centred and inclusive practice.

The objectives of the qualification are to provide learners with the opportunity to:

- develop foundational knowledge relevant to safe, effective and inclusive practice in health and care
- explore key principles that underpin high-quality care, including dignity, respect and person-centred support
- gain insight into essential responsibilities and expectations when supporting individuals in health and care contexts
- build awareness of the skills and behaviours that contribute to positive experiences and outcomes for those receiving care

### 1.3 Key information

Qualification summary	
Qualification title	Gateway Qualifications Level 2 Award in Health and Care
Qualification type	Regulated Qualifications Framework (RQF)
Qualification number	603/6496/8
Learning aim reference number	60364968
Level	Level 2
Guided learning hours (GLH)	45
Total qualification time (TQT)	60

Credit value	6
Sector subject area	1.3 Health and Social Care
Age appropriateness	16-18, 19+
Grading scale	Pass/Fail
Assessment method	Portfolio of Evidence
Regulation information	This qualification is regulated by Ofqual for use in England only.

## 1.4 Entry requirements

There are no specific prior skills/knowledge learners must have for this qualification; however, learners will benefit from having English and Maths skills at level 1.

Centres must ensure that learners have the correct information and advice when selecting qualifications to ensure that the qualification will meet their needs.

Centres must ensure that this qualification suits the age and abilities of their learners by ensuring that learners can meet the relevant literacy, numeracy, digital, and health and safety requirements of the qualification.

Learners enrolled on this qualification should not undertake another qualification at the same level with a similar title or content, as this could impact funding eligibility due to duplicated learning.

Centres are responsible for registering learners via the Gateway Qualifications' online registration portal, Quartz. Learner registration guidance is available on our website, [Registering learners](#).

## 1.5 Progression opportunities

On completion of this qualification, learners will be equipped with a range of introductory skills, as well as core knowledge, relevant to health and care.

Successful completion of the Gateway Qualifications Level 2 Award in Health and Care could allow learners to progress to:

- Level 2 Certificate/Diploma in Health and Care
- level 3 qualifications in Health and Social Care
- Access to Higher Education Diploma in Health and Social Care or Early Years
- apprenticeships in Health and Social Care
- employment roles in Health and Social Care, for example, Healthcare Assistant, Community Care Worker

A full, in-depth careers information, advice, and guidance session should be completed for learners before, during, and after the completion of learning, finding them the most appropriate progression pathways unique to them and based on their abilities and aspirations.

## 1.6 Equity, diversity and inclusion

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At Gateway Qualifications, we aim to create an environment which celebrates differences and strives for equitable opportunities and outcomes for all. More than a mere commitment, this Equity, Diversity, and Inclusion Policy stands as a framework, informing every aspect of the work we do. It is our aim to support our staff and learners of all abilities, ensuring the development, delivery, and awarding of qualifications in a fair and inclusive manner.

Whilst developing our qualifications, we have given due consideration to eliminating discrimination, harassment and victimisation, advancing equality of opportunity, and fostering good relations between people who share a relevant protected characteristic (as defined in the Equality Act 2010) and those who do not.

For full details, please see the [Equity, Diversity and Inclusion Policy](#).

## 1.7 Resource requirements

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There are no prescribed resource requirements for this qualification. However, centres must ensure that learners have access to appropriate and sufficient resources to support the achievement of all learning outcomes.

## 1.8 Support materials and resources

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In addition to this qualification specification, the following resources are available for centres approved to offer the qualification:

- a fully embedded scheme of work
- six session plans
- a session plan template
- four interactive PowerPoints
- a careers, information and guidance (CIAG) resource for the Health and Social Care sector, including teaching and delivery support, aligned with the Gatsby Benchmarks
- a glossary of terms with real-world application examples and explanations

All resources are embedded in the wider adult curriculum, including Fusion Skills and the Standard Skills Classification (SSC). They use contextualised examples and delivery activities to support sustainability and the United Nations Sustainable Development Goals (UN SDGs). The resources are fully inclusive and include enrichment activities and differentiated scaffolds to add value to learning.

## 1.9 Achieving the qualification

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The qualification will be awarded to learners who successfully demonstrate all learning outcomes specified for each unit, as required by the rules of combination.

The knowledge and skills that will be assessed as part of this qualification are set out within the unit details.

To be awarded this qualification, learners must meet the rule of combination by successfully achieving at least one unit from the Mandatory Group worth a minimum of 3 credits and 3 further credits from Mandatory Group or Optional Group O1 (Health and Care).

### Mandatory Group

Unit reference	Unit title	Unit level	Credit value	GLH
<b>M/618/3781</b>	Communication in Health and Social Care	Level 2	3	24
<b>T/618/3782</b>	Equality and Inclusion in Health, Social Care or Children's and Young People's Settings	Level 2	2	18
<b>Y/618/3791</b>	Person-Centred Approaches in Health and Social Care	Level 2	3	24
<b>H/505/2451</b>	Working in Health and Social Care	Level 2	3	24

### Optional Group O1 (Health and Care)

Unit reference	Unit title	Unit level	Credit value	GLH
<b>H/505/2403</b>	Activity Provision in Health and Social Care	Level 2	3	24
<b>Y/505/2429</b>	Basic First Aid Principles	Level 2	1	8
<b>H/618/3793</b>	Care of the Elderly	Level 2	3	24
<b>A/505/2410</b>	Dealing with Loss and Grief in Health and Social Care	Level 2	3	24
<b>Y/618/3466</b>	Dementia Awareness	Level 2	3	24
<b>A/618/3783</b>	Diabetes Awareness	Level 2	3	24
<b>K/617/4156</b>	Digital Skills for Work	Level 2	3	24
<b>R/505/2414</b>	Duty of Care in Health and Social Care	Level 2	2	16
<b>K/505/2421</b>	Food Safety in Health and Social Care and Children's and Young People's Settings	Level 2	3	24
<b>F/617/4096</b>	Health and Safety in the Workplace	Level 2	2	20
<b>L/505/2430</b>	Infection Prevention and Control in Health and Social Care or Children's and Young People's Settings	Level 2	3	24
<b>K/618/3794</b>	Maintaining Quality Standards in the Health and Social Care Sector	Level 2	2	16
<b>D/618/3792</b>	Protection and Safeguarding in Health and Social Care	Level 2	3	24
<b>R/505/2526</b>	Stroke Awareness	Level 2	3	28
<b>M/505/2503</b>	Support Individuals to Eat and Drink	Level 2	2	15
<b>K/505/2449</b>	Supporting an Individual to be Part of a Community	Level 2	3	24
<b>M/505/2484</b>	Team Work in Health, Social Care or Children's and Young People's Settings	Level 2	3	25
<b>M/618/3795</b>	Understand How to Handle Information in Social Care Settings	Level 2	2	16
<b>K/618/3780</b>	Understanding Risk Within Health, Social Care and Children's and Young People's Settings	Level 2	2	16

## 1.9 Indicative content

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The examples included within the indicative content are provided as guidance only. They are not exhaustive and should not be regarded as limiting the range of knowledge, skills or understanding that may be taught, developed or assessed. Centres may incorporate additional relevant material, contexts or approaches as appropriate, provided these remain aligned with the stated learning outcomes and overall requirements of the qualification.

## 2. Assessment

### 2.1 Assessment overview

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The qualification is assessed through a portfolio of evidence, which is internally assessed by centre staff and externally quality assured by Gateway Qualifications. For more information, please see the [Centre Guide to Best Practice in Internal Assessment](#).

Each learner must build a portfolio of evidence generated from appropriate assessment tasks which demonstrates achievement of all the learning outcomes associated with each unit.

On completion of each unit, learners must declare that the work produced is their own, and the Assessor must countersign this.

Should a learner not achieve the required standard to pass an assessment, further teaching and learning should take place before attempting the assessment again.

The qualification will be awarded to learners who successfully demonstrate their achievement of all learning outcomes of the units of the qualification.

For learners who are not successful in achieving the whole qualification but still achieve any full unit, a unit certificate of achievement may be awarded.

### 2.2 Assessment language

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This qualification will be assessed in English. All learners work must be in English. British Sign Language can be used where it is permitted for the purpose of a reasonable adjustment.

### 2.3 Explanation of assessment terms used in this qualification

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Gateway Qualifications has produced guidance to support consistent delivery of units across all centres offering our qualifications.

For clarification on how to interpret and deliver the command words used in our assessments, please refer to the Assessment Command Word Definitions document, available on the Gateway Qualifications website [Internal & External Assessment Practice - Gateway Qualifications](#) under Assessment Design.

### 3. Unit details

#### 3.1 Mandatory Group units

#### Communication in Health and Social Care

<b>Unit reference:</b>	M/618/3781
<b>Unit summary:</b>	In this unit, learners will learn how to share information between health and social care practitioners and service users and the importance of effective communication.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	24
<b>Credit value:</b>	3
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
<b>The learner will:</b>	<b>The learner can:</b>
1. Know about different forms of communication.	1.1 Describe <b>different forms of communication</b> . 1.2 Give examples of open and closed questions. 1.3 Give examples of how barriers to communication can be overcome.
2. Understand the importance of communication between health and social care practitioners and service users.	2.1 Explain the <b>benefits</b> to both parties of clear communication between practitioners and service users. 2.2 Outline some of the <b>consequences of poor communication</b> between practitioners and service users. 2.3 Explain <b>why it is important for a practitioner to establish an individual's needs</b> and preferences for receptive and expressive communication.
3. Know about barriers to communication between health and social care practitioners and service users.	3.1 Describe <b>barriers to communication</b> between practitioners and users of health and social care services. 3.2 Outline <b>different ways to overcome these barriers</b> .

