City & Guilds Level 1 Award/Certificate/Diploma in the Introduction to the Health and Adult Social Care Sector (3096-11/12/13)

Version 1.0 (July 2026)

Qualification Handbook

Qualification at a glance

Subject area	Health, Public Services and Care
City & Guilds number	3096
Age group approved	16–18, 19+
Entry requirements	No formal entry requirements
Assessment	Portfolio of evidence
Grading	Pass/fail
Approvals	Fast track approval required
Support materials	Portfolio
Registration and certification	Consult Walled Garden/on-line catalogue for last dates

Title and level	City & Guilds qualification number	Regulatory reference number	GLH	TQT
City & Guilds Level 1 Award in the Introduction to the Health and Adult Social Care Sector	3096-11	610/7398/2	60	64
City & Guilds Level 1 Certificate in the Introduction to the Health and Adult Social Care Sector	3096-12	610/7399/4	120	128
City & Guilds Level 1 Diploma in the Introduction to the Health and Adult Social Care Sector	3096-13	610/7400/7	360	384

Version and date	Change detail	Section
1.0 July 2026	Initial version	All

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1 Introduction

This document tells you what you need to do to deliver the qualifications:

Area	Description
Who are the qualifications for?	These qualifications are intended for 16–18 and adult learners who want an early introduction to the adult health and social care sector. The different qualification sizes allow learners to follow a flexible programme of study to meet their individual needs, alongside other provision such as english, maths, and employability skills. The **Level 1 Award** is designed as a basic introduction for learners to gain a starting point in understanding work in the adult health and social care sector. The award provides an initial taster for learners, whilst providing opportunity for progression across the larger-sized qualifications at Level 1. This qualification aims to engage and motivate the learner as part of a wider programme of study where there is a need for additional time on other subject areas such as english, maths and employability skills. The **Level 1 Certificate** provides learners with an opportunity to gain an insight into a wide array of areas within the adult health and social care sector, providing a steppingstone into employment and providing a foundation to progress to completing the Level 2 Adult Social Care Certificate qualification. This qualification aims to engage and motivate the learner as part of a wider programme of study where there is a need for additional time on other subject areas such as english, maths and employability skills. The **Level 1 Diploma** provides an extended programme of study covering key topics in the adult health and social care sector, including some broad understanding and technical skills, providing a steppingstone into employment and providing a foundation to progress to completing the Level 2 Adult Social Care Certificate qualification. This qualification may be taken as part of a wider 16–19 study programme where some additional time may be required on other subject areas such as english, maths and employability skills.

Area	Description
What do the qualifications cover?	The qualifications give an early insight into the health and adult social care sector, covering basic skills, knowledge, health and safety requirements and responsibilities.
What opportunities for progression are there?	Learners could progress to further learning at Level 1 or use this qualification as a steppingstone into employment as it provides a foundation to progress to completing the Level 2 Adult Social Care Certificate qualification. Alternatively, they could follow a route into a Level 2 health or care apprenticeship.
Who did City & Guilds develop the qualifications with?	As part of the development of this qualification, a representative range of providers have been consulted to review the Level 1 qualification landscape to include the existing qualifications on offer, suitability and currency. These qualifications meet the purpose of the qualification and the needs of the providers through consultation and development of a coherent, flexible and deliverable offer.
Is it part of an apprenticeship framework or initiative?	No

Structure

To achieve the **City & Guilds Level 1 Award in the Introduction to the Health and Adult Social Care Sector** learners must achieve **two** mandatory units.

City & Guilds unit number	Unit title	GLH
Mandatory units:		
101	Introduction to health and safety in the workplace	30
102	Introduction to the healthcare and adult social care sector	30

To achieve the **City & Guilds Level 1 Certificate in the Introduction to the Health and Adult Social Care Sector** learners must achieve **four** mandatory units.

City & Guilds unit number	Unit title	GLH
Mandatory units:		
101	Introduction to health and safety in the workplace	30
102	Introduction to the healthcare and adult social care sector	30
103	Introduction to working in healthcare and adult social care	30
104	Introduction to effective communication when working in healthcare and adult social care	30

To achieve the **City & Guilds Level 1 Diploma in the Introduction to the Health and Adult Social Care Sector**, learners must achieve **twelve** mandatory units:

City & Guilds unit number	Unit title	GLH
Mandatory units:		
101	Introduction to health and safety in the workplace	30
102	Introduction to the healthcare and adult social care sector	30
103	Introduction to working in healthcare and adult social care	30
104	Introduction to effective communication when working in healthcare and adult social care	30
105	Introduction to equity, equality, diversity and inclusion	30
106	Introduction to safeguarding in healthcare and adult social care	30
107	Introduction to gathering of information and information management	30
108	Introduction to growth and development in adulthood	30
109	Introduction to activities for individuals accessing healthcare and adult social care	30
110	Introduction to nutrition and hydration in healthcare and adult social care	30
111	Introduction to exploring reflective practice	30
112	Introduction to the use of digital technology in healthcare and adult social care.	30

Total Qualification Time (TQT)

Total Qualification Time (TQT) is the number of notional hours which represents an estimate of the total amount of time that could reasonably be expected for a learner to demonstrate the achievement of the level of attainment necessary for the award of a qualification.

TQT consists of the following two elements:

1) the number of hours that an awarding organisation has assigned to a qualification for guided learning
- an estimate of the number of hours a learner will reasonably be likely to spend in preparation, study or any other form of participation in education or training, including assessment, which takes place as directed by – but, unlike guided learning, not under the immediate guidance or supervision of – a lecturer, supervisor, tutor or other appropriate provider of education or training.

Title and level	GLH	TQT
City & Guilds Level 1 Award in the Introduction to the Health and Adult Social Care Sector	60	64
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2 Centre requirements

Approval

Fast track approval

If your centre is approved to offer any of the following qualifications:

- 3096-02, 3096-31, 3096-32, 3096-51, 3096-52, 8040-02, 8040-04, 8040-05

then you can apply for fast-track approval for the new 3096-11, 3096-12 and 3096-13 using the fast-track approval form, available from the City & Guilds website.

Centres should use the fast-track form if:

- there have been no changes to the way the qualifications are delivered
- they meet all of the approval criteria in the fast-track form guidance notes.

Fast-track approval is available for 12 months from the launch of the qualification. After 12 months, centres will have to go through the full qualification approval process. The centre is responsible for checking that fast-track approval is still current at the time of application.

Please refer to the document **Centre Approval Process: Quality Assurance Standards** for further information.

Centre staff should familiarise themselves with the structure, content and assessment requirements of the qualification before designing a course programme.

Resource requirements

Centre staffing

Staff delivering these **Level 1** qualifications must be able to demonstrate that they meet the following occupational expertise requirements. They must have:

Technical competence

- Staff must be fully competent in the job role and/or have technical knowledge at least one level above the level they are teaching.
- Their experience must reflect current industry standards, practices, and expectations.

Training delivery

- Staff should have a proven track record of delivering training or be actively working towards developing these skills.
- Centres must ensure delivery staff are supported in developing and enhancing training delivery.

Cross-cutting subject expertise

For some subject areas of a qualification, content may be delivered by specialists from outside the vocational area (eg business, maths, digital, health and safety). This is permitted where mapping to the curriculum, assessment and industry standards is evidenced and is managed through internal quality assurance procedures.

Continuing professional development (CPD)

Centres must ensure that staff maintain up-to-date knowledge of their occupational area and current best practice in delivery, mentoring, training, assessment and quality assurance. Staff should take account of any national or legislative changes and developments. Assessors must be regularly observed and sampled in line with the centre's internal quality assurance procedures.

Physical resources

Centres must be able to demonstrate that they have access to/use of:

- materials, equipment and technical resources required to deliver this qualification and its assessment.
- a range of case studies and care plans.

Materials	Equipment	Technical resources

• Housekeeping materials:
  ○ cleaning fluid
  ○ washing up liquid
  ○ disinfectant wipes.
	• Personal protective equipment (PPE):
	  ○ aprons
	  ○ disposable gloves.
	
	• Cleaning equipment:
	  ○ dustpan and brush
	  ○ broom
	  ○ blue roll/paper towels
	  ○ bins.
	
	• Eating and drinking equipment to include adapted items.
		• Moving and handling equipment:
		  ○ trolley.

Other resources that may be required across the qualification may include:

- facilities for the correct storing, handling, recycling and disposing of consumables, materials and equipment.

Centres are responsible for ensuring that they have all relevant resources to undertake the units being delivered.

Quality assurance

Approved centres must have effective quality assurance systems to ensure the optimal delivery and assessment of qualifications. Quality assurance includes initial centre approval, qualification approval and the centre's own internal procedures for monitoring quality. Centres are responsible for internal quality assurance and City & Guilds is responsible for external quality assurance. All external quality assurance processes reflect the minimum requirements for verified and moderated assessments, as detailed in the Centre Assessment Standards Scrutiny (CASS), section H2 of Ofqual's General Conditions. For more information on both CASS and City & Guilds Quality Assurance processes visit: the **What is CASS?** and **Quality Assurance Standards** documents on the City & Guilds website.

Standards and rigorous quality assurance are maintained using:

- internal quality assurance
- City & Guilds external quality assurance.