<p>4. Understand information-sharing between health and social care practitioners within and between services.</p>	<p>4.1 Explain the <b>benefits</b> to staff and service users of sharing information within and between services.</p> <p>4.2 Explain the <b>importance of confidentiality</b> in health and social care, including key legal requirements.</p> <p>4.3 Describe <b>situations in which there may be conflicts</b> between information-sharing and maintaining confidentiality.</p> <p>4.4 Outline how workplace <b>policies and procedures</b> support effective communication and appropriate information-sharing within and between services.</p>
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**Indicative content:**

**AC1.1: Different forms of communication, for example:**

- verbal
- non-verbal
- written
- visual
- technological

**AC2.1: Benefits, for example:**

- builds trust and fosters a sense of safety and comfort
- ensures their needs, preferences, and concerns are understood and addressed
- improves understanding of the service user's condition and needs
- enhances decision-making and care planning

**AC2.2: Consequences of poor communication, for example:**

- misunderstandings about care or treatment plans
- increased frustration or anxiety
- mistakes in delivering care
- breakdown in trust and poor relationships between practitioners and service users
- reduced engagement from service users, leading to non-compliance with care or treatment

**AC2.3: Why it is important for a practitioner to establish an individual's needs, for example:**

- ensures that communication methods are tailored to the individual
- promotes inclusivity and equality in care delivery
- helps to overcome barriers
- supports the individual's autonomy and ability to express their views and make decisions

**AC3.1: Barriers to communication, for example:**

- physical
- language
- cultural
- emotional
- environmental
- cognitive

**AC3.2: Different ways to overcome these barriers, for example:**

- physical barriers:
  - provide assistive devices
  - adapt communication methods
- language barriers:
  - use interpreters
  - simplified language
- cultural barriers:
  - respect cultural differences
  - avoid assumptions
- emotional barriers:
  - build trust
  - show empathy
- environmental barriers:
  - reduce noise
  - improve lighting
- cognitive barriers:
  - use visual aids
  - repeat information

**AC4.1: Benefits, for example:**

- promotes teamwork and better coordination of care
- ensures accurate and up-to-date information for decision-making
- ensures continuity and consistency in care across services
- helps meet individual needs effectively and promptly
- improves safety by ensuring all practitioners are aware of medical history or care plans

**AC4.2: Importance of confidentiality, for example:**

- protects the privacy and dignity of service users
- builds trust between service users and practitioners
- prevents misuse or unauthorised access to personal information
- legal requirements:
  - General Data Protection Regulation (GDPR)
  - Data Protection Act 2018
  - Health and Social Care Act 2012

**AC4.3: Situations in which there may be conflicts, for example:**

- safeguarding concerns
- legal obligations
- risk to others
- consent issues

**AC4.4: Policies and procedures, for example:**

- clear guidance
- confidentiality agreements
- training
- document control
- multi-agency working
- escalation processes

## Equality and Inclusion in Health, Social Care or Children's and Young People's Settings

<b>Unit reference:</b>	T/618/3782
<b>Unit summary:</b>	This unit gives learners the opportunity to discuss the importance of promoting equality and inclusion in everyday practice and how to achieve this.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	18
<b>Credit value:</b>	2
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Understand equality and inclusion in health, social care or children's and young people's settings.	<p>1.1 Explain <b>why it is important that equality and diversity are promoted</b> in health, social care or children's and young people's settings.</p> <p>1.2 Outline <b>examples of discrimination</b> that could occur in health, social care or children's and young people's settings.</p> <p>1.3 Explain how <b>practices</b> that promote equality and diversity reduce the risk of discrimination.</p> <p>1.4 Outline the <b>key legal responsibilities</b> of a health, social care or children's and young people's organisation in relation to equality and inclusion.</p>
2. Know how to work in an inclusive way.	<p>2.1 Describe <b>ways of working</b> with clients/children which respect their beliefs, culture, values and preferences.</p> <p>2.2 Outline <b>ways to challenge and report</b> discrimination.</p> <p>2.3 Identify sources of information on equality, diversity, and inclusion.</p> <p>2.4 Describe <b>ways to use these to support own inclusive practice</b>.</p>

**Indicative content:**

**AC1.1: Why it is important that equality and diversity are promoted, for example:**

- recognition that individuals have different needs irrespective of background, home circumstances, religion, culture
- settings are a role model for service users
- underpins the values of health and social care, and childcare

**AC1.2: Examples of discrimination, for example:**

- verbal and physical abuse
- social exclusion
- access to facilities

**AC1.3: Practices, for example:**

- valuing people's individuality
- encouraging people to express their views and have them listened to
- respecting, recognising and celebrating people's differences
- putting individuals at the centre of care planning

**AC1.4: Key legal responsibilities, for example:**

- comply with relevant legislation, for example, Equality Act 2010, Children and Families Act 2014

**AC2.1: Ways of working, for example:**

- people-centred approach
- provision of equipment and materials that promote diversity
- appropriate use of language
- celebrating different cultures
- embed equality and diversity into everyday practice

**AC2.2: Ways to challenge and report, for example:**

- using effective communication skills to clearly and assertively raise concerns about discriminatory behaviour or practices within the organisation
- participating in staff training to build confidence and knowledge on recognising, challenging, and reporting discrimination
- seeking advice and support from appropriate external helplines or advocacy services when internal reporting is insufficient or inappropriate

**AC2.3: Ways to use these to support own inclusive practice, for example:**

- treating the individual you support as unique rather than treating everyone the same way

- ensuring that you work in a non-judgmental way, being aware of your own prejudices and not letting them affect the care and support you provide
- following the agreed ways of working to create an environment free from discrimination
- working in an inclusive way
- being confident to challenge or confront discriminatory practice

### Assessment guidance

**AC1.1:** Learners need to be able to explain equality, diversity and inclusion within health, social care or children and young people's settings. To do this, they must explain what the terms refer to and why it is important.

**AC1.2:** Learners must be able to give examples of how discrimination (treating someone unfairly based on the grounds of age, disability, gender, race, religious beliefs etc or treating someone less favourably than someone in the same situation or someone being unfairly disadvantaged or excluded) can occur directly or indirectly. For example, direct could be refusing to work with an individual because of their religion. Indirect could be providing services in a set way without consulting the individual.

**AC1.3:** Learners should be able to identify the effects of discrimination on individuals and organisations. Effects on individuals could be physical and emotional, such as low self-esteem and self-worth, stress, and depression. Consequences for the organisation can be immediate, for example, low standards of care, poor staff morale, high turnover of staff and ultimately investigation, litigation and closing of services.

**AC2.1:** Learners will need to describe ways to work in an inclusive way with clients/children which respect beliefs, culture, values and preferences. This could include: providing care that is person-centred, treating individuals as unique, working in agreed ways, and challenging discriminatory practice. They should know how to challenge and report discrimination within their organisation and from whom they can get information and support. This could be from their line manager or senior staff.

**AC2.2:** Learners will need to know the policies and procedures on how to support an individual and make a complaint about discriminatory practices within an organisation. Learners will need to give a specific example of how to challenge discrimination that leads to more inclusive practice, for example, challenging staff who ignore details of an individual care plan about dietary preferences, ensuring that all staff are aware of an individual's needs through training.

## Person-Centred Approaches in Health and Social Care

<b>Unit reference:</b>	Y/618/3791
<b>Unit summary:</b>	This unit explores the concept of a person-centred approach to care and the importance of using this approach when supporting users of health and social care services. It also considers the benefits of using such an approach to encourage people to take risks, challenge decisions and share opinions about the care they receive.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	24
<b>Credit value:</b>	3
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Understand the concept and importance of person-centred care.	1.1 Outline the <b>core values</b> underpinning person-centred care.  1.2 Explain <b>why it is important to embed the core values</b> of person-centred care in health and social care practice.
2. Know about person-centred approaches in health and social care.	2.1 Describe <b>how person-centred approaches are used</b> in planning, delivering and reviewing an individual's care.  2.2 Explain <b>how person-centred approaches can be used</b> to support an individual to express their preferences, make choices, take risks and challenge decisions.
3. Understand the dilemmas and conflicts that occur in person-centred planning.	3.1 Give an example of <b>difficulties that might occur in person-centred planning</b> in a specific health or social care setting.  3.2 Describe <b>how the Mental Capacity Act informs person-centred care</b> .

Indicative content:
<p><b>AC1.1: Core values, for example:</b></p> <ul style="list-style-type: none"> <li>• respect and dignity</li> <li>• individuality</li> <li>• choice and control</li> <li>• independence</li> </ul>

- rights
- partnership
- inclusion

**AC1.2: Why it is important to embed the core values, for example:**

- improves quality of care
- promotes dignity and respect
- builds trust and relationships
- enhances wellbeing
- encourages independence
- reduces risks
- meets legal and ethical standards

**AC2.1: How person-centred approaches are used, for example:**

- planning care:
  - involving the individual in identifying their needs, goals, and preferences
  - creating personalised care plans that reflect the individual's wishes, routines, and cultural values
- delivering care:
  - providing tailored support that respects the individual's choices and preferences
  - empowering individuals to take an active role in their care
- reviewing care:
  - regularly assessing and updating care plans with the individual
  - reflecting on what is working well and what needs to change

**AC2.2: How person-centred approaches can be used, for example:**

- expressing preferences:
  - using open questions and active listening to understand the individual's wishes
- making choices:
  - offering clear information about the options available
- taking risks:
  - balancing risks with the individual's right to independence and choice
- challenging decisions:
  - encouraging individuals to ask questions and voice concerns about their care

**AC3.1: Difficulties that might occur in person-centred planning, for example:**

- in a residential care home, a resident wants to eat unhealthy foods despite having a medical condition that requires a controlled diet, for example, diabetes

**AC3.2: How the Mental Capacity Act Informs person-centred care, for example:**

- ensures care plans are based on the individual's ability to make decisions
- promotes empowerment by supporting individuals to take part in decisions about their care

- guides practitioners in making decisions that respect the individual's rights while safeguarding their well-being

## Working in Health and Social Care

<b>Unit reference:</b>	H/505/2451
<b>Unit summary:</b>	The aim of this unit is to give the learner an insight into jobs and career pathways within the health and social care sector. It also considers the skills and qualifications required for different areas of work.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	24
<b>Credit value:</b>	3
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Know about service provision in health and social care.	<p>1.1 Describe the different <b>types of service providers</b> for health and social care, including those offering statutory and independent provision.</p> <p>1.2 Outline the <b>services offered</b> by the different providers and the <b>client groups</b> they serve.</p>
2. Know about occupations in health and social care.	<p>2.1 Describe different <b>job roles</b> in the:</p> <p>a) <b>health sector</b> b) <b>social care sector.</b></p> <p>2.2 Outline health and social care <b>jobs which involve working with adults</b>, including the different types of service user (e.g. the elderly or people with learning disability).</p> <p>2.3 Outline <b>health and social care jobs which involve working with children.</b></p> <p>2.4 Outline the staff structure within a specific health and social care setting, the <b>roles and responsibilities</b> of different staff within the structure and the inter-relationship between different roles.</p>
3. Know about the skills and qualifications required to work in health and social care.	<p>3.1 Describe the <b>skills</b> needed to work in health and social care and why these are important.</p> <p>3.2 Outline the qualifications typically required for different job roles.</p>
4. Know about career progression in health and social care.	4.1 Describe <b>different career pathways</b> within health and social care.

4.2 Explain the **importance of continuous professional development** to staff working in health and social care.

**Indicative content:**

**AC1.1: Types of service providers, for example:**

- publicly funded and run by the government
- privately owned organisations or individuals offering care for a fee
- voluntary or charitable organisations

**AC1.2: Services offered, for example:**

- GP appointments
- hospital treatments
- counselling
- rehabilitation
- private medical care

**AC1.2 Client groups, for example:**

- children
- the elderly
- disabled people

**AC2.1: Different job roles, for example:**

**a) health sector:**

- doctors/GP
- nurses
- paramedics
- pharmacists
- surgeons
- physiotherapists

**b) social care sector:**

- social workers
- care workers
- support workers
- occupational therapists
- residential care workers

**AC2.2 Jobs which involve working with adults, for example:**

- nurses
- care workers
- occupational therapists
- healthcare assistants
- social workers
- physiotherapists

- counsellors

**AC2.3: Health and social care jobs which involve working with children, for example:**

- paediatricians
- school nurses
- health visitors
- child psychologists
- social workers
- residential care workers
- family support workers

**AC2.4 Roles and responsibilities, for example:**

- clear delegation of tasks and responsibilities across roles.
- senior staff provide guidance and oversight for junior staff.
- inter-relationship: collaboration between teams ensures effective patient care, for example, doctors and nurses working together on treatment plans

**AC3.1: Skills, for example:**

- communication skills
- empathy and compassion
- teamwork
- problem-solving skills
- organisational skills
- adaptability
- patience and resilience

**AC4.1: Different career pathways, for example:**

- healthcare assistant, nurse, advanced nurse practitioner, nurse consultant
- care assistant, senior care worker, care manager, regional care manager

**AC4.2: Importance of continuous professional development, for example:**

- maintains skills and knowledge
- supports career progression
- enhances confidence and competence
- promotes job satisfaction

## 3.2 Optional Group O1 (Health and Care) units

### Activity Provision in Health and Social Care

<b>Unit reference:</b>	H/505/2403
<b>Unit summary:</b>	In this unit, learners will discover the range of activities that are available for users of different health and social care services. The learner will find out the importance of using a person-centred approach when they plan an activity for an individual.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	24
<b>Credit value:</b>	3
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Understand the importance of activity provision to health and social care service users.	1.1 Explain the <b>benefits</b> of engaging health and social care service users in activity.
2. Know about different types of activity within health and social care.	2.1 Outline <b>different types of activity</b> used in health and social care, and the purposes for which they are used.
3. Be able to select and plan appropriate activities for health and social care service users.	3.1 Outline the <b>factors</b> that should be taken into account when selecting an activity for an individual.  3.2 Identify an activity that meets the specific needs of an individual health and social care service user.  3.3 Create a <b>plan for implementing an activity</b> for an individual which includes aims and purpose, description of the activity, resources required and assessment of risk.
4. Understand the role of the health or social care professional supporting individuals undertaking activities.	4.1 Explain how a health and social care professional can <b>support individuals</b> to engage in and benefit from activities.  4.2 Explain the importance of taking a person-centred approach to supporting individuals undertaking activities.

### Indicative content:

#### AC1.1: Benefits, for example:

- social
- emotional
- cognitive
- physical

#### AC 2.1: Different types of activities, for example:

- social, for example, day care facilities or social clubs
- physical, for example, walking groups or pilates
- cognitive, for example, board and card games

#### AC 3.1: Factors, for example:

- individuals needs and interests
- health and safety
- transport and equipment required
- costs
- timings

#### AC 3.3: Plan for implementing an activity, for example:

- identification of specific needs of a health and social care user
- aim and purpose of activity
- description of the activity
- resources
- risk assessment

#### AC4.1: Support individuals, for example:

- participating with them
- encouraging and supporting them before and during the activity
- effective communication

### Assessment guidance

**AC4.2:** Learners must be able to explain the importance of a person-centred approach. Examples will enhance the explanation, for example, finding out what the person is interested in; understanding their personality, for example, very shy, out-going, like to take the lead; letting the person decide if they want to participate.

## Basic First Aid Principles

<b>Unit reference:</b>	Y/505/2429
<b>Unit summary:</b>	This unit provides a basic introduction to first aid in the workplace. It reinforces the importance of workers knowing how to respond if they are first on the scene and what actions they should take within their own limitations.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	8
<b>Credit value:</b>	1
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
<b>The learner will:</b>	<b>The learner can:</b>
1. Understand the legal requirements for provision of first aid in the workplace.	1.1 Explain the <b>legal duties of employers</b> for the provision of first aid in the workplace.  1.2 Describe provisions made for first aid in a specific workplace including personnel, equipment, facilities and information.
2. Understand basic first aid procedures.	2.1 Explain <b>procedures</b> to be followed for different emergency first aid situations in given scenarios.  2.2 Outline <b>record-keeping</b> requirements for a specific workplace.  2.3 Explain <b>why it is important to keep records</b> of incidents, accidents and treatments.

Indicative content:
<p><b>AC1.1: Legal duties of employers, for example:</b></p> <ul style="list-style-type: none"> <li>• provide adequate and appropriate equipment</li> <li>• comply with Health &amp; Safety (First Aid) Regulations 1981 (updated 2015)</li> <li>• carry out a risk assessment to identify what first aid arrangements are required</li> <li>• must make appropriate first aid arrangements for the workplace to ensure all employees receive immediate attention if they are injured or taken ill at work</li> <li>• ensure first aid kits are fully stocked</li> <li>• there must be an appointed person to take charge of first aid arrangements</li> <li>• ensure there are trained first aiders</li> <li>• make sure all employees have details of first aid arrangements</li> </ul>
<p><b>AC2.1: Procedures, for example:</b></p> <ul style="list-style-type: none"> <li>• assess situation quickly and calmly</li> <li>• protect yourself</li> </ul>

- prevent cross-infection
- comfort and reassure
- give early treatment but know own limitations
- get help

**AC2.2: Record-keeping, for example:**

- accident report book (legal requirement)  
notifying parents or guardians promptly if a child becomes ill or has an accident while in care

**AC2.3: Why it is important to keep records, for example:**

- avoid further injury or illness, for example, allergic reaction
- record of incident if there are legal implications
- provides historical evidence which may result in a risk assessment

**Assessment guidance**

**AC1.2:** Learners need to describe provisions for a specific workplace, for example, residential care home, nursery.

**AC2.1:** Different emergency first aid situations may include cuts, dizziness or fainting, falls, seizures, foreign objects, bites. The scenarios should relate to the client group that learners are going to be working with.

## Care of the Elderly

<b>Unit reference:</b>	H/618/3793
<b>Unit summary:</b>	The aim of this unit is to consider different conditions that may affect older people and different types of support they may need. The unit also considers different ways of communicating effectively with older people particularly if they have difficulty hearing.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	24
<b>Credit value:</b>	3
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Know about the ageing process.	1.1 Describe the <b>physical, psychological, social and emotional changes</b> that an individual may experience as a result of ageing.  1.2 Describe <b>how the ageing process may affect the support needs of an individual.</b>
2. Know about conditions affecting older people.	2.1 Identify common conditions affecting older people.  2.2 Describe the <b>key features of different conditions</b> and the affect they may have on older people.  2.3 Outline the <b>support needs</b> of individuals with different conditions commonly affecting older people.
3. Know how to communicate with older people.	3.1 Outline different <b>strategies</b> for ensuring that older people can hear and understand what is being said to them.  3.2 Describe <b>ways to support</b> older people to communicate their wishes, opinions or requests.
4. Know about person-centred practice in caring for older people.	4.1 Outline the <b>values of person-centred care.</b>  4.2 Give examples how a care worker can use these values in supporting an individual.

**Indicative content:**

**AC1.1: Physical, psychological, social and emotional changes, for example:**

- physical:
  - changes to bones, joints and cartilage
- psychological:
  - significant life changes, for example, death of partner, family leaving home, financial concerns, fear of losing independence
- social and emotional:
  - loneliness
  - isolation
  - depression
  - fear of ill health and subsequent consequences

**AC1.2: How the ageing process may affect the support needs of an individual, for example:**

- greater need for support services as the person gets older, for example, equipment, personnel
- different types of support services, for example, assisted living, residential care

**AC2.2: Key features of different conditions, for example:**

- arthritis:
  - inflammation of joints
  - inability to lift objects
  - loss of mobility
- chronic heart disease:
  - breathlessness
  - irregular heartbeat
  - difficulty walking at speed or up hill
- dementia:
  - confusion
  - memory loss
  - uncharacteristic behaviour

**AC2.3: Support needs, for example:**

- medication
- controlled diet
- part-time or full-time care
- aids to help maintain independence

**AC3.1: Strategies, for example:**

- finding out if they use aids to help
- if they use aids, make sure the aid is working and switched on
- be in front of the person as they may also lip-read

- speak clearly, but there is no need to shout if the aid is working
- avoid patronising the older adult by the way you speak
- give visual clues to help them understand and remember what has been said

**AC3.2: Ways to support, for example:**

- giving them time to ask questions or share their thoughts
- avoid interrupting them as they may lose their train of thought
- encourage them through appropriate use of body language

**AC4.1: Values of person-centred care, for example:**

- individuality
- choice
- independence
- rights
- privacy
- dignity
- respect
- partnership

## Dealing with Loss and Grief in Health and Social Care

<b>Unit reference:</b>	A/505/2410
<b>Unit summary:</b>	This unit considers different types of loss and grief and how the health and social care worker can support someone in their care through the different stages of grieving.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	24
<b>Credit value:</b>	3
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Know about loss and grief.	<p>1.1 Describe the <b>different types of loss and grief</b> that people may encounter in their lives.</p> <p>1.2 Describe the different <b>effects</b> loss and grief can have on people at different stages of their life, including social, emotional, physical and behavioural effects.</p> <p>1.3 Describe <b>the way in which a person's culture, religion or personal beliefs may affect the way in which they experience grief and loss.</b></p>
2. Know the process of grieving and adjusting to loss.	2.1 Outline some of the different views about the <b>stages</b> an individual goes through when grieving or adjusting to loss.
3. Know how a health and social care professional can support an individual to adjust to loss or grief.	<p>3.1 Describe <b>different strategies</b> a health and social care professional can use to help an individual</p> <p>a) through the process of grieving</p> <p>b) deal with the effects of loss or grief on their lives.</p> <p>3.2 Explain how <b>strategies</b> for supporting an individual might differ according to their age, culture, religion or personal beliefs.</p> <p>3.3 State how accessing support for themselves can help a health and social care professional to better support those adjusting to loss or grief.</p>
4. Know about support services for people grieving or adjusting to loss.	4.1 Outline the <b>types of support</b> available to people grieving or adjusting to loss and how they can be accessed.

**Indicative content:**

**AC1.1: Different types of loss and grief, for example:**

- loss of a partner, sibling, child, parent
- marital breakdown
- friend or colleague
- close friend or member of family moving away to another town or country
- sudden and unexpected death
- expected death of a young person, a chronically ill person, or an elderly person

**AC1.2: Effects, for example:**

- social, for example, loss of friendships
- emotional, for example, depression
- physical, for example, weight loss
- behavioural effects, for example, anger

**AC1.3: The way in which a person's culture, religion or personal beliefs may affect the way in which they experience grief and loss, for example:**

- culture, religion or personal beliefs can provide a sense of comfort, reassurance of life beyond death, knowing the person is in a better place

**AC2.1: Stages, for example:**

- shock and denial
- pain and guilt
- anger and bargaining
- depression, reflection and loneliness
- the upward turn - beginning to get back to some degree of normality
- reconstruction and working through
- acceptance and hope

**AC3.1: Different strategies, for example:**

- listening to them
- being available and approachable
- suggesting support groups
- encouraging a person to go out and meet people
- take on new interests
- practical support, for example, helping to manage finances

**AC3.2: Strategies, for example:**

- recognising that religious beliefs may shape rituals, mourning practises, and decision-making around loss and bereavement
- understanding that a person's age can affect their comprehension of loss and influence the coping strategies they use

**AC4.1: Types of support, for example:**

- medical practice
- support groups, for example, Samaritans

- religious groups
- charities, for example, Bereavement UK, Cruse, Marie Curie Support Line

### Assessment guidance

**AC2.1:** Learners should understand that the stages of grief represent common ways people identify and process their feelings. They should recognise that these stages are not fixed or linear, and that each person's experience of grief is unique. Learners should also understand that individuals may move back and forth between stages or experience them in a different order.