To carry out the quality assurance role, Internal Quality Assurers (IQAs) must:

- adhere to the requirements set out in the centre handbook
- have appropriate teaching and vocational knowledge and expertise
- have experience in quality management/internal quality assurance
- hold or be working towards an appropriate teaching/training/assessing qualification
- be familiar with the occupation and technical content covered within the qualification.

External quality assurance for the qualification will be provided by City & Guilds external quality assurance process. External Quality Assurers (EQAs) are appointed by City & Guilds to approve centres, and to monitor the assessment and internal quality assurance carried out by centres. External quality assurance is carried out to ensure that assessment is valid and reliable, and that there is good assessment practice in centres.

The role of the EQA is to:

- adhere to the requirements set out in the centre handbook
- provide advice and support to centre staff
- ensure the quality and consistency of assessments and marking/grading within and between centres by the use of systematic sampling
- provide feedback to centres and to City & Guilds.

Learner entry requirements

City & Guilds does not set entry requirements for these qualifications. However, centres must ensure that candidates have the potential and opportunity to gain the qualification successfully.

Age restrictions

This qualification is approved for learners aged 16 or above.

These qualifications are not approved for use by candidates under the age of 16, and City & Guilds cannot accept any registrations for candidates in this age group. Centres and candidates should be fully aware of minimum age requirements in their home nation and any implications for completing assessments.

Access arrangements and reasonable adjustments

City & Guilds has considered the design of this qualification and its assessments, in order to best support accessibility and inclusion for all learners. City & Guilds understands however that individuals have diverse learning needs and may require reasonable adjustments to fully participate. Reasonable adjustments, such as additional time or alternative formats, may be provided to accommodate learners with disabilities and support fair access to assessment.

Access arrangements are adjustments that allow candidates with disabilities, special educational needs, and temporary injuries to access the assessment and demonstrate their skills and knowledge without changing the demands of the assessment. These arrangements must be made before assessment takes place.

The Equality Act 2010 requires City & Guilds to make reasonable adjustments where a disabled person would be at a substantial disadvantage in undertaking an assessment.

It is the responsibility of the centre to ensure at the start of a programme of learning that candidates will be able to access the requirements of the qualification.

Special consideration is a post examination adjustment to a candidate's mark or grade to reflect temporary injury, illness or other indisposition at the time of the examination/assessment.

Please refer to the documents Joint Council for Qualifications (JCQ) Access Arrangements and Reasonable Adjustments, JCQ – A Guide to the special consideration process and Access arrangements – When and how applications need to be made to City & Guilds, for more information. All of these are available on the City & Guilds website.

3 Delivering the qualification

Initial assessment and induction

An initial assessment of each learner should be made before the start of their programme to identify:

- if the learner has any specific training needs
- support and guidance they may need when working towards their qualification
- any units they have already completed or credit they have accumulated which is relevant to the qualification
- the appropriate type and level of qualification.

We recommend that centres provide an induction programme that so that learners fully understand the requirements of the qualifications, aspects of the course that include sensitive topics, their responsibilities as a learner and the responsibilities of the centre.

Centres are encouraged to prioritise safeguarding of vulnerable learners during induction and delivery providing safe, supportive learning environments, use of trauma-informed teaching approaches and be prepared for disclosures and follow procedures correctly.

This information can be recorded on a learning contract.

Inclusion and diversity

City & Guilds is committed to improving inclusion and diversity within the way it works and how it delivers its purpose which is to help people and organisations develop the skills they need for growth. More information and guidance to support centres in supporting inclusion and diversity through the delivery of City & Guilds qualifications can be found here:

Inclusion and diversity | City & Guilds (cityandguilds.com)

Sustainability

City & Guilds are committed to net zero with an ambition to reduce its carbon emissions by at least 50% before 2030 and develop environmentally responsible operations to achieve net zero by 2040 or sooner if it can. City & Guilds is committed to supporting qualifications that support its customers to consider sustainability and their environmental footprint.

More information and guidance to support centres in developing sustainable practices through the delivery of City & Guilds qualifications can be found here:

Pathway to Net Zero | City & Guilds (cityandguilds.com)

Centres should consider their own carbon footprint when delivering this qualification and consider reasonable and practical ways of delivering this qualification with sustainability in mind. This could include:

- reviewing purchasing and procurement processes (such as buying in bulk to reduce the amount of travel time and energy considering and investing in the use of components that can be reused, instead of the use of disposable or single use consumables)
- reusing components wherever possible
- considering waste procedures (ensuring that waste is minimised, recycling of components is in place wherever possible)
- minimising water use and considering options for reuse/salvage as part of health and social care activities wherever possible.

Artificial intelligence (AI)

City & Guilds has published a **Position Statement on AI** including guidance on its use. This is designed to help learners, tutors and assessors to complete Non-Exam Assessments (NEAs), coursework and other internal assessments successfully. Staff delivering these qualifications must ensure familiarity with the statement.

Support materials

The following resources are available for these qualifications:

Description	How to access
Qualification handbook	www.cityandguilds.com
Portfolio pack	www.cityandguilds.com

SmartScreen is City & Guilds' tutor and learner support website. For details about SmartScreen support for this product please check the SmartScreen area of the City & Guilds website SmartScreen | City & Guilds

City & Guilds provides a generic glossary of command verbs that are typically used within our assessment products. This resource is available to download here.

4 Assessment

Assessment of the qualification

Candidates must:

- have a completed portfolio of evidence.

Assessment strategy

All units are assessed through a portfolio of evidence. All evidence in the portfolio for the skills learning outcomes must be generated in the workplace or a realistic working environment.

Portfolio of evidence

Candidate and centres may decide to use a paper-based or electronic method of recording evidence.

City & Guilds endorses several ePortfolio systems, including its own, Learning Assistant, an easy-to-use and secure online tool to support and evidence candidates' progress towards achieving qualifications. Further details are available at www.cityandguilds.com/learning-assistant

City & Guilds has developed a **portfolio pack** that provides guidance, a set of recording forms and evidence matrices for new and existing centres to use as appropriate. The portfolio pack is available on the City & Guilds website

Although new centres are expected to use these forms, centres may devise or customise alternative forms, which must be approved for use by the external quality assurers, before they are used by candidates and assessors at the centre. Amendable (MS Word) versions of the forms are available on the City & Guilds website.

Evidence sources

A portfolio of evidence will typically include several pieces of evidence – it must contain sufficient evidence to demonstrate the knowledge and skills required for each appropriate unit.

Evidence sources may include:

- training logbooks
- centre-produced worksheets and activities
- annotated photographs
- video clips (maximum duration in total = 10 minutes)
- workplace documentation/records, for example job cards/job sheets, equipment checks/maintenance/service records, parts order records.

This is not a definitive list, other evidence sources are permitted.

The evidence provided must be valid and attributable to the candidate, the portfolio of evidence must contain a statement from the centre confirming this.

Evidence **must not** include:

- any methods of self-assessment
- opinions – any employer contributions should instead focus on direct observation/evidence of competence, for example, witness statements.

Time constraints

The following must be applied to the assessment of these qualifications:

- qualification registration is valid for three years.

Recognition of prior learning (RPL)

RPL means using a person's previous experience or qualifications which have already been achieved to contribute to a new qualification.

RPL can be used to exempt learners from areas of learning previously achieved but does **not** exempt them from assessment.

RPL is allowed if it is sector specific.

5 Units

Structure of the units

These units each have the following:

- City & Guilds reference number
- title
- level
- Guided Learning Hours (GLH)
- unit aim
- assessment method
- Learning Outcomes (LOs), which are comprised of a number of Assessment Criteria (ACs)
- ACs supported by range statements
- guidance for delivery/supporting information
- minimum evidence requirements
- guidance on portfolio evidence.

Guidance for delivery of the units

These qualifications comprise of a number of **units**. A unit describes what is expected of a competent person in particular aspects of their job.

Each **unit** is divided into **learning outcomes** which describe in further detail the skills and knowledge that a candidate should possess.

Each **learning outcome** has a set of **assessment criteria** (performance and knowledge and understanding) which specify the desired criteria that must be satisfied before an individual can be said to have performed to the agreed standard.

Range statements define the breadth or scope of a learning outcome and its assessment criteria by setting out the various circumstances in which they are to be applied or understood. Not all assessment criteria will be accompanied by range, but where range is included – this must be fully covered and evidenced as part of the assessment.

Legislation within the content is nation-specific and only the nation-specific one needs to be covered by the range.

Minimum evidence requirements may be included where the level of required assessment evidence is not fully evident from the assessment criteria and range. For example, where assessment criteria may need to be demonstrated on more than one occasion.

Guidance on portfolio evidence – Each unit provides guidance on the typical and recommended evidence that is considered best able to demonstrate the requirements of the unit content. This recommended guidance and evidence intends to promote the most effective and efficient ways to evidence the unit content. It also helps to support the standardisation of evidence across large cohorts of learners. However, the evidence and guidance highlighted is a recommendation only – where needed (for example, where the recommended guidance

cannot be met based on access arrangements or needs adapting to support the local environment/context), then alternative types of evidence can be provided, if they validly evidence the unit content.

Glossary of terms

For this qualification the following terms have been defined:

- Individual: service user, patient, client, a person (aged 18 plus, working, non-working, retired) in need or receipt of care, support, guidance or protection because of age, disability, illness, mental ill health or substance misuse that affects their wellbeing or independence.
- Worker: clinician, care worker, support worker.
- Workplace: social care workplaces may include care/nursing homes, residential settings, supported living or individual's own home or daycare facility; healthcare workplaces may include hospital settings, such as outpatient clinics, emergency departments or inpatient wards.