**AC3.3:** Learners should understand that accessing support can help individuals feel a greater sense of purpose and control during difficult experiences. They should also recognise that health and social care workers promote a person-centred approach by encouraging individuals to seek support that reflects their needs, preferences and circumstances.

## Dementia Awareness

<b>Unit reference:</b>	Y/618/3466
<b>Unit summary:</b>	This unit aims to help learners identify the signs and symptoms of the most common forms of dementia, how they impact an individual, and what support may be needed.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	24
<b>Credit value:</b>	3
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Understand what dementia is.	<p>1.1 Explain what is meant by the term 'dementia'.</p> <p>1.2 Describe the <b>key functions</b> of the brain that are affected by dementia.</p> <p>1.3 Describe the <b>early signs</b> of dementia.</p> <p>1.4 Explain why depression, delirium and age-related memory impairment may be mistaken for dementia.</p>
2. Understand the different ways of viewing dementia.	<p>2.1 Outline the medical model of dementia.</p> <p>2.2 Outline the social model of dementia.</p> <p>2.3 Explain <b>why dementia should be viewed as a disability</b>.</p>
3. Know the most common causes of dementia.	<p>3.1 Describe the most <b>common causes of dementia</b>.</p> <p>3.2 Outline the <b>risk factors</b> for the most common causes of dementia.</p> <p>3.3 Identify prevalence rates for different types of dementia.</p>
4. Understand how individuals experience dementia.	<p>4.1 Describe <b>how different individuals may experience living with dementia</b> depending on age, type of dementia, and level of ability and disability.</p> <p>4.2 Outline the <b>impact</b> that the attitudes and behaviours of others may have on an individual with dementia.</p>

<p>5. Know how to support people with dementia.</p>	<p>5.1 Describe <b>how to support people with dementia</b> to make their own decisions.</p> <p>5.2 Give examples of how to make an environment more dementia-friendly.</p>
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**Indicative content:**

**AC1.2: Key functions, for example:**

- damage to brain cells so that brain cells can no longer communicate with each other
- when cells in a particular region are damaged, that region cannot carry out its functions normally, for example, memory, judgement, movement

**AC1.3: Early signs, for example:**

- memory problems, especially short-term
- decline in communication, struggling to follow or join a conversation
- recognition and coordination difficulties
- disorientation
- changes of behaviour, judgement or mood
- loss of daily life skills

**AC2.3: Why dementia should be viewed as a disability, for example:**

- people with learning disabilities, and in particular Down's Syndrome, are at greater risk of developing dementia
- similar symptoms between those with disabilities and dementia, for example, memory loss, difficulty with thought processes, problem-solving or language problems

**AC3.1: Common causes of dementia, for example:**

- Alzheimer's disease – abnormal protein build-up causing brain cell damage
- vascular dementia – reduced oxygen supply occurs when blood vessels in the brain become narrowed or blocked, often following a stroke or due to disease affecting the small blood vessels (subcortical vascular dementia)
- frontotemporal dementia – clumps of abnormal proteins affect the front and side parts of the brain, causing cells to die
- dementia with Lewy bodies – involves tiny abnormal structures forming inside the brain, which leads to the death of brain cells

**AC3.2: Risk factors, for example:**

- age-related – risk increases significantly from age 65 onwards
- genetics
- lifestyle, for example, higher blood pressure in mid-life, smoking, type 2 diabetes
- learning disability

**AC4.1: How different individuals may experience living with dementia, for example:**

- ability to maintain independence as long as possible
- need to access services on a day-to-day basis
- as a person gets older, physical deterioration and dementia may necessitate other forms of support
- increased levels of confusion and concerns for safety

**AC4.2: Impact, for example:**

- depression
- isolation, as the person does not want to go out
- people become more supportive and caring following the diagnosis

**AC5.1: How to support people with dementia, for example:**

- ensuring hearing and sight aids are working properly and being used
- explaining things in a way that is easy to understand
- using pictures to help someone choose
- choosing the best time of day to talk about decisions
- by using an interpreter or involving a person with a more detailed understanding of their communication methods, if needed

**Assessment guidance**

**LO5:** Learners should have a basic understanding of the Mental Capacity Act: where an individual has the capacity to make decisions for themselves, they have the right to do so, even if others perceive their decisions as 'bad ones'. People with dementia should be supported to make their own decisions as far as possible.

## Diabetes Awareness

<b>Unit reference:</b>	A/618/3783
<b>Unit summary:</b>	This unit introduces the learner to the signs, symptoms and factors that may cause diabetes. It also considers the impact of diabetes on different illnesses such as depression, dementia and pregnancy.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	24
<b>Credit value:</b>	3
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Know what is meant by diabetes.	1.1 Describe what is meant by the term diabetes. 1.2 Outline <b>key features of type 1 diabetes</b> . 1.3 Outline <b>key features of type 2 diabetes</b> . 1.4 Describe <b>signs and symptoms</b> that indicate an individual may have diabetes.
2. Know risk factors for developing type 2 diabetes.	2.1 Identify risk factors associated with the development of type 2 diabetes. 2.2 Describe <b>ways that individuals can reduce their risk</b> of developing type 2 diabetes. 2.3 Outline the <b>long term health consequences</b> of developing type 2 diabetes.
3. Know the treatment and management options for individuals with diabetes.	3.1 Outline the <b>treatments and other support</b> available for individuals with diabetes: a) nutritional b) medication c) exercise. 3.2 Describe the <b>importance of self-care</b> for the individual with diabetes. 3.3 Give examples of tests used to monitor diabetes to include: a) annual tests b) daily (or more frequent) tests.
4. Know how to respond to hypoglycaemia.	4.1 Describe what is meant by the term hypoglycaemia.

	<p>4.2 Identify the possible causes of hypoglycaemia.</p> <p>4.3 List the signs and symptoms of hypoglycaemia.</p> <p>4.4 Describe <b>what action to take</b> if an individual has hypoglycaemia.</p>
<p>5. Know the links between diabetes and other conditions.</p>	<p>5.1 Describe the <b>impact of intercurrent illness</b> on individuals with diabetes.</p> <p>5.2 Outline <b>how treatment for diabetes may be required to be changed</b> during intercurrent illness.</p> <p>5.3 Describe the <b>links and possible complications</b> between diabetes and:  a) <b>dementia</b>  b) <b>depression</b>  c) <b>pregnancy</b>.</p>

### Indicative content:

#### AC1.2: Key features of type 1 diabetes, for example:

- treated by daily doses of insulin
- can develop at any age
- usually appears in people under 40
- most common type of diabetes in children

#### AC1.3: Key features of type 2 diabetes, for example:

- usually appears in people over 40
- often related to lifestyle, including obesity

#### AC1.4: Signs and symptoms, for example:

- going to the toilet a lot
- feeling thirsty all the time
- more tired than usual
- weight loss, but not trying to
- blurred vision
- slow healing of cuts

#### AC2.2: Ways that individuals can reduce their risk, for example:

- healthy diet
- physical exercise

#### AC2.3: Long term health consequences, for example:

- affects eyesight
- causes kidney failure

- leads to circulation problems
- damages the heart

**AC3.1: Treatments and other support, for example:**

- a) nutritional:
  - healthy, balanced diet
  - regular meal times
  - reducing saturated fats and salt
  - controlling portion sizes
  - controlling the amount of sugar eaten
  - keeping hydrated
- b) medication:
  - different types of medication, for example, biguanide (metformin), insulin, islet transplants
- c) exercise:
  - supporting the individual to engage in regular physical activity

**AC3.2: Importance of self-care, for example:**

- maintaining independence, reducing the risk of dependence
- reduced risk of complications
- empowerment

**AC4.4 What action to take, for example:**

- eat or drink glucose tablets, sweets, sugary drinks
- take slower acting carbohydrate if meal is not due
- re-test blood glucose after 15-20 minutes

**AC5.1: Impact of intercurrent illness, for example:**

- stress of illness can increase insulin requirements
- difficulty managing diabetes as they would normally

**AC5.2: How treatment for diabetes may be required to be changed, for example:**

- monitor and increase fluid intake if required
- make sure there are arrangements in place for monitoring insulin if the person is not able to during their illness
- increasing frequency of glucose monitoring
- maintain carbohydrate intake using fluids if the patient has difficulty swallowing

**AC5.3: Links and possible complications, for example:**

- a) **dementia**
  - research has shown that type 2 diabetes can be a risk factor for Alzheimer's disease, vascular dementia and other types of dementia
  - research had shown that dementia can affect the brain's ability to use glucose properly

**b) depression**

- people with diabetes are more likely to suffer from depression
- people with diabetes suffering from depression are at greater risk of suffering from an episode of diabetic burnout

**c) pregnancy**

- glucose levels may vary
- retinopathy should be treated before becoming pregnant due to potential pressure on small vessels in the eyes
- some medication cannot be taken during pregnancy

## Digital Skills for Work

<b>Unit reference:</b>	K/617/4156
<b>Unit summary:</b>	To equip learners with the digital skills that will be useful to them in a work context, including handling information, creating and editing digital content, and communicating using digital skills. Learners will also learn how to operate safely and responsibly online or when using digital devices, and how to be proactive in solving technical problems.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	24
<b>Credit value:</b>	3
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Be able to use digital skills to handle work-related information.	<p>1.1 Find and select current, relevant and reliable information from different sources to complete complex work-related tasks.</p> <p>1.2 Develop and use efficiently appropriate information storage systems.</p>
2. Be able to create and edit digital content for work-related purposes.	<p>2.1 Create and save text-based, sound, image or video files, as appropriate to different complex work-related tasks, taking into account audience and purpose.</p> <p>2.2 Use different applications to enter, edit, format, enhance and save work-related information including text, numerical data, graphics and images as appropriate to different complex work-related tasks.</p> <p>2.3 Bring together information from different sources to create digital content for work-related purposes.</p> <p>2.4 Improve draft digital content in light of feedback from others in the work setting.</p>
3. Be able to use digital skills to communicate in a work context.	<p>3.1 Use appropriate modes of online communication in a work context, suitable for different audiences and purposes.</p> <p>3.2 Demonstrate understanding of conventions associated with different modes when communicating online for work-related purposes.</p>

<p>4. Be able to work online and use digital devices safely and responsibly in a work context.</p>	<p>4.1 Explain the online risks and threats to a particular workplace or sector, the steps taken to mitigate these, and how these protect the organisation, employees and/or customers, as appropriate to the workplace/sector.</p> <p>4.2 Follow workplace guidelines for safe and responsible use of devices and the internet, including for handling and storing personal or sensitive data, private or personal use of ICT and social media, protecting own health and wellbeing.</p>
<p>5. Be able to solve technical problems.</p>	<p>5.1 Apply appropriate solutions to technical problems.</p> <p>5.2 Demonstrate initiative in solving technical problems, e.g. by referring to online sources of help before drawing on support from others.</p>

## Duty of Care in Health and Social Care

<b>Unit reference:</b>	R/505/2414
<b>Unit summary:</b>	In this unit, learners will understand the meaning of the term 'duty of care'. They will learn how it affects the individual and practitioner and the potential dilemmas the practitioner may encounter.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	16
<b>Credit value:</b>	2
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Understand the concept of duty of care in health and social care.	1.1 Explain what is meant by 'duty of care' in a health and social care context.  1.2 Outline the groups for whom health and social care professionals have a duty of care.  1.3 Outline the key obligations of health and social workers to those for whom they have a duty of care.
2. Know the role of legislation and workplace policies in helping health and social care organisations and staff to fulfil their duty of care.	2.1 Outline how <b>legislation</b> and workplace policies, protocols and guidelines help ensure that health and social care organisations and practitioners fulfil their duty of care.
3. Know about dilemmas relating to duty of care.	3.1 Describe <b>possible conflicts</b> for a health and social care practitioner between duty of care to a client and the demands of an employer.  3.2 Identify sources of help in resolving dilemmas relating to duty of care.

### Indicative content:

#### AC2.1 Legislation, for example:

- Care Act 2014, Health and Social Care (Safety and Quality Act 2015)
- Health and Safety at Work Act 1974
- Control of Substances Hazardous to Health Regulations 2002 (COSHH)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

**AC3.1: Possible conflicts, for example:**

- the individual refusing medication or treatment
- the individual smoking on the premises or against advice
- the individual refusing care
- the individuals cultural or religious preferences

**Assessment guidance**

**LO1:** Learners need to show an understanding of the term 'duty of care' and how it affects them as workers. They should know that it is a legal obligation for all personnel working within the health and social care sector to provide a safe and effective service that meets individual needs and protects them from harm, abuse or injury. Employers also have a similar duty of care to their employees.

**LO2:** Learners should give examples of how legislation and workplace policies help them fulfil their duty of care. Examples may include:

- giving them boundaries to work within
- knowing their own roles and responsibilities and the responsibilities of others
- helps to provide protection if malpractice or complaints occur
- meeting organisational requirements

**LO3:** Learners will be able to provide their own examples of similar, relevant potential conflicts.

## Food Safety in Health and Social Care and Children's and Young People's Settings

<b>Unit reference:</b>	K/505/2421
<b>Unit summary:</b>	This unit introduces learners to the importance of food safety. It considers why it is important to maintain food safety in children and young people's setting and how this can be carried out successfully.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	24
<b>Credit value:</b>	3
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Understand food safety in health and social care and children's and young people's settings.	<p>1.1 Explain <b>why food safety is important</b> in health and social care or children's and young people's settings.</p> <p>1.2 Describe <b>food safety practices</b> that should be implemented when providing food and drink for children/clients.</p> <p>1.3 Explain how each of these food safety practices helps <b>protect children/clients</b> from harm.</p>
2. Be able to maintain hygiene when handling food and drink.	<p>2.1 Follow appropriate hand-washing routines.</p> <p>2.2 Use appropriate personal protective equipment when handling food and drink.</p> <p>2.3 Check the cleanliness of surfaces, utensils and equipment, taking appropriate action if these are found not to be clean.</p>
3. Be able to prepare, serve and clear away food and drink safely.	<p>3.1 <b>Prepare food and drink</b> in a way that minimises risk to self and others.</p> <p>3.2 <b>Serve food and drink</b> in a way that minimises risk to self and others.</p> <p>3.3 Clear away food and drink in way that minimises risk to self and others.</p> <p>3.4 Dispose of food waste promptly and in the appropriate place.</p>

4. Know how to store food and drink safely in health and social care and children's and young people's settings.	4.1 Describe the appropriate place and means of <b>storing</b> different types of food and drink.
	4.2 Explain why different types of food and drink have different safe storage requirements.

### Indicative content:

#### AC1.1: Why food safety is important, for example:

- prevention of the spread of harmful bacteria, which could result in illness
- ensure the health and safety of all service users
- it is a legal requirement to have procedures in place
- prevent cross-contamination

#### AC1.2: Food safety practices, for example:

- hand-washing techniques
- effective use of personal protective clothing
- safe storage, handling and cooking of food
- procedures to follow when serving food
- cleaning equipment
- recognising the 14 major allergens
- understanding the temperature danger zone

#### AC1.3: Protect children/clients, for example:

- prevents the spread of infection
- infection control
- prevents cross-contamination
- kills bacteria

#### AC3.1: Prepare food and drink, for example:

- separate boards and utensils for different types of food
- colour-coded chopping boards
- checking use-by dates

#### AC3.2: Serve food and drink, for example:

- maintaining personal hygiene
- covering cuts appropriately

#### AC4.1: Storing, for example:

- stock rotation
- correct temperature control
- covering and packing
- separating raw and cooked food

- use by dates
- storage times

### Assessment guidance

**LO2:** Learners must demonstrate their competence in maintaining hygiene when handling food and drink to achieve this outcome.

**LO3:** Learners must be able to demonstrate competence in preparing, serving, and clearing away food safely to achieve this outcome.

## Health and Safety in the Workplace

<b>Unit reference:</b>	F/617/4096
<b>Unit summary:</b>	To develop learners understanding of health and safety in the workplace including roles and responsibilities, legislation, risks and hazards, protocols and reporting procedures.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	20
<b>Credit value:</b>	2
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Understand roles and responsibilities for health, safety and welfare in the workplace.	1.1 Outline employers' and employees' duties relating to health, safety and welfare at work. 1.2 Outline the consequences for non-compliance with health and safety legislation. 1.3 Outline the requirements for training and competence in the workplace. 1.4 Outline the ways in which health and safety information can be communicated.
2. Understand how risk assessments contribute to health and safety.	2.1 Define the terms 'hazard' and 'risk'. 2.2 Outline the process for carrying out a risk assessment. 2.3 Describe how risk assessment can be used to reduce accidents and ill health at work.
3. Understand how to identify and control the risks from common workplace hazards.	3.1 Describe the hazards that may be found in a range of workplaces. 3.2 Describe how hazards can cause harm or damage to people, work processes, the workplace and the environment. 3.3 Describe the principle of the risk control hierarchy. 3.4 List examples of risk controls for common workplace hazards.

<p>4. Know the procedures for responding to accidents and incidents in the workplace.</p>	<p>4.1 State the common causes of workplace accidents and ill health.</p> <p>4.2 Identify the actions that might need to be taken following an incident in the workplace.</p> <p>4.3 List the arrangements that should be in place in a workplace for emergencies and first aid.</p> <p>4.4 Outline why it is important to record all incidents, accidents and ill health.</p>
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## Infection Prevention and Control in Health and Social Care or Children's and Young People's Settings

<b>Unit reference:</b>	L/505/2430
<b>Unit summary:</b>	In this unit learners will find out how infection spreads and ways to prevent and control infection.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	24
<b>Credit value:</b>	3
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Know about the spread of infection.	<p>1.1 Outline <b>how infections spread</b>.</p> <p>1.2 State why <b>some individuals are more vulnerable to infection</b> than others.</p> <p>1.3 Explain how breaking the chain of infections <b>minimises their spread</b>.</p>
2. Know how health and social care or children's and young people's settings prevent and control infections.	<p>2.1 Outline the role of <b>infection control and prevention policies</b> and guidelines in health and social care or children's and young people's settings.</p> <p>2.2 Describe ways in which infection control and prevention policies and guidelines <b>influence practice</b> in health and social care or children's and young people's settings.</p>
3. Know how personal hygiene contributes to infection prevention and control in health and social care or children's and young people's settings.	<p>3.1 Explain the <b>importance of good personal hygiene</b> in health and social care or children and young people's settings.</p> <p>3.2 Describe personal hygiene, including hand hygiene, <b>routines or practices</b> that support infection prevention and control in health and social care or children and young people's settings.</p>
4. Understand how to reduce the risk of infection in health and social care or children's and young people's settings.	<p>4.1 Explain how to <b>manage coughing and sneezing</b> to minimise the spread of infection.</p> <p>4.2 Explain how to <b>manage spilled blood and bodily fluids</b> to minimise the spread of infection.</p> <p>4.3 Explain how to <b>dispose of personal protective equipment and other waste appropriately</b>.</p>

5. Be able to encourage staff and clients/children in health and social care or children's and young people's settings to adopt practices that reduce the risk of infection.

5.1 Use **appropriate strategies** to:  
a) inform staff and clients/children of the importance of infection prevention and control  
b) advise staff and clients/children on good practice in reducing the risk of infection.

### Indicative content:

#### AC1.1: How infections spread, for example:

- direct contact
- airborne transmission
- contaminated surfaces

#### AC1.2: Some individuals are more vulnerable to infection, for example:

- low immune system as a result of illness
- their age
- working in a high-risk area or work or country

#### AC1.3: Minimises their spread, for example:

- the germs may be destroyed
- the germs can no longer react within the body

#### AC2.1: Infection control and prevention policies, for example:

- take precautions to prevent infection
- rules to follow to break chain of infection as quickly as possible
- guidelines on incubation or quarantine periods

#### AC2.2: Influence practice, for example:

- policies set the standard to be maintained
- promote high standards of cleanliness
- all workers and users can work together to ensure high standards
- workers have clear guidelines to follow and can educate users

#### AC3.1: Importance of good personal hygiene, for example:

- prevention of infection
- infection control
- role model for other workers and health and social care users

#### AC3.2: Routines or practices, for example:

- use of personal protective equipment
- waste disposal
- cleaning the environment and equipment
- dealing with spillages of blood and bodily fluids

**AC4.1: Manage coughing and sneezing, for example:**

- encouraging someone to cover their mouth and nose with a tissue
- putting tissue in the bin immediately after use
- washing hands after coughing, sneezing or blowing nose

**AC4.2: Manage spilled blood and bodily fluids, for example:**

- dealing with spills as quickly as possible
- keeping users away from the spillage
- using personal protective clothing
- using appropriate solutions to kill bacteria
- follow hand washing procedures

**AC4.1: Dispose of personal protective equipment and other waste appropriately, for example:**

- put waste into appropriate containers, for example, hazardous or non-hazardous
- make sure bins are never full
- follow procedures for emptying bins on a regular basis
- wear personal protective equipment to empty bins
- follow guidelines for disposing of disposable gloves and aprons

**AC5.1: Appropriate strategies, for example:**

- formal letters
- leaflets
- on-line or face-to-face training
- practical demonstrations
- guidelines

## Maintaining Quality Standards in the Health and Social Care Sector

<b>Unit reference:</b>	K/618/3794
<b>Unit summary:</b>	The aim of this unit is to help learners understand how to maintain standards through learning from others and being more competent in providing a quality service.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	16
<b>Credit value:</b>	2
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Know how legislation, policies and procedures determine quality standards of work.	1.1 Identify how quality standards link to <b>legislation</b> , policy and procedures.  1.2 Describe how personal attitudes and behaviours in a work role <b>impact on service quality</b> .
2. Know the limits of own expertise and knowledge and when to refer to others.	2.1 Describe what is meant by being competent.  2.2 Identify examples of when to seek help from others.  2.3 State <b>why it is important</b> to seek help and report issues to others.  2.4 Describe the <b>benefits</b> of learning from others.
3. Know how to use resources efficiently to support quality standards.	3.1 Describe the <b>importance of using and maintaining resources properly</b> .  3.2 State why it is <b>necessary to report issues</b> related to resources.  3.3 Identify how efficient use of resources contributes to the quality of service.