Unit 101 Introduction to health and safety in the workplace

Unit level:	1
GLH:	30
Unit aim:	The aim of the unit is to introduce the learner to the importance of health and safety in healthcare and adult social care. They will be introduced to current legislation and regulations. They will also develop an awareness of worker* and employer responsibilities in the workplace*, understanding hazards and risks that can impact safe working practices. Learners will demonstrate skills relating to infection control and assisting with the movement of objects. * Refer to the glossary of terms for 'workplace' and 'worker' definitions.
Assessment method:	Portfolio of evidence

Learning Outcome 1

Know the importance of workers and employers complying with health and safety legislation and regulations in the workplace.

The learner can:

1.1 State the **importance** of health and safety in the workplace
1.2 Identify **legislation** and **regulations** relating to health and safety in the workplace
1.3 List **worker responsibilities** for health and safety in the workplace
1.4 List **employer responsibilities** regarding health and safety in the workplace

Range

Importance: prevent harm to individuals, workers, family and visitors, reduce the risks of accidents, injury and illness, prevent the spread of infection, provide duty of care, to meet legal requirements.

Legislation: Health and Safety at Work Act (HASAWA).

Regulations: Manual Handling Operations Regulations (MHOR), Reporting of Injuries, Diseases and Dangerous Regulations (RIDDOR), Control of Substances Hazardous to Health Regulations (COSHH).

Worker responsibilities: follow training and instruction, follow safety procedures, report hazards and unsafe acts, take reasonable care of own health and safety, only carry out activities when trained to do so.

Employer responsibilities: provide mandatory health and safety training and information,

provide appropriate personal protective equipment (PPE), ensure settings and equipment are maintained and safe, ensure risk assessments are in place.

Learning Outcome 2

Know potential hazards and risks within the workplace

The learner can:

2.1 Identify the potential **hazards** in the workplace
2.2 Identify **risks** associated with hazards
2.3 List **situations** where health and safety procedures are followed in the workplace

Range

Hazards: cleaning materials, clinical waste (eg infected blood or bodily fluids), wet or slippery floors, cluttered walkways, inappropriate moving and handling of individuals, poorly maintained equipment.

Risks: injury to people, spread of infection, slips, trips, falls.

Situations: moving and handling individuals or items, supporting personal care, waste disposal, fire safety.

Learning Outcome 3

Follow procedures for infection prevention and control.

The learner is able to:

3.1 State the **importance** of infection, prevention and control
3.2 Identify possible **causes** of infection
3.3 Identify ways **infection can be transmitted**
3.4 Demonstrate the **safe practice process for effective handwashing**

Range

Importance: protect individuals and workers from infection, prevent outbreaks of infectious illness (such as Covid 19 and influenza), ensure good quality of care and support is given to individuals, reduce the incidence of infections in the community, to follow regulations.

Causes: bacteria, viruses, parasites, fungi.

Transmission of infection: airborne, direct contact, poor personal hygiene, contaminated food, fleas, ticks, mosquitoes, worms.

Safe practice process: prepare (worker, environment, equipment/materials), wash (hands, wrists), rinse, dry, maintain area used, dispose of waste.

Learning Outcome 4

Assist with safe moving of objects.

The learner is able to:

4.1 Explain the **importance** of safety when moving objects
4.2 Outline **safe practice** when moving objects
4.3 Demonstrate the process of moving **objects** safely

Range

Importance: minimise risk**,** prevent injuries to worker, contribute to good quality of care, to comply with legislation and regulations.

Safe practice: plan, position, pick, proceed, place.

Objects: heavy or bulky.

Unit guidance for delivery

Opportunities for efficiencies in delivery across/between units:	Due to the nature of this unit, there are strong links to learning outcomes from other units. Therefore, this unit would benefit from being introduced to learners prior to any other units and then contextualised and assessed alongside all the other units in this qualification.
Suggestions for formative assessment opportunities, both for knowledge and practical outcomes:	Formative assessment could include written responses to questions, completion of scaffolded worksheets. Visual aids such as illustrations, diagrams and images allow for annotation or labelling either independently or selecting from an appropriate answer bank. Simulated work environments for the assessment of practical sessions can be employed.
Opportunities for visits/engagement with local industry and employers:	If the learner is not currently working/volunteering in healthcare or social care, arranging visits, work experience or placements to a range of workplace settings in both healthcare and social care would prove useful. Learners must be given the opportunity to deal with a range of different scenarios/situations. It is recommended where possible, that industry visits or seminars are held with local employers in areas such as: • community • care homes • charities • school/college nursing • hospitals.
Ways of ensuring content is delivered in line with current, up to date industry practice:	To ensure the delivery and contextualisation of content is current and up to date it is suggested that industry experts are regularly consulted and teaching staff attend regular CPD sessions. Presentations/seminars from those with lived experience and those working in healthcare and social care can be very powerful learning experience.
Digital initiative considerations:	The learner should be given the opportunity to use a range of technology to research subjects and to build their portfolio of evidence.
Books/reference materials:	Websites:

	GOV.UK – **Health and safety at work – GOV.UK** Health and Safety Executive – **HSE: Information about health and safety at work** British Safety Council – **The Health and Safety at Work Act Explained | British Safety Council** NHS employers – **Workplace health and safety standards | NHS Employers** NHS England – **National standards of healthcare cleanliness 2025: health and safety** NHS Health Education – **A safe, secure working environment** Royal College of Nursing – **Care Homes: Subject Guide | Library | Royal College of Nursing** GOV.UK – **Moving and handling in health and social care – HSE** GOV.UK **– Control of Substances Hazardous to Health (COSHH) –** **RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations – HSE** GOV.UK – **Infection prevention and control: resource for adult social care – GOV.UK** GOV.UK **– Fire safety in the workplace: Who's responsible – GOV.UK** Books: Health and Safety Executive (2001). Health and Safety in Care Homes. HSG. Health and Safety Executive (2014). Health and Safety in Care Homes HSG220/HSG 220. HSG. Leape, L (2021). *Making Healthcare Safe: The story of the patient safety movement.* Springer.

Assessment guidance

Minimum evidence requirements

Learners must demonstrate and/or present evidence for each assessment criteria within a learning outcome to pass the unit, evidence will be subject to EQA sampling.

As a minimum:

- for **Learning outcome 2** learners must identify hazards and risks associated with **four** situations that commonly arise in the workplace
- for **Learning outcome 3** learners must demonstrate the safe practice process for handwashing (as detailed below) on **three** separate occasions.

Safe practice process for effective handwashing:

1. Preparation:
   - roll up your sleeves (bare below elbow)
   - remove any jewellery or watches
   - remove nail polish and/or artificial nails.
2. Wash:
   - check water temperature
   - wet hands thoroughly under running water
   - apply soap dispensing enough liquid soap to cover all hand surface
   - rub hands together to create a lather, ensuring thorough coverage
   - follow recommended technique:
     - palms and backs of hands
     - fingers and spaces in between them
     - thumbs
     - fingertips and under the nails
     - wrists
     - scrub for at least 20 seconds.
3. Rinse thoroughly:
   - place hands under running water, allowing the soap and dirt to wash away. Keep hands pointed downward to prevent water from running back onto your arms.
4. Dry hands:
   - use a clean paper towel (fingertips to wrist).
5. Maintain the area:
   - wipe away spillages with a paper towel
   - use a paper towel to turn off the tap to avoid re-contaminating hands.
6. Dispose of towels properly:
   - discard used paper towels into a designated waste bin.

- **Learning outcome 4**

Learners must demonstrate the process of moving objects safely (as detailed below) on **two** separate occasions covering two separate manoeuvres:

- floor to table
- table to table.

Process for moving objects safely:

1. **Plan:** before moving anything, follow the risk assessment, assess the task, and the environment. Identify any hazards or obstructions, and ensure the area is clear and safe. Use appropriate equipment (trolleys, gloves if required).
2. **Position:** stand close to the object being moved, feet need to be shoulder-width apart to maintain balance. Avoid unnecessary strain during the movement.
3. **Pick:** relying primarily on the leg muscles, bend knees, while keeping the back straight. Grip object firmly with both hands, holding close to the body. Avoid bending over or twisting to lift, as this can lead to injury.
4. **Proceed:** move the object smoothly, keeping it as close to the body as possible. Avoid twisting and jerky movements, which can strain muscles and joints.
5. **Place:** when lowering the object, do so gently and with control, bending at the knees and keeping the back straight.

Guidance on portfolio evidence for this unit

Evidence may be generated in multiple ways to confirm that the learner meets the requirements of this unit. The table below provides recommendations on types of activity that are likely to generate sufficient portfolio evidence, and potential approaches to gather this evidence holistically.

Learning outcome	Recommendations for portfolio evidence	
	Typical type of evidence	**Guidance/detail of evidence**
Learning outcome 1 **Learning outcome 2**	Written evidence	Case study may be contextualised to workplace settings across healthcare and adult social care. Written evidence could include production of a basic worksheet, tables or posters.
Learning outcome 3	Written evidence and assessor observation	Written evidence could include diagrams, posters or leaflets, particularly as evidence of understanding hand washing and the chain of infection. Observation of handwashing can take place either in the workplace or a simulated environment. Assessor observation would benefit from being supported by photographic evidence of the candidate undertaking the practical activity.
Learning outcome 4	Written evidence and assessor observation	Written evidence could include diagrams, posters or leaflets, particularly as evidence of understanding the importance of moving objects safely.

Learning outcome	Recommendations for portfolio evidence	
		Observation of moving objects can take place either in the workplace or in a simulated environment. Assessor observation would benefit from being supported by photographic evidence of the candidate undertaking the practical activity.

Unit 102 Introduction to the healthcare and adult social care sector

Unit level:	1
GLH:	30
Unit aim:	The aim of the unit is to introduce the different services available to individuals* that are designed to meet healthcare and social care needs. Learners will explore the range of jobs that are available and career progression routes in healthcare and adult social care. *refer to the glossary of terms for definition of 'individual
Assessment method:	Portfolio of evidence

Learning outcome 1

Know the range of healthcare and adult social care services available to adults.

The learner can:

1.1 Define healthcare
1.2 Define adult social care
1.3 Explain the **factors** that lead individuals to seek support from health and adult social care services
1.4 List **settings** that individuals can access in healthcare and adult social care services
1.5 Outline **services** that individuals can access in healthcare and adult social care

Range

Factors: physical health needs (illness, injury, age-related health problems, physical and/or learning disabilities), mental health needs (anxiety, depression, stress, schizophrenia, bipolar disorder, emotional trauma, dementia), social care needs (daily living tasks, maintaining independence, housing, safeguarding, community inclusion), crisis situations (changes to existing care arrangements eg where family members are not able to maintain the level of care required, sudden illness/injury, mental health crisis, abuse, neglect, safeguarding risks) prevention and early intervention (health checks, advice on diet, exercise or lifestyle changes, substance misuse).

Settings: community setting (GP surgeries, pharmacies, clinics), hospital settings (hospitals, outpatient clinics), residential settings, supported living.

Services: domiciliary care packages, nursing care, medical support (specific physical conditions), supported living (personal care, housing, education, employment, leisure activities, socialising.

Learning outcome 2

Know the job opportunities in healthcare and adult social care.

The learner can:

2.1 Identify the range of **jobs** within healthcare and adult social care

2.2 List duties undertaken for different job roles within healthcare and adult social care

2.3 State the **responsibilities** of *workers in healthcare and adult social care

2.4 State **routes** to working in healthcare and adult social care

2.5 Identify **routes for progressing** within a career in healthcare and adult social care

Range

Jobs: healthcare jobs (doctor, nurse, occupational therapist, speech and language therapist, physiotherapist, community healthcare support worker, dental nurse, dental hygienist, dentist, pharmacist, pharmacy technician, pharmacy assistant), adult social care jobs (adult care worker, domiciliary care worker, senior care worker, registered manager, trainer and assessor, activities coordinator), ancillary jobs (receptionist, administrator, medical secretary, accounts clerk, cook, kitchen assistant, domestic assistant, cleaner, porter).

Responsibilities: safety, health and wellbeing of the individuals in need or receipt of care, support, guidance or protection, supporting activities, duty of care, candour and confidentiality.

Routes: education, apprenticeships, work-based learning, volunteering, career change.

Routes for progressing: domestic, clinical or community support worker, senior support worker, deputy manager, manager, trainer.

Unit guidance for delivery

Opportunities for efficiencies in delivery across/between units:	The content of this unit draws out underpinning knowledge and understanding of the healthcare and social care sector services. Efficiencies could be found through linking and cross-delivery with **Unit 103** Introduction to working in healthcare and adult social care, **Unit 111** Introduction to exploring reflective practice and other units with theoretical and practical elements such as: • **101** Introduction to health and safety in the workplace • **104** Introduction to effective communication when working in healthcare and adult social care • **105** Introduction to equity, equality, diversity and inclusion • **106** Introduction to safeguarding in healthcare and adult social care • **107** Introduction to gathering of information and information management • **109** Introduction to activities for individuals accessing healthcare and adult social care • **110** Introduction to nutrition and hydration in healthcare and adult social care • **112** Introduction to the use of digital technology in healthcare and adult social care.
Suggestions for formative assessment opportunities, both for knowledge and practical outcomes:	Formative assessment could include conducting a skills scan based on what they find out about the values, knowledge, skills and behaviours of a role in either adult social care or healthcare. Learners can look at job descriptions and identify what they think they can already meet and meet in the future with further learning/experience. The learners can then start to identify what they need to learn more about and how to improve their skills. Written responses to questions, completion of scaffolded worksheets. Visual aids such as illustrations, diagrams and images, allow for annotation or labelling either independently or selecting from an appropriate answer bank.
Opportunities for visits/engagement with local industry and employers:	If the learner is not currently working/volunteering in healthcare or social care, arranging visits, work experience or placements to a range of workplace settings in both healthcare and social care would prove useful. Learners must be given the opportunity to deal with a range of different scenarios/situations.

	It is recommended that where possible, industry visits or seminars are held with local employers in areas such as: • community • care homes • charities • school/college nursing • hospitals.
Ways of ensuring content is delivered in line with current, up to date industry practice:	To ensure the delivery and contextualisation of content is current and up to date it is suggested that industry experts are regularly consulted and teaching staff attend regular CPD sessions. Presentations/seminars from those with lived experience and those working in healthcare and social care can be a powerful learning experience.
Digital initiative considerations:	The learner should be given the opportunity to use a range of technology to research subjects and to build their portfolio of evidence.
Books/reference materials:	Websites: Skills for Health – **Better skills, better jobs and better health – Skills for Health Sector Council** Skills for Care – **Job roles** Social Care Institute for Excellence – **Privacy and dignity in care – SCIE** GOV.UK – **The NHS Constitution for England** This website contains information on principles and values of NHS in England GOV.UK – **'New to care' role category** This document includes references to values, as well as other relevant information about what is expected of workers new to care. A Question of care – **A Question of Care** is a useful resource which gives people thinking about a career in care the opportunity to complete a questionnaire and receive feedback after they have completed it. Skills England – **Adult care worker / Skills England** The apprenticeship standard outlines the knowledge, skills and behaviours expected of an adult care worker. Skills England – **Healthcare support worker / Skills England** This includes expected behaviours of a healthcare support worker, as well as knowledge and skills that the learner must demonstrate to complete the apprenticeship. NHS Professionals – **NHS Staffing Pool Hub – Working in Healthcare – The 6 Cs of care | NHS Professionals**

	NHS Wales Shared Services Partnership – **Values and Standards of Behaviour Framework** Books: Peate, I (2017). *Fundamentals of Care: A textbook for health and social care*. Wiley-Blackwell Rawles, Z (2019). *Essential Knowledge and Skills for Healthcare Assistants and Assistant Practitioners*, 2nd Edition. Routledge.

Assessment guidance

Minimum evidence requirements

Learners must demonstrate and/or present evidence for each assessment criteria within a learning outcome to pass the unit evidence will be subject to EQA sampling.

As a minimum:

For **Learning Outcome 2**, learners must:

- Identify **four** different jobs and the relevant duties for each of the following:
    - healthcare
    - adult social care
    - ancillary jobs.
- Identify **one** route into employment in healthcare **and one** route into employment in adult social care. Learners must identify different routes for each sector.
- Identify **one** progression route in healthcare **and one** progression route in adult social care. Learners must identify different routes for each sector.

Guidance on portfolio evidence for this unit

Evidence may be generated in multiple ways to confirm that the learner meets the requirements of this unit. The table below provides recommendations on types of activity that are likely to generate sufficient portfolio evidence, and potential approaches to gather this evidence holistically.

Learning outcome	Recommendations for portfolio evidence	
	Typical type of evidence	**Guidance/detail of evidence**
Learning outcome 1	Written evidence	Learners could respond to written or oral questions. In both cases, the questions and answers must form part of the learner's evidence within their portfolio. Learners may choose to display their evidence in a table, poster or diagram.
Learning outcome 2	Written evidence	Learners may choose to display their evidence in a table, poster or diagram.

Unit 103 Introduction to working in healthcare and adult social care

Unit level:	1
GLH:	30
Unit aim:	Learners will develop an understanding of the key requirements of workers in healthcare and adult social care. They will develop an awareness of how values, attitudes, skill, knowledge and behaviours contribute to working in a person-centred way. *refer to the glossary of terms for definition of 'individual'
Assessment method:	Portfolio of evidence

Learning outcome 1

Know how values and attitudes can contribute towards working in a person-centred way

The learner can:

1.1 Identify **values** expected of workers in healthcare and adult social care
1.2 Describe **attitudes** required to work in healthcare and adult social care
1.3 Describe working in a **person-centred way**
1.4 State the **importance of relationships** significant to the individual* being supported when working in a person-centred way.

Range

Values: individuality, rights, choice, privacy, independence, dignity, respect, partnership, confidentiality, accountability, fairness and commitment to quality of care.

Attitudes: respect, kindness, inclusiveness, openness, compassion, professionalism, person-centered approach, committed to ethical and legal standards, trust.

Person-centred: respecting individual's choices, preferences and values, putting them at the heart of all decisions and actions in care.

importance of relationships: relationships (family, friends, partners, carers, community groups, pets), importance (provide comfort, reassurance, sense of identity, emotional stability during change or illness, support recovery, provide a source of information about the individual, support better decision making).