### Indicative content:

#### AC1.1: Legislation, for example:

- Health and Social Care Act 2008
- Care Act 2014
- Health and Safety at Work Act 1974 Mental Capacity Act 2005
- Data Protection Act 2018 / UK GDPR
- Equality Act 2010

**AC1.2: Impact on service quality, for example:**

- improved efficiency and effectiveness
- positive and can-do attitude
- positive culture within the workplace helps service users feel safe and valued

**AC2.3: Why it is important, for example:**

- personal or service user safety is being compromised
- suspected abuse
- suspected unsafe or unprofessional practice

**AC2.4: Benefits, for example:**

- they have more experience so can approach the task with confidence and skill
- opportunity to observe good practice before attempting it yourself
- opportunity to ask questions about the learning

**AC3.1: Importance of using and maintaining resources properly, for example:**

- health and safety
- legal requirement
- avoid injuries

**AC3.2: Necessary to report issues, for example:**

- responsibility of the employee and employer as part of health and safety legislation
- gives notification to ensure the resource is no longer available for use, is fixed or can be replaced

## Protection and Safeguarding in Health and Social Care

<b>Unit reference:</b>	D/618/3792
<b>Unit summary:</b>	Learners will learn the signs and symptoms of different types of abuse and the action to take if they suspect someone is being abused. They will also learn where to get support and the responsibilities of organisations in safeguarding and protecting service users.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	24
<b>Credit value:</b>	3
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Know the responsibilities of health and social care organisations and practitioners in relation to protection and safeguarding.	1.1 Describe the <b>key responsibilities</b> of health and social care organisations and practitioners in relation to protection and safeguarding, including those required by law.
2. Know about good practice in keeping health and social care service users safe or at reduced risk of harm.	2.1 Explain <b>how health and social care services use workplace protocols, policies and guidelines to keep service users safe</b> or at reduced risk of harm.  2.2 Describe the <b>practice of specific health and social care professionals</b> in keeping service users safe or at reduced risk of harm.
3. Know about different forms of abuse.	3.1 Describe different <b>forms of abuse</b> .  3.2 Describe <b>common signs or symptoms</b> associated with the different forms of abuse.  3.3 Describe what <b>factors</b> might make someone more vulnerable to abuse.
4. Know how to respond to disclosure or suspicion of abuse.	4.1 Outline <b>procedures</b> for reporting disclosure or suspicion of abuse.  4.2 Describe <b>how to respond</b> to an individual disclosing abuse.
5. Know about information and support in relation to abuse.	5.1 Identify different sources of information and support in relation to abuse.

	5.2 Outline the different types of information and <b>support available</b> , including those a) suitable for people who have been abused b) aimed at health and social care professionals.
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**Indicative content:**

**AC1.1: Key responsibilities, for example:**

- safeguarding practices -
- relevant background checks and references
- induction programme to include information about safeguarding
- policies and procedures, including whistleblowing
- provision of staff training on safeguarding awareness

**AC2.1: How health and social care services use workplace protocols, policies and guidelines to keep service users safe, for example:**

- provides protection for service users and workers
- provides a standard to adhere to
- giving expectations of care to the service user
- giving confidence to all concerned

**AC2.2 Practice of specific health and social care professionals, for example:**

- more than one worker caring for the personal needs of the service user
- respecting the individual by giving a choice
- reporting any suspicious signs or symptoms

**AC3.1: Forms of abuse, for example:**

- physical abuse
- domestic abuse
- sexual abuse and child sexual exploitation
- emotional abuse, including bullying and cyberbullying
- financial abuse
- modern slavery
- neglect/self-neglect

**AC3.2: Common signs or symptoms, for example:**

- physical abuse:
  - physical harm to an individual, for example, untreated or unexplained injuries
- domestic abuse
  - threats, violence and abuse between family members or people in an intimate relationship
- sexual abuse and child sexual exploitation:

- unexplained pregnancy
- unexplained gifts
  
- emotional abuse including bully and cyber bullying:
  - threats
  - humiliation
  - controlling behaviour
  - harassment
  
- financial abuse
  - missing money/possessions
  - not having enough money for bills or food
  
- modern slavery:
  - always in the company of others with no or very few personal possessions
  - unable to interact with others
  
- neglect/self-neglect
  - malnutrition
  - dehydration
  - dirty clothes
  - poor hygiene

**AC3.3: Factors, for example:**

- physical disability
- learning disability
- mental illness
- family conflict
- dependency
- poorly trained staff

**AC4.1: Procedures, for example:**

- discussing concerns with a line manager, who will refer the matter to social care services if needed
- accurately recording, including using body charts to document any marks or injuries
- if the concern involves the manager, reporting should be made to the Care Quality Commission (CQC)
- in emergencies, informing the police immediately and calling 999 if urgent medical attention is needed
- following whistleblowing procedures to report poor or unsafe practices confidentially and safely

**AC4.1: How to respond, for example:**

- listen and talk with the person
- do not make judgments

- make the person feel safe and secure
- take notes and document what is said, and preserve evidence
- involve relevant people as quickly as possible, for example, the named person in the centre

**AC5.2: Support available, for example:**

- internet sites/phone lines
- leaflets from charities
- support networks
- networks for specific groups, for example, male survivors of abuse, partners of survivors of abuse

**Assessment guidance**

**LO4:** Learners should be able to identify unsafe practices and what a whistleblower policy is.

## Stroke Awareness

<b>Unit reference:</b>	R/505/2526
<b>Unit summary:</b>	The aim of this unit is to consider the causes of stroke and ways in which patients and their families can be supported during the recovery period.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	28
<b>Credit value:</b>	3
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Know what a stroke is.	1.1 Identify the changes in the brain associated with stroke.  1.2 Outline <b>other conditions</b> that may be mistaken for stroke.  1.3 Define the <b>differences</b> between stroke and Transient Ischaemic Attack (TIA).
2. Know how to recognise a stroke.	2.1 List the signs and symptoms of stroke.  2.2 Identify the key stages of stroke.  2.3 Identify the assessment tests that are available to enable listing of the signs and symptoms.  2.4 Describe the <b>potential changes</b> that an individual may experience as a result of a stroke.
3. Understand the management of risk factors for stroke.	3.1 State the prevalence of stroke in the UK.  3.2 Identify the common risk factors for stroke.  3.3 Describe how <b>risk factors may vary</b> in different settings.  3.4 Define the <b>steps</b> that can be taken to reduce the risk of stroke and subsequent strokes.
4. Understand the importance of emergency response and treatment for stroke.	4.1 Describe <b>why a stroke is a medical emergency</b> .  4.2 Describe the <b>actions</b> to be taken in response to an emergency stroke incident in line with agreed ways of working.

	<p>4.3 Identify the impact on the individual of the key stages of stroke.</p> <p>4.4 Identify the correct early positioning for airway management.</p> <p>4.5 Identify the information that needs to be included in reporting a relevant and accurate history of the incident.</p>
<p>5. Understand the management of stroke.</p>	<p>5.1 Describe <b>why effective stroke care is important</b> to the management of stroke.</p> <p>5.2 Identify support available to individuals and others affected by stroke.</p> <p>5.3 Identify other agencies or resources to signpost individuals or others for additional support and guidance.</p>

### Indicative content:

#### AC1.2: Other conditions, for example:

- indigestion
- muscular strain

#### AC1.3: Differences, for example:

- the symptoms are very similar, but with a TIA, the symptoms pass
- a TIA can last from minutes to hours, but does not last longer than 24 hours

#### AC2.4: Potential changes, for example:

- difficulty with speech
- mobility issues due to numbness or paralysis

#### AC3.3: Risk factors may vary, for example:

- service users in residential care homes are more at risk due to age factors
- research is suggesting that active young men are at risk due to undetected heart conditions
- Some service users may be more at risk due to heart conditions such as Down's Syndrome

#### AC3.4: Steps, for example:

- change lifestyle
- review diet to reduce cholesterol levels
- control diabetes
- having regular check-ups, if there is a family history

**AC4.1: Why a stroke is a medical emergency, for example:**

- deterioration can be fast
- a stroke can result in permanent damage
- treatment is more effective in the first three to four hours

**AC4.2: Actions, for example:**

- carry out the 'fast' test, i.e. face, arms, speech
- if any one of the signs is evident, then call 999
- if in doubt, seek medical help

**AC5.1: Why effective stroke care is important, for example:**

- reduce the risk of further injury
- increase the possibility of the re-use of limbs or speech
- Improved quality of life
- reduce the possibility of further strokes

**Assessment guidance**

**AC3.1:** Learners need to research the prevalence of stroke in the UK to gather up-to-date information, for example, State of Nation: stroke statistics from [www.stroke.org.uk](http://www.stroke.org.uk), please refer to the latest data.

## Support Individuals to Eat and Drink

<b>Unit reference:</b>	M/505/2503
<b>Unit summary:</b>	Learners must demonstrate their ability to support individuals to eat and drink. They will also learn how to respect individuals while they eat and why it is important to record what they eat and drink.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	15
<b>Credit value:</b>	2
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Be able to support individuals to make choices about food and drink.	1.1 Establish with an individual the food and drink they wish to consume. 1.2 Encourage the individual to select suitable options for food and drink. 1.3 Describe <b>ways to resolve any difficulties</b> or dilemmas about the choice of food and drink. 1.4 Describe <b>how and when to seek additional guidance</b> about an individual's choice of food and drink.
2. Be able to prepare to provide support for eating and drinking.	2.1 Identify the <b>level and type of support</b> an individual requires when eating and drinking. 2.2 Demonstrate effective hand-washing and use of protective clothing when handling food and drink. 2.3 Support the individual to prepare to eat and drink, in a way that meets their personal needs and preferences. 2.4 Provide suitable utensils to assist the individual to eat and drink.
3. Be able to provide support for eating and drinking.	3.1 Describe <b>factors</b> that help promote an individual's dignity, comfort and enjoyment while eating and drinking. 3.2 Support the individual to consume manageable amounts of food and drink at their own pace. 3.3 Provide encouragement to the individual to eat and drink.