Learning outcome 2

Understand the knowledge, skills and behaviours required to work in healthcare and adult social care

The learner can:

2.1 List **areas of knowledge** required to work in healthcare and adult social care
2.2 Describe **skills** required to work in healthcare and adult social care
2.3 Outline how different skills can be applied within the workplace.
2.4 Describe **behaviours** required of workers in healthcare and adult social care.

Range

Areas of knowledge: health and safety, safeguarding adults, equality, human rights, equity, diversity and inclusion, information management, growth and development of adults, provision of activities.

Skills: empathy and sensitivity, discretion, effective communication, good customer service, interpersonal skills, attention to detail, remain calm in stressful situations, working in a team.

Behaviours: professionalism, punctuality, teamwork, good work ethic, continuous development/improvement, personal resilience, maintaining personal wellbeing, working sustainably, environmentally responsible.

Unit guidance for delivery

Opportunities for efficiencies in delivery across/between units:	Efficiencies could be found through linking and cross-delivery with **Unit 102** Introduction to the healthcare and adult social care sector and other units with theoretical and practical elements such as: • **101** Introduction to health and safety in the workplace • **104** Introduction to effective communication when working in healthcare and adult social care • **105** Introduction to equity, equality, diversity and inclusion • **106** Introduction to safeguarding in healthcare and adult social care • **107** Introduction to gathering of information and information management • **108** Introduction to growth and development in adulthood • **109** Introduction to activities for individuals accessing healthcare and adult social care • **110** Introduction to nutrition and hydration in healthcare and adult social care • **111** Introduction to exploring reflective practice • **112** Introduction to the use of digital technology in healthcare and adult social care.
Suggestions for formative assessment opportunities, both for knowledge and practical outcomes:	Formative assessment could include written responses to questions, completion of scaffolded worksheets. Visual aids such as illustrations, diagrams and images allow for annotation or labelling, either independently or selecting from an appropriate answer bank. Simulated work environments for the assessment of practical sessions can be employed.
Opportunities for visits/engagement with local industry and employers:	It is accepted that there will be some formal lectures but for this unit it is recommended that the majority of teaching will be carried out with interactive lessons. Learners must be given the opportunity to deal with a range of different scenarios/situations and practices that reflect current industry practice.
Ways of ensuring content is delivered in line with current, up to date industry practice:	To ensure the delivery and contextualisation of content is current and up to date it is suggested that industry experts are regularly consulted and teaching staff attend regular CPD sessions. Presentations/seminars from those with lived experience and those working in healthcare and social care can be a powerful learning experience.

Digital initiative considerations:	The learner should be given the opportunity to use a range of technology to research subjects and to build their portfolio of evidence.
Books/reference materials:	Websites: GOV.UK – **The NHS Constitution for England** This website contains information on principles and values of NHS in England GOV.UK – **'New to care' role category** This document includes references to values, as well as other relevant information about what is expected of workers new to care. Skills England – **Adult care worker / Skills England** The apprenticeship standard outlines the knowledge, skills and behaviours expected of an adult care worker. Skills England – **Healthcare support worker / Skills England** This includes expected behaviours of a healthcare support worker, as well as knowledge and skills that the learner must demonstrate to complete the apprenticeship. NHS Professionals - **NHS Staffing Pool Hub - Working in Healthcare - The 6 Cs of care | NHS Professionals** NHS Wales Shared Services Partnership – **Values and Standards of Behaviour Framework** NHS UK Careers **– Working in social care | Health Careers** Skills for Health – **Code of Conduct Healthcare Support.pdf** Adult Social care – **Care Worker – Job Roles | Everyday is Different** Social Care Institute for Excellence – **Privacy and dignity in care – SCIE** Books: Peate, I (2017). *Fundamentals of Care: A textbook for health and social care*. Wiley-Blackwell Rawles, Z (2019). *Essential Knowledge and Skills for Healthcare Assistants and Assistant Practitioners*, 2nd Edition. Routledge.

Assessment guidance

Minimum evidence requirements

Learners must demonstrate and/or present evidence for each assessment criteria within a learning outcome to pass the unit evidence will be subject to EQA sampling.

For **Learning outcome 2**, learners must outline how a minimum of **two** skills can be applied within the workplace.

Guidance on portfolio evidence for this unit

Evidence may be generated in multiple ways to confirm that the learner meets the requirements of this unit. The table below provides recommendations on types of activity that are likely to generate sufficient portfolio evidence, and potential approaches to gather this evidence holistically.

Learning outcome	Recommendations for portfolio evidence	
	Typical type of evidence	**Guidance/detail of evidence**
Learning outcome 1	Written evidence	Case study/assignment may be contextualised to reflect working practice in healthcare and adult social care. Written evidence could include production of a poster identifying the ideal values and attitudes expected from a healthcare or adult care worker. LOs 1 and 2 may be assessed holistically.
Learning outcome 2	Written evidence	The learner may describe knowledge and behaviours aligned with different roles and give examples of how skills are applied within the workplace. This outcome also links to skills and attitudes required when communicating effectively in the different roles. LOs 1 and 2 may be assessed holistically.

Unit 104 Introduction to effective communication when working in healthcare and adult social care

Unit level:	1
GLH:	30
Unit aim:	The purpose of this unit is to give learners an introduction to knowledge and understanding of communication in healthcare and adult social care. They will begin to develop essential verbal and non-verbal communication skills required to carry out effective communication and meet the needs of individuals*. *refer to the glossary of terms for definition of 'individual'
Assessment method:	Portfolio of evidence

Learning outcome 1

Know how to communicate with individuals when working in healthcare and adult social care

The learner can:

1.1 State the **importance of working with the individual** to identify their communication needs
1.2 State the **additional sources** used to identify an individual's communication needs
1.3 List **types** of communication
1.4 Give examples of **methods** of effective communication for each type of communication.
1.5 List the **communication skills** required when working in healthcare and adult social care

Range

Importance of working with the individual: ensures individual's rights are considered (in relation to choice, personal preference, language requirements), informs decisions based on individual's values and needs.

Additional sources: records, care plan, family, colleague, interpreter.

Types: verbal, non-verbal, digital technology, assistive technology.

Methods: verbal (speaking clearly, short sentences), non-verbal (text, pictures), digital technology (tablets, email), assistive technology (speech generating devices, eye gaze, tablet-based Apps, hearing aids).

Communication skills: active listening, body language, tone, empathy and respect.

Learning outcome 2

Know the importance of meeting the communication needs of individuals

The learner can:

2.1 State the **importance of effective communication for the individual**
2.2 State the **importance of effective communication for the worker**
2.3 State the **importance of effective communication for the organisation**
2.4 Describe the **types of barriers** to effective communication
2.5 List ways of **reducing barriers** to effective communication

Range

Importance of effective communication: for individual (fully informed and understands when the communication needs are met), for worker (understands requirements to inform decisions and planning), organisation (efficient and effective communication, better teamwork).

Types of barriers: environmental (background noise), language (English not primary language), physical (disability, sensory loss or impairment), cultural differences (not able to speak with males/females, personal space), social (lacking confidence or self-esteem), emotional (fear, anger), psychological (poor mental health, lack of trust).

Reducing barriers: person-centred communication (prioritise individual's needs, preferences and feelings), appropriate method of communication, suitable location free from distractions, culturally competent communication, adjusting tone and pace, speaking slowly and clearly, use of an interpreter, use of visual aids.

Learning outcome 3

Carry out effective communication in healthcare and adult social care

The learner is able to:

3.1 **Prepare** to communicate with an individual in accordance with a care plan
3.2 Select appropriate type and method of communication in accordance with a care plan
3.3 Communicate effectively with individuals

Range

Prepare: review care plan, visual check of environment as appropriate, check equipment or resources as appropriate.

Unit guidance for delivery

Opportunities for efficiencies in delivery across/between units:	The content of this unit draws out underpinning knowledge and understanding of communication across the healthcare and adult social care sector. Efficiencies could be found through linking and cross-delivery with all units in this qualification.
Suggestions for formative assessment opportunities, both for knowledge and practical outcomes:	Formative assessment could include written responses to questions, completion of scaffolded worksheets. Visual aids such as illustrations, diagrams and images allow for annotation or labelling either independently or selecting from an appropriate answer bank. Simulated work environments for the assessment of practical sessions can be employed.
Opportunities for visits/engagement with local industry and employers:	It is accepted that there will be some formal lectures, but for this unit it is recommended that the majority of teaching will be carried out with interactive lessons in a real or simulated work environment. It is recommended where possible, that industry visits or seminars are held with local employers in areas such as: • community • care homes • charities • school/college nursing • hospitals. Learners must be given the opportunity to deal with a range of different scenarios/situations and a range of practice areas (community, care homes, hospitals) in current industry practice.
Ways of ensuring content is delivered in line with current, up to date industry practice:	To ensure the delivery and contextualisation of content is current and up to date it is suggested that industry experts are regularly consulted and teaching staff attend regular CPD sessions. Presentations/seminars from those with lived experience and those working in healthcare and social care can be a powerful learning experience.
Digital initiative considerations:	The learner should be given the opportunity to use a range of technology to research subjects and to build their portfolio of evidence.
Books/reference materials:	Websites: Social Care Institute for Excellence – **Dignity: Information and good communication – SCIE**

	NHS UK – **How to care for someone with communication difficulties – Social care and support guide – NHS** The Health and Care and Professions Council – **Communication | The HCPC** AGE UK – **Communication** Care Inspectorate – **New communication tools available for care homes for older people and care at home services** Nurse Group Homecare Communication Strategies – **Top Effective communication strategies - Disability care - UK** Skills For Care – **Standard 6** Communication – **www.makaton.org** Sense.Org.UK – **Communication aids and augmentative and alternative communication (AAC) – Sense** Books: Ali, M (2017). *How to Communicate Effectively in Health and Social Care*. Pavilion Publishing and Media. Moss, B (2020). *Communication Skills in Nursing, Health and Social Care*, 5th Edition. Sage Publishing Ltd. Norman, K (2019). *Communication Skills: For Nursing and Healthcare Students*. Lantern Publishing.

Assessment guidance

Minimum evidence requirements

Learners must demonstrate and/or present evidence for each assessment criteria within a learning outcome to pass the unit, evidence will be subject to EQA sampling.

For **Learning outcome 2** learners must describe each of the seven types of barrier giving **one** example for each of the types: environmental, language, physical, cultural differences, social, emotional, psychological.

For **Learning outcome 3** learners must demonstrate in a simulated environment, **two** types of communication on **two** separate occasions with individuals with differing needs in accordance with centre produced simulated care plans.

Guidance on portfolio evidence for this unit

Evidence may be generated in multiple ways to confirm that the learner meets the requirements of this unit. The table below provides recommendations on types of activity that

are likely to generate sufficient portfolio evidence, and potential approaches to gather this evidence holistically.

Learning outcome	Recommendations for portfolio evidence	
	Typical type of evidence	**Guidance/detail of evidence**
Learning outcome 1	Written evidence	Poster presentation and/or Case study to include different types of communications. Written evidence could include production of a basic report, record of communication.
Learning outcome 2	Written evidence	Case study may be contextualised to different individual communication needs, a group/individual discussion – this may include barrier to communication.
Learning outcome 3	Assessor observation	Observation of practice of communication in a simulated healthcare or adult social care environment. A range of centre provided case studies and simulated care plans would support the delivery of this learning outcome. Assessor observation would benefit by being supported by written evidence (where appropriate) about the choice of communication aligned with individual's needs.

Unit 105 Introduction to equity, equality, diversity and inclusion

Unit level:	1
GLH:	30
Unit aim:	The aim of this unit is to introduce the learner to legislation and codes of practice relating to equity, equality, diversity and inclusion. It helps learners understand the importance of equity, equality, diversity and inclusion. Learners will gain an understanding of how individuals* can be discriminated against. *refer to the glossary of terms for definition of 'individual'
Assessment method:	Portfolio of evidence

Learning outcome 1

Know the terms equity, equality, diversity and inclusion when applied in the healthcare and adult social care sector.

The learner can:

1.1 Describe **equity** in relation to working in healthcare and adult social care
1.2 Describe **equality** in relation to working in healthcare and adult social care
1.3 Describe **diversity** in relation to working healthcare and adult social care
1.4 Describe **inclusion** in relation to working in healthcare and adult social care

Learning outcome 2

Know the importance of equity, equality, diversity and inclusion

The learner can:

2.1 Outline **legislation** and **codes of practice** that apply in the workplace to support equity, equality, diversity and inclusion
2.2 State the **consequences** of not adhering to relevant legislation and codes of practice
2.3 List the **protected characteristics**
2.4 Define **discrimination**
2.5 Identify **types** of discrimination with examples of each type

Range

Legislation: Equality Act, Human Rights Act.

Codes of practice: code of conduct for healthcare support workers and adult social care workers (relevant to nation), code of practice for service providers (relevant to nation).

Consequences: disciplinaries, prosecution, fines, bad reputation, unsafe practices.

Protected characteristics: nine characteristics as identified by the Equality Act 2010.

Discrimination: refers to the unjust or prejudicial treatment of different categories of people, especially on the grounds of race, age, sex, disability, sexual orientation, or religion.

Types of discrimination: direct and indirect.

Unit guidance for delivery

Opportunities for efficiencies in delivery across/between units:	Due to the nature of this unit, there are strong links to learning outcomes from other units. Therefore, this unit would be suited to being delivered and assessed alongside all units in this qualification.
Suggestions for formative assessment opportunities, both for knowledge and practical outcomes:	Formative assessment could include written responses to questions, completion of scaffolded worksheets. Visual aids such as illustrations, diagrams and images allow for annotation or labelling either independently or selecting from an appropriate answer bank.
Opportunities for visits/engagement with local industry and employers:	It is recommended where possible, that industry visits or seminars are held with local employers in areas such as: • community • care homes • charities • school/college nursing • hospitals. Visiting speakers from local employers will give learners the opportunity to ask questions and help to provide context to their learning. These could include a service manager, representative from a charity that supports individuals, or an officer from the Care Quality Commission (CQC), or Local Authority.
Ways of ensuring content is delivered in line with current, up to date industry practice:	To ensure the delivery and contextualisation of content is current and up to date it is suggested that industry experts are regularly consulted and teaching staff attend regular CPD sessions. Presentations/seminars from those with lived experience and those working in healthcare and social care can be a powerful learning experience.
Digital initiative considerations:	The learner should be given the opportunity to use a range of technology to research subjects and to build their portfolio of evidence.
Books/reference materials:	Websites: GOV.UK – **Equality and diversity – Department of Health and Social Care – GOV.UK** Care Inspectorate – **Equality and diversity** Equality Human Rights – **Homepage | EHRC**

	NHS Service Manual – **Ethnicity, religion and nationality – NHS digital service manual** Skills for Care – **Code of Conduct** Social Care Institute for Excellence – **Human rights, choice and control in care planning – SCIE** Social Care Institute for Excellence – **Deprivation of Liberty Safeguards (DoLS) at a glance – SCIE** Books: Imtiaz-Umer, S & Frain, J (Eds) (2023). *ABC of Equality, Diversity and Inclusion in Healthcare.* Wiley-Blackwell. Thompson, N (2017). *Promoting Equality: Working with diversity and difference*. Bloomsbury Academic.

Assessment guidance

Minimum evidence requirements

Learners must demonstrate and/or present evidence for each assessment criteria within a learning outcome to pass the unit, evidence will be subject to EQA sampling.

As a minimum:
For **Learning Outcome 2,** the learner must identify at least **three** examples for both direct **and** indirect discrimination.

Guidance on portfolio evidence for this unit

Due to the nature of this unit evidence can be gathered holistically alongside all other units in this qualification. Evidence may be generated in multiple ways to confirm that the learner meets the requirements of this unit. The table below provides recommendations on types of activity that are likely to generate sufficient portfolio evidence, and potential approaches to gather this evidence holistically.

Learning outcome	Recommendations for portfolio evidence	
	Typical type of evidence	**Guidance/detail of evidence.**
Learning outcome 1	Written evidence	Written evidence could include diagrams, leaflets or posters.
Learning outcome 2	Written evidence	Case study could be contextualised to workplace settings across healthcare and adult social care and to those individuals who access these services. Written evidence could also include diagrams, leaflets or posters.

Unit 106 Introduction to safeguarding in healthcare and adult social care

Unit level:	1
GLH:	30
Unit aim:	In this unit learners will develop an understanding of the principles of adult safeguarding, including how to identify potential abuse. They will have an awareness of the responsibilities of healthcare and adult social care workers relating to the reporting of potential or actual abuse. Learners will explore sources of support for individuals*, carers, families and organisations including relevant legislation. *refer to the glossary of terms for definition of 'individual'
Assessment method:	Portfolio of evidence

Learning outcome 1

Understand safeguarding in healthcare and adult social care

The learner can:

1.1 Describe the terms:
- adult safeguarding
- adult at risk
- harm

1.2 State **different types of abuse**

1.3 Identify **signs** of possible abuse

1.4 Define the terms:
- whistleblowing
- duty of care
- duty of candour
- freedom of speech
- confidentiality

1.5 Identify **sources of guidance** for **safeguarding** and **protection**

Range

Types of abuse: physical abuse, domestic abuse (including coercive control), sexual abuse, psychological abuse, financial/material abuse, modern slavery, discriminatory abuse, organisational abuse, neglect/acts of omission, self-neglect, radicalisation, cuckooing, catfishing.

Signs of possible abuse: physical, emotional, behavioural.

Guidance for safeguarding: individuals, families, carers (Local Authority, charities, NHS website, Victim Support, Refuge), for workers and workplace (workplace procedures, management, Local Authority (Social Services), CQC).

Guidance for protection: individuals, families, carers, worker, workplace (any of the above and NHS Services, Police, CQC, NHS website and services, local carers associations, Carers UK, Carers Trust).

Learning outcome 2

Know how to respond to suspected or disclosed abuse

The learner can:

2.1 Describe how healthcare and adult social care workers **respond** to signs and symptoms of possible abuse.

2.2 State **reasons why information must be shared** about potential or actual abuse

Range

Respond: follow local procedure, report observations to supervisor or designated safeguarding lead.

Reasons why information must be shared: for escalation, audit trail, support investigations, inform authorities, to inform significant others (family, carer, colleagues).