	<p>3.4 Support the individual to clean themselves if food or drink is spilt.</p> <p>3.5 Adapt support in response to an individual's feedback or observed reactions while eating and drinking.</p>
4. Be able to clear away after food and drink.	<p>4.1 Explain <b>why it is important</b> to be sure that an individual has chosen to finish eating and drinking before clearing away.</p> <p>4.2 Confirm that the individual has finished eating and drinking.</p> <p>4.3 Clear away used crockery and utensils in a way that promotes active participation.</p> <p>4.4 Support the individual to make themselves clean and tidy after eating or drinking.</p>
5. Be able to monitor eating and drinking and the support provided.	<p>5.1 Explain <b>the importance of monitoring the food and drink an individual consumes</b> and any difficulties they encounter.</p> <p>5.2 Carry out and record agreed <b>monitoring processes</b>.</p> <p>5.3 Report on the support provided for eating and drinking in accordance with agreed ways of working.</p>

### Indicative content:

#### AC1.3: Ways to resolve any difficulties, for example:

- helping the person understand the reason for the choice
- persuasion
- reducing portion sizes, if appropriate
- changing the way the food or drink is presented
- make it easier to eat, for example, smaller sizes, softer food

#### AC1.4: How and when to seek additional guidance, for example:

- when the individual refuses and is not eating or drinking
- contact the line manager to discuss the way forward

#### AC2.1: Level and type of support, for example:

- degree of independence from the individual
- physical capability
- type of food and drink, for example, solid or liquid
- use of aids

**AC3.1: Factors, for example:**

- time to eat or drink without rushing
- appropriate protective clothing that is not patronising
- height of table, chair, and access to utensils
- presentation of food
- portion sizes or cups that are not too full, light and easy to handle
- appropriate aids to eating, for example, foam handles so they can eat themselves without support

**AC4.1: Why it is important, for example:**

- promoting independence and respecting the individual's rights
- promoting a person-centred approach to care

**AC5.1: The importance of monitoring the food and drink an individual consumes, for example:**

- prevent illness, for example, a person may have diabetes
- ensure person is receiving sufficient nutrients
- ensure person is hydrated

**AC5.2: Monitoring processes, for example:**

- fluid input
- care plan
- output charts

**Assessment guidance**

All assessment criteria for this unit must be assessed in the workplace. Simulation is not acceptable.

**LO1:** Learners need to provide evidence of helping individuals to make choices about food and drink.

**LO2:** Learners will need to provide evidence of preparing to provide support for eating and drinking.

**AC2.2:** Learners should demonstrate effective hand-washing procedures and appropriate use of personal protective clothing.

**AC2.3:** Learners should be able to demonstrate how they would talk with an individual about what they would like. The focus being person centred care.

**AC2.4:** Learners need to be able to identify different crockery and utensils that can support eating and drinking.

**LO3:** Learners must explain how to help service users be as self-managing as possible and how to provide support that respects dignity at all times.

**LO4:** Learners should be able to demonstrate the correct methods for clearing and cleaning.

## Supporting an Individual to be Part of a Community

<b>Unit reference:</b>	K/505/2449
<b>Unit summary:</b>	This unit helps the learner understand the difference between social inclusion and social exclusion. It considers how the service user can take on a positive role in the community but also considers groups that may be subject to social exclusion.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	24
<b>Credit value:</b>	3
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Understand the importance of social inclusion.	1.1 Explain the <b>benefits to the individual</b> of actively participating in their own community.  1.2 Explain the <b>benefits to the community</b> as a whole of being socially inclusive.
2. Understand social exclusion.	2.1 Describe ways in which individuals can be <b>excluded</b> from their communities.  2.2 Identify groups of people who are at risk of social exclusion and state why this is the case.  2.3 Describe the <b>consequences</b> of social exclusion for individuals and for communities.
3. Know how social inclusion is promoted.	3.1 Identify <b>legislation</b> which aims to promote and support social inclusion.  3.2 Outline <b>organisations or services</b> which promote and support social inclusion and the methods that they use.
4. Know how a health and social care practitioner can support the inclusion of individuals in their community.	4.1 Outline <b>ways in which person-centred practice can help support an individual</b> to be included.  4.2 Describe <b>how to support an individual to access and engage in activities</b> within their community.  4.3 Describe <b>ways to increase an individual's confidence</b> so that they can play a positive role in their community.

**Indicative content:**

**AC1.1: Benefits to the individual, for example:**

- know people from previous activities
- know the environment
- feel a sense of belonging
- familiarity

**AC1.2: Benefits to the community, for example:**

- everyone feels responsible for the care of their community
- people get to know one another, which can help to protect their community
- generates pride
- a more powerful voice when trying to get things done
- respect for each other

**AC2.1: Excluded, for example:**

- shunned
- abused
- alienation
- fear of infection

**AC2.3: Consequences, for example:**

- divided communities
- local violence
- gangs

**AC3.1: Legislation, for example:**

- Equality Act 2010

**AC3.2: Organisations or services, for example:**

- Department for Education
- Equality and Human Rights Commission
- Office for Standards in Education (Ofsted)
- Action for Children
- Alliance for inclusive education
- British Institute of Human Rights

**AC4.1: Ways in which person-centred practice can help support an individual, for example:**

- everyone is respected and cared for as an individual
- they are involved in decision-making about their care
- service users make the final decision as far as possible
- individual needs are catered for

**AC4.2: How to support an individual to access and engage in activities, for example:**

- ensuring physical access
- know what the activities are about and discussing with the service user if they feel it is appropriate
- encourage a current participant to go with the service user on the first few occasions or meet them on arrival
- visit the venue before going with the service user to find out if it is appropriate to recommend it

**AC4.3: Ways to increase an individual's confidence, for example:**

- finding out what they are good at
- finding out what they enjoy doing and making appropriate activity suggestions
- helping them understand digital ways to interact with others

## Team Work in Health, Social Care or Children's and Young People's Settings

<b>Unit reference:</b>	M/505/2484
<b>Unit summary:</b>	In this unit, learners will find out about the benefits of teamwork within the health and social care sector. They will also have the opportunity to demonstrate their own team working skills by completing a team task successfully.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	25
<b>Credit value:</b>	3
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Understand the importance of team-work in health, social care or children and young people's settings.	1.1 Explain the <b>benefits</b> of team-working to staff and clients/children in health, social care or children and young people's settings
2. Know how teams are structured in health, social care or children and young people's settings.	2.1 Describe the purpose and membership of different teams in health, social care or children and young people's settings. 2.2 Outline the lines of reporting within a specific team.
3. Know the characteristics of effective teams in health, social care or children and young people's settings.	3.1 Outline the <b>features</b> of effective team-working in health, social care or children and young people's settings. 3.2 Describe the <b>behaviours</b> individuals need to display in order to contribute to an effective team in a health, social care or children and young people's setting.
4. Be able to work as an effective team member to complete a task or activity relating to health and social care or to the care of children or young people.	4.1 Fulfil own responsibilities within a team. 4.2 <b>Seek and offer support and advice</b> to/from team members. 4.3 Communicate effectively with team members.

### Indicative content:

#### AC1.1: Benefits, for example:

- everyone is involved in decision-making
- everyone knows each other's roles and responsibilities
- everyone knows what is planned, what has been implemented and the next steps
- reduces the risk of information being lost or care plans not being implemented appropriately
- the team can draw on the strengths of individuals to provide quality care

#### AC3.1: Features, for example:

- effective means of communication, for example, share information, work through problems together
- supportive and encouraging
- everyone understands the goals they are working towards

#### AC3.2: Behaviours, for example:

- patience, for example, taking time to listen to others
- willing to accept and give constructive feedback
- empathy
- helping others when they need to
- going the 'extra mile'

#### AC4.2: Seek and offer support and advice, for example:

- share what they are doing with the other team members
- write necessary records clearly, for example, message book, daily records

### Assessment guidance

**LO2:** Learners should show the structure of the chosen team, clearly showing the hierarchy and lines of reporting. This should include other multi-agency professionals involved with the team. Examples of roles to include are Head of Centre, line manager, key worker, early years practitioner, cook, senior care worker, registered manager, nurse, social worker, and others as relevant. Learners must explain the purpose and function of the team within the health, social care, or children's setting.

**LO4:** Learners need to:

- know their role and responsibilities for the task
- carry out their responsibilities within the time given and to an appropriate standard
- ask for help and give help to others

## Understand How to Handle Information in Social Care Settings

<b>Unit reference:</b>	M/618/3795
<b>Unit summary:</b>	The aim of this unit is to help learners understand how to handle information and the legislation that supports this.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	16
<b>Credit value:</b>	2
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Understand the need for secure handling of information in social care settings.	<p>1.1 Identify the legislation that relates to the recording, storage and sharing of information in social care.</p> <p>1.2 Explain <b>why it is important to have secure systems</b> for recording and storing information in a social care setting.</p> <p>1.3 Describe a situation where you must break confidentiality.</p>
2. Know how to access support for handling information in social care settings.	<p>2.1 Describe <b>how to access guidance, information and advice</b> about handling information.</p> <p>2.2 Outline what <b>actions</b> to take when there are concerns over the recording, storing or sharing of information.</p>

Indicative content:
<p><b>AC1.2: Why it is important to have secure systems, for example:</b></p> <ul style="list-style-type: none"> <li>• legal requirement</li> <li>• information is confidential</li> <li>• information may be used inappropriately if accessed by unauthorised people</li> </ul>
<p><b>AC2.1: How to access guidance, information and advice, for example:</b></p> <ul style="list-style-type: none"> <li>• discussion with line manager</li> <li>• individuals can access their care information by completing an access to personal information request form, or this request can be made verbally or in writing to a Data Protection Officer or manager</li> <li>• individuals can access their medical records by completing a subject access request</li> </ul>

**AC2.2: Actions, for example:**

- discussion with line manager
- discussion with individual concerned
- seek guidance from other key workers, for example, medical staff, police

**Assessment guidance**

**LO1:** Learners need to be able to identify that they are responsible for protecting personal data and that they must respect confidentiality.

**AC1.3:** Learners should describe a situation where they have information that would suggest an individual is at risk of harm or is likely to pose a risk of harm to someone else. For example, suspected abuse of a service user.