Learning outcome 3

Know the importance of legislation and sources of support that protect individuals from harm and abuse

The learner can:

3.1 Identify **legislation** which relates to safeguarding adults

3.2 State the **consequences** of not adhering to legislation

3.3 Identify **sources of support** when assisting individuals with safeguarding

Range

Legislation: Care Act (or equivalent Social Services and Well-being (Wales) Act), Health and Safety at Work Act, Data Protection Act, Equality Act, Human Rights Act.

Consequences: disciplinaries, prosecution, fines, bad reputation, unsafe practices.

Sources of support: individuals, families, carers (Local Authority, charities, NHS services, Victim Support, Refuge, police services, CQC, local carers associations, Carers UK, Carers Trust), for workers and workplace (workplace procedures, protocols, legislation, management, Local Authority (Social Services), CQC).

Unit guidance for delivery

Opportunities for efficiencies in delivery across/between units:	Efficiencies could be found through linking and cross-delivery with other units with theoretical and practical elements such as: • **101** Introduction to health and safety in the workplace • **102** Introduction to the healthcare and adult social care sector • **103** Introduction to working in healthcare and adult social care • **105** Introduction to equity, equality, diversity and inclusion • **106** Introduction to safeguarding in healthcare and adult social care • **107** Introduction to gathering of information and information management • **109** Introduction to activities for individuals accessing healthcare and adult social care • **112** Introduction to the use of digital technology in healthcare and adult social care.
Suggestions for formative assessment opportunities, both for knowledge and practical outcomes:	Formative assessment could include written responses to questions, completion of scaffolded worksheets. Visual aids such as illustrations, diagrams and images allow for annotation or labelling either independently or selecting from an appropriate answer bank.
Opportunities for visits/engagement with local industry and employers:	It is recommended where possible, that industry visits or seminars are held with local employers in areas such as: • community • care homes • charities • school/college nursing • hospitals. Visiting speakers from local employers will give learners the opportunity to ask questions and help to provide context to their learning. These could include a service manager, representative from a charity that supports individuals, or an officer from the CQC, or Local Authority.
Ways of ensuring content is delivered in line with current, up to date industry practice:	To ensure the delivery and contextualisation of content is current and up to date it is suggested that industry experts are regularly consulted and teaching staff attend regular CPD sessions.

	Presentations/seminars from those with lived experience and those working in healthcare and social care can be a powerful learning experience. Learners should read and discuss the centre safeguarding policy and procedure. Using summaries from actual case reviews can be used to provide opportunities for learners to explore real life situations. A library of recent reports can be found at this web link **nationalnetwork.org.uk/search.html** Case studies relating to safeguarding or failures in care of children and young people under the age of 18 are not to be used. It is recommended that tutors are advised to review relevant reports and summarise the findings, lessons learnt and recommendations/actions taken. These summaries could form a basis for discussions and case studies. Tutors are advised to follow centre guidance and policies on delivering sensitive topics such as safeguarding, for example, having more than one tutor available and showing sensitivity to any learner(s) becoming emotional or distressed during content delivery or assessment.
Digital initiative considerations:	The learner should be given the opportunity to use a range of technology to research subjects and to build their portfolio of evidence.
Books/reference materials:	Websites: NHS England – **NHS England » About NHS England Safeguarding** Care Quality Commission – **Safeguarding people – Care Quality Commission** Care Quality Commission – **What to expect from a good care service – Care Quality Commission** Skills for Health – **Why is safeguarding so important in health care? | Skills for Health** Local Government Association – **Safeguarding adults: roles and responsibilities in health and care services | Local Government Association** Local Government Association – **https://www.local.gov.uk/our-support/partners-care-and-health**

	Social Care Institute for Excellence – **Risk assessment process and key points to risk identification in virtual interactions – SCIE** Skills for Health – **Code of Conduct Healthcare Support.pdf** This Code of Conduct covers healthcare and adult social care workers. Books: Keeling, J & Goosey, D (2021). *Safeguarding Across the Life Span*. SAGE: London. Spreadbury, K & Hubbard, R (2020). *The Adult Safeguarding Practice Pandbook*. Policy Press: Bristol. Starns, B (2019). *Safeguarding Adults Together Under the Care Act 2014: A multi-agency practice guide*. Critical Publishing: St Albans.

Assessment guidance

Minimum evidence requirements

Learners must demonstrate and/or present evidence for each assessment criteria within a learning outcome to pass the unit, evidence will be subject to EQA sampling.

As a minimum:
For **Learning outcome 2**, learners must identify **three** reasons why information must be shared.

Guidance on portfolio evidence for this unit

Evidence may be generated in multiple ways to confirm that the learner meets the requirements of this unit. The table below provides recommendations on types of activity that are likely to generate sufficient portfolio evidence, and potential approaches to gather this evidence holistically.

Learning outcome	Recommendations for portfolio evidence	
	Typical type of evidence	**Guidance/detail of evidence**
Learning outcome 1	Written evidence	A guide for a new staff member on how to recognise signs of abuse or neglect. Questions and Answers. Case study-based questions and answers.
Learning outcome 2	Written evidence	Flow chart or diagrams based on samples of workplace safeguarding procedures to show how report concerns and to whom.
Learning outcome 3	Written evidence	Presentations followed by assessor's questions on the content.

Unit 107 Introduction to gathering of information and information management

Unit level:	1
GLH:	30
Unit aim:	This unit introduces learners to the importance of adhering to legislation and regulation associated with the gathering and management of information within the healthcare and adult social care sector. They will develop knowledge of the purpose of record keeping and secure record storage as well as how stored information can inform their work. *refer to the glossary of terms for definition of 'individual'
Assessment method:	Portfolio of evidence

Learning outcome 1

Know legislation and regulation associated with the gathering and managing of individuals'* information.

The learner can:

1.1 Identify **legislation** and **regulations** that must be adhered to when gathering and managing information

1.2 State the **consequences** of not adhering to relevant legislation and regulation

Range

Legislation: Data Protection Act (incorporates UK GDPR), The Data (Use and Access) Act

Regulations: CQC (Regulations 9, 11, 12, 13, 17), NHS Confidentiality Rules 2022, The Caldicott Principles (non-statutory nationally recognised guidelines), codes of conduct as appropriate to the nation and area of work

Consequences: prosecution, monetary penalty, wrong service user receiving the wrong treatment or the wrong information, disciplinaries, damaged reputation.

Learning outcome 2

Know the impact of gathering individuals' information on delivery of care

The learner can:

2.1 Identify **types of health and care information** gathered
2.2 Identify **methods** of gathering information
2.3 State the **impact on delivery of care** of having access to stored information on individuals

Range

Types of health and care information: electronic health records (EHRs), care plans, assessments and treatment histories.

Methods: face to face, electronics, via the telephone, or via internet and intranet.

Impact on delivery of care: the individual has the correct information, care, times and dates of appointments with healthcare staff.

Learning outcome 3

Know the importance of record keeping in adult social care settings.

The learner can:

3.1 List the **purpose** of record keeping in healthcare and adult social care settings
3.2 Give examples of types of **recording systems** used in health and adult social care settings

Range

Purpose: legal requirements, auditing, accountability, sharing of information.

Recording systems: electronic (EHP, mobile Apps, care management software), manual (paper-based care plans, logbooks, incident and accident report forms, medication administration record sheets).

Learning outcome 4

Know how to protect individuals' records and information.

The learner can:

4.1 Describe the **protocols** in place to protect individuals' records and information

4.2 Describe **types of security measures** that protect individuals' records and information

Range

Protocols: apply to all forms of health and care information (electronic, paper, images), define roles and responsibilities and levels of authority for access and data handling, allow audit trails, inform staff training and reporting procedures.

Types of security measures: administrative (workforce training on data security and privacy, reporting breaches), physical (ID badges, locks, CCTV, not discussing the service user outside the working environment), technical (role based access control, password protected documents, multifactor authentication).

Unit guidance for delivery

Opportunities for efficiencies in delivery across/between units:	Learning Outcomes 2 and 3 from this unit can be delivered and assessed holistically. The content of this unit focuses on gathering and managing information across the healthcare and adult social care sector. Efficiencies could be found through linking and cross-delivery with **Unit 112** Introduction to the use of digital technology in healthcare and adult social care as well as some practical and theoretical elements in all other units.
Suggestions for formative assessment opportunities, both for knowledge and practical outcomes:	Formative assessment could include written responses to questions, completion of scaffolded worksheets. Visual aids such as illustrations, diagrams and images allow for annotation or labelling either independently or selecting from an appropriate answer bank. Simulated work environments for the assessment of practical sessions can be employed.
Opportunities for visits/engagement with local industry and employers:	It is accepted that there will be some formal lectures but for this unit it is recommended that the majority of teaching will be carried out with interactive lessons in a real or simulated work environment. It is recommended where possible, that industry visits or seminars are held with local employers in areas such as: • community • care homes • charities • school/college nursing • hospitals. Learners must be given the opportunity to deal with a range of different scenarios/situations and a range of practice areas (community, care home/hospitals) in current industry practice.
Ways of ensuring content is delivered in line with current, up to date industry practice:	To ensure the delivery and contextualisation of content is current and up to date it is suggested that industry experts are regularly consulted and teaching staff attend regular CPD sessions. Presentations/seminars from those with lived experience and those working in healthcare and social care should be encouraged to provide interesting and new information and ideas.
Digital initiative considerations:	The learner should be given the opportunity to use of a range of technology to research subjects and to build their portfolio of evidence.