## Understanding Risk within Health, Social Care and Children's and Young People's Settings

<b>Unit reference:</b>	K/618/3780
<b>Unit summary:</b>	This unit helps learners understand how to identify and manage risks in health, social care, and children's environments. Learners will explore how to keep people safe while also supporting positive risk-taking that helps individuals grow, stay independent, and feel empowered. Learners will look at real-life examples and practice assessing risks, evaluating the benefits and dangers and finding ways to reduce risk without limiting opportunities for development.
<b>Unit level:</b>	Level 2
<b>GLH:</b>	16
<b>Credit value:</b>	2
<b>Grading method:</b>	Pass/Fail

LEARNING OUTCOMES	ASSESSMENT CRITERIA
The learner will:	The learner can:
1. Know how to recognise potential risks to self and others.	1.1 Describe <b>environmental situations that could pose risk</b> to self and others.  1.2 Identify <b>risks</b> arising from the physical and/or emotional state of service users and carers.
2. Know how to assess and manage risk.	2.1 Describe the <b>positive and negative aspects</b> of a specific risk.  2.2 Describe the importance of assessing and managing risk.  2.3 Outline ways of <b>assessing risk</b> in any given situation.  2.4 Explain <b>ways in which risk could be managed</b> .
3. Understand how to identify circumstances in which risk taking should be encouraged.	3.1 Give examples of instances where risk taking is essential.  3.2 Identify the benefits of the risk taking to individuals from the examples identified.  3.3 Outline <b>measures that will minimise the risks identified without reducing the benefits</b> of these risks.

**Indicative content:**

**AC1.1: Environmental situations that could pose risk, for example:**

- Areas where hazards can occur (indoor/outdoor, gardens, dining area)
- Equipment/toys used in the setting
- Hoists and lifting equipment
- Moving and transferring objects and people
- Food preparation and storage of cleaning products
- Digital environments and online activities, for example, internet use, social media
- Consideration of cultural and individual needs when assessing environments

**AC1.2: Risks, for example:**

- physical health conditions affecting mobility or awareness
- emotional wellbeing, including anxiety or stress that may affect behaviour
- communication difficulties that may increase risk
- impact of individual backgrounds and experiences on risk perception.

**AC2.1: Positive and negative aspects, for example:**

- cutting and sticking activity:
  - negative risk: cuts from scissors, glue ingestion, eye contact
  - positive aspects: problem solving, creativity, developing fine motor skills

**AC2.3: Assessing risk, for example:**

- observations and environmental checks
- consultation with service users, carers, and professionals
- reviewing records and previous incidents
- considering individual needs and circumstances

**AC2.4: Ways in which risk could be managed, for example:**

- use of appropriate-sized and safe equipment, for example, children's scissors, non-toxic glue
- supervision and support tailored to individual needs
- clear communication and guidance about safe behaviours
- regular review and update of risk assessments
- promoting digital safety measures, for example, internet filters, education about online risks

**AC3.3: Measures that will minimise the risks identified without reducing the benefits, for example:**

- providing appropriate supervision and support
- using safety equipment and protective clothing
- clear communication of rules and expectations
- tailoring support to individual abilities and needs

### Assessment guidance

**LO2:** Learners need to be able to identify a risk and then produce a risk assessment of the positive and negative aspects of that risk. The risk assessment should then look at how to plan to reduce the risk.

## 4. Quality assurance

As the portfolio of evidence is assessed by the centre's assessor, the centre must operate an internal quality assurance process. This ensures that qualification standards are being applied consistently within a centre through training, standardisation, sampling of marking and feedback.

### 4.1 Internal quality assurance

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Centres should refer to the online [Centre Handbook](#) for further guidance on staffing requirements.

A centre's internal quality assurance process is led by the Internal Quality Assurer (IQA), who is responsible for identifying and promoting best practices in teaching, learning, and assessment. They are responsible for:

- monitoring assessment practices to ensure they meet our standards
- sampling assessment decisions and learner work to verify accuracy and consistency
- observing assessors and tutors, providing feedback and support for improvement
- facilitating standardisation meetings to align assessment practices across teams
- supporting assessors with professional development and guidance
- identifying and promoting best practices in teaching, learning, and assessment
- handling appeals and complaints related to assessment outcomes
- maintaining detailed records for audits and external quality assurance visits

The portfolio of evidence is subject to internal quality assurance whereby a centre regularly samples and evaluates its assessment practices and decisions, and acts on the findings to ensure consistency and fairness.

**To ensure the integrity of the internal quality assurance process, Internal Quality Assurers (IQAs) must not quality assure work that they have assessed.**

Assessors must ensure fair assessment and equality of opportunity for the learner within the assessment process. In order to ensure that the assessor is making judgements that are consistent with the rest of the assessment team, they must meet regularly with other assessors and internal quality assurers to discuss assessment decisions.

### 4.2 Sampling

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Sampling is a key element of the internal quality assurance process whereby the IQA:

- uses a risk-based approach to determine what to sample and when
- checks the quality and consistency of each assessor's decisions
- maintains a common standard of marking within the centre over time
- applies methods like vertical sampling (same unit across assessors), horizontal sampling (multiple units from one learner), and diagonal sampling (across units and learners)
- ensures sampling covers all units over time, not just at the end of the assessment process

### 4.3 Internal standardisation

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Internal standardisation is a collaborative process by which tutors and assessors within a centre consider work that they have assessed and, using pre-determined criteria, reach a common agreement on standards as being typical of work at a particular level or grade by comparing samples and providing peer evaluation.

The process of internal quality assurance provides an opportunity for assessors to receive feedback and support, which can help improve their assessment skills. It fosters a culture of continuous improvement and professional development among teaching and assessment staff.

Standardisation will be facilitated by the Centre's IQA and should include all those involved in assessing learner evidence. Centre standardisation events should be held at regular intervals. Centres will be required to keep records of each internal standardisation event, including the date, attendees and notes on any outcomes and actions. Centres will be required to store these records securely for three years, and Gateway Qualifications may ask to see them as part of the centre's quality assurance and monitoring activities.

### 4.4 External quality assurance

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The external quality assurance process for this qualification takes a risk-based approach where external monitoring visits are carried out to review the internal quality systems of centres against key quality standards.

External quality assurance falls into two categories, the first being the quality assurance of the centre's policies and procedures (Centre monitoring) as detailed below, with the second being external sampling of the assessment decisions at qualification level.

### 4.5 Centre monitoring

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Centre monitoring is undertaken by an External Quality Assurer (EQA) allocated to the centre. The EQA plays a critical role in the Gateway Qualifications approach to centre assessment standards scrutiny as they are responsible for:

- validating the centre's procedures for delivery of qualifications and assessment
- completing reports for each visit with clear action points where needed
- carrying out an annual compliance visit
- risk rating centres on the above

The EQA will carry out an initial risk assessment at the centre recognition stage and then annually on an ongoing basis and will give a high/medium/low-risk.

The EQA will arrange the annual quality monitoring visits. These visits:

- monitor the centre's compliance with the centre recognition terms and conditions by reviewing programme documentation and meeting managers and centre staff
- identify any staff development needs
- ensure that all procedures are being complied with through an audit trail, and make sure that the award of certificates of achievement to learners is secure

The EQA will contact the centre in advance of a visit. However, Gateway Qualifications reserves the right to undertake unannounced visits, including during assessment times.

## 4.6 Quality assuring centre assessment decisions

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The external quality assurance process for this qualification involves a risk-based approach where sampling of assessment decisions and internal quality assurance activity to ensure that qualification standards are maintained.

An External Quality Assurer (EQA) will be allocated to the centre to sample the centre's assessment decisions, who will consider whether the sample provides evidence of the following:

- that the standard set out in the units is evidenced and assessment decisions are applied consistently
- appropriate teaching, stimulus, support, or learning materials and resources
- an appropriate internal quality assurance strategy and sampling plans
- appropriate and consistent feedback provided by the assessor to the learner, and by the IQA to the assessor

A report will be completed by the EQA and made available to the Centres once the sampling activity has been completed.

## 4.7 Malpractice and maladministration

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Malpractice is any deliberate activity, neglect, default or other practice that compromises the integrity of the assessment process and/or the validity of certificates. It covers any deliberate actions, neglect, default or other practice that compromises or could compromise:

- the assessment process
- the integrity of a regulated qualification
- the validity of a result or certificate
- the reputation and credibility of Gateway Qualifications
- the qualification to the public at large

Centre staff should be familiar with the [Malpractice and Maladministration Policy and Procedure](#).

## 4.8 Direct claim status

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Direct claim status (DCS) is a status given to centres on an individual qualification basis and allows centres to claim certification without waiting for an external quality assurance activity to take place.

DCS is permitted for this qualification. Refer to the [Direct Claims Status page for further details](#).

## 4.9 Recognition of prior learning

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Recognition of Prior Learning enables recognition of achievement from a range of activities through the knowledge, understanding or skills that learners already possess and so do not need to develop these through a course of learning.

The use of RPL is not permitted for this qualification.

## 4.10 Reasonable adjustments and special considerations

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The following are reasonable adjustments that require permission from Gateway Qualifications prior to assessment.

- adapting assessment materials
- adaptation of the physical environment for access purposes
- adaptation to equipment
- assessment material in an enlarged format or Braille
- assessment material on coloured paper or in audio format
- use of British Sign Language (BSL)
- changing or adapting the assessment method
- changing usual assessment arrangements
- extra time, for example, assignment extensions
- language modified assessment material
- practical assistant
- prompter
- providing assistance during assessment
- reader
- scribe
- transcript
- use of assistive software
- using assistive technology
- use of CCTV, coloured overlays, low vision aids
- use of a different assessment location
- use of ICT/responses using electronic devices

If not specifically listed in this section, reasonable adjustments are centre permitted, for details on this Centres should refer to the [Reasonable Adjustments and Special Considerations Centre Guidance](#)

For learners who require special consideration at the point of assessment, complete a Special Consideration Request Form.

## 4.11 Appeals

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Learners who wish to appeal about their assessment results or a decision affecting their learning should either be supported by their Centre or should have exhausted their Centre's own appeals process before appealing to Gateway Qualifications. In the latter case, learners must provide Gateway Qualifications with evidence that they have first appealed to their Centre.

Centres and learners should refer to the [Appeals policy](#) for further information.

## 5. Glossary of terms

This section provides a concise compilation of frequently used terms and acronyms within our organisation and the broader educational context.

Term	Definition
<b>Assessment Criteria (AC)</b>	The standard a learner is expected to meet to demonstrate that learning outcomes have been met.
<b>Guided Learning Hours (GLH)</b>	The number of hours associated to a qualification/unit relating to 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.
<b>Learning Outcomes (LO)</b>	Describes what a learner is expected to know, understand and be able to do as a result of the process of learning.
<b>Recognition of Prior Learning (RPL)</b>	A method of assessment that considers whether a learner can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and do not need to develop through a course of learning.
<b>Total Qualification Time (TQT)</b>	Is the number of notional hours which represents an estimate of the total amount of time that could be reasonably expected to be required for a Learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of the qualification.



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