Books/reference materials:	Websites: GOV. UK – **Data protection: The UK's data protection legislation** Social Care Institute for Excellence – **Safeguarding adults: sharing information** Social Care Institute for Excellence – **Dignity: Information and good communication** Skills for Care – **Providing information** NHS England Digital – **Understanding the health and care information we collect** NHS England Digital – **A Guide to Confidentiality in Health and Social Care** NHS England – High quality patient records **Information security | ICO** Books: Frank, PC (2025). *Records and Information Management*. Facet Publishing. Scammell, A (Ed) (2021). *Handbook of Information Management.* Routledge.

Assessment guidance

Minimum evidence requirements

Learners must demonstrate and/or present evidence for each assessment criteria within a learning outcome to pass the unit, evidence will be subject to EQA sampling.

As a minimum:

For Learning outcome 2 the learner must describe the three types of security measures giving **two** examples of each type.

Guidance on portfolio evidence for this unit

Evidence may be generated in multiple ways to confirm that the learner meets the requirements of this unit. The table below provides recommendations on types of activity that are likely to generate sufficient portfolio evidence, and potential approaches to gather this evidence holistically.

Learning outcome	Recommendations for portfolio evidence	
	Typical type of evidence	**Guidance/detail of evidence**
Learning outcome 1	Written evidence	Case study may be contextualised to include possible scenarios in the workplace. Written evidence could include examples of situations in the health/care setting associated with the gathering and managing of individuals' information.
Learning outcome 2	Written evidence	Case study may be contextualised to include possible scenarios in the workplace. Written evidence in the form of a flow chart, diagram or table showing types of health and care information gathered, methods of gathering information, and the impact on the delivery of care. Learning Outcomes 2 and 3 can be assessed holistically.
Learning outcome 3	Written evidence	The learner could create a table showing the purpose of record keeping and then give examples of types of recording systems

Learning outcome	Recommendations for portfolio evidence	
		applied in different healthcare and social care settings Learning Outcomes 2 and 3 can be assessed holistically.
Learning outcome 4	Written evidence	The learner could identify in written format the security measures that protect individuals records and information, applying this to both digital (**Unit 112**) and paper records.

Unit 108 Introduction to growth and development in adulthood

Unit level:	1
GLH:	30
Unit aim:	This unit introduces the main stages and patterns of growth (throughout adulthood) across the human lifespan. Learners will explore factors and events in the lives of individuals* which may affect their growth and development. *refer to the glossary of terms for definition of 'individual'
Assessment method:	Portfolio of evidence

Learning outcome 1

Know the stages of growth and development of adults

The learner can:

1.1 State the **adult life stages**

1.2 Identify **indicators of growth**

1.3 List **indicators of development**

Range

Adult life Stages: early adulthood 18–40, Middle adulthood 40–65, later adulthood 65+.

Growth indictors: height and weight, measurable body mass index (BMI).

Development indicators: physical, (gross motor and fine motor skills, life expectancy), emotional (quality of mental health age), education (expected and mean years of schooling), social (living standards, employment, income), genetic (inherited conditions/diseases).

Learning outcome 2

Know how factors impact growth and development

The learner can:

2.1 List **factors** that have a **positive impact on growth and development**

2.2 List **factors** that have a **negative impact on growth and development**

Range

Factors that have a positive impact on growth: balanced diet, exercise, hydration with clean and safe water, immunisation, environment (clean air), genetic advantage.

Factors that have a negative impact on growth: poor diet, unclean water, lack of ability, facilities to exercise, polluted environment, no access to immunisation, genetic disorder.

Factors that have a positive impact on development: environmental (safe, secure, comfortable living conditions and housing), physical (access to outdoors/gardens), social (access to facilities, ability to mix with other peers/family) and psychological (freedom from abuse), education (access to literacy, libraries, online learning), good financial outcomes and support.

Factors that have a negative impact on development: environmental (unsafe or insecure, poor living conditions, homelessness), psychological (abuse, loneliness, poor family outcomes, unresolved psychological trauma), education (no access to libraries, online learning or literacy), limited financial support, onset of chronic illness.

Learning outcome 3

Understand how neurodiversity may affect growth and development.

The learner can:

3.1 Define **neurodiversity**

3.2 Describe **forms of neurodivergence**

3.3 Identify **the impact of neurodiversity** on an individual's growth and development

Range

Definition: an individual whose brain processes information, learns, and/or behaves differently from what is considered typical or neurotypical.

Forms of neurodivergence: attention deficit hyperactivity disorder (ADHD), autism, dyslexia, dyspraxia, and dyscalculia, dysgraphia. Other less known: epilepsy, Tourette syndrome, synaesthesia.

The impact of neurodiversity: communication, capacity, sensory ability, learning ability.

Unit guidance for delivery

Opportunities for efficiencies in delivery across/between units:	Efficiencies could be found through linking and cross-delivery with: **Unit 110** Introduction to nutrition and hydration and other units with theoretical and practical elements such as: • **101** Introduction to health and safety in the workplace • **103** Introduction to working in healthcare and adult social care • **104** Introduction to effective communication when working in healthcare and adult social care • **105** Introduction to equity, equality, diversity and inclusion • **106** Introduction to safeguarding in healthcare and adult social care • **107** Introduction to gathering of information and information management • **109** Introduction to activities for individuals accessing healthcare and adult social care.
Suggestions for formative assessment opportunities, both for knowledge and practical outcomes:	Formative assessment could include written responses to questions, completion of scaffolded worksheets. Visual aids such as illustrations, diagrams and images allow for annotation or labelling either independently or selecting from an appropriate answer bank.
Opportunities for visits/engagement with local industry and employers:	It is accepted that there will be some formal lectures but for this unit it is recommended that the majority of teaching will be carried out with interactive lessons in a real or simulated work environment. It is recommended where possible, that industry visits or seminars are held with local employers in areas such as: • community • care homes • charities • school/college nursing • hospitals. • Learners must be given the opportunity to deal with a range of different scenarios/situations and a range of practice areas (community, care home/hospitals) in current industry practice.
Ways of ensuring content is delivered in line with current, up to date industry practice:	To ensure the delivery and contextualisation of content is current and up to date it is suggested that industry experts are regularly consulted and teaching staff attend regular CPD sessions.

	Presentations/seminars from those with lived experience and those working in healthcare and social care can be a powerful learning experience.
Digital initiative considerations:	The learner should be given the opportunity to use a range of technology to research subjects and to build their portfolio of evidence.
Books/reference materials:	Websites: NHS. UK – **Disabilities and conditions – NHS digital service manual** Office for National Statistics – **Milestones: journeying into adulthood – Office for National Statistics** Office for National Statistics – **Milestones: journeying through adulthood – Office for National Statistics** Lumen – Lifespan Development – **Periods of Human Development | Lifespan Development** Books: Beckett, C & Taylor, H (2024). *Human Growth and Development,* 5th Edition. Sage Publishing Ltd. Hicks Patrick, J, Hayslip Jr, B & Hollis-Sawyer, L (2025). *Adult Development and Aging, Growth, Longevity, and Challenges*. Sage Publishing Ltd. Parks, J & Crabtree, SA (Eds) (2020). *Human Growth and Development in Adults.* Bristol University Press.

Assessment guidance

Minimum evidence requirements

Learners must demonstrate and/or present evidence for each assessment criteria within a learning outcome to pass the unit, evidence will be subject to EQA sampling.

As a minimum:

- **Learning outcome 3** the learner must describe **three** forms of neurodivergence.

Guidance on portfolio evidence for this unit

Evidence may be generated in multiple ways to confirm that the learner meets the requirements of this unit. The table below provides recommendations on types of activity that are likely to generate sufficient portfolio evidence, and potential approaches to gather this evidence holistically.

Learning outcome	Recommendations for portfolio evidence	
	Typical type of evidence	**Guidance/detail of evidence**
Learning outcome 1	Written evidence	Case study and poster presentation (in groups or individually).
Learning outcome 2	Written evidence	Written question and answers and/or discussion, voice recorded with the assessor/tutor.
Learning outcome 3	Written evidence	Case study for at least three neurodivergent forms.

Unit 109 Introduction to activities for individuals accessing healthcare and adult social care

Unit level:	1
GLH:	30
Unit aim:	The aim of the unit is to introduce the learner to the benefits of activities for individuals* accessing healthcare and adult social care. The learner will know the factors that need to be considered when offering activities, particularly the workplace constraints in healthcare and adult social care. *refer to the glossary of terms for definition of 'individual'
Assessment method:	Portfolio of evidence

Learning outcome 1

Know the types of activities available for individuals accessing healthcare and adult social care.

The learner can:

1.1 Describe types of **activities** available for individuals accessing healthcare and adult social care.

1.2 Identify different **venues** where activities can take place

Range

Activities: social, mental and physical activities carried out in groups or by the individual alone.

Venues: religious venues (churches, synagogues), leisure centres, community centres, cafes.

Learning outcome 2

Understand the benefits of participating in activities.

The learner can:

2.1 Describe the **benefits** of participating in activities for:

- the individual
- the worker

2.2 Explain the **factors** that need to be considered when selecting activities

Range

Benefits for the individual: mental health and wellbeing (boosts self-esteem, provides a sense of belonging and purpose, reduces loneliness, promotes communication with others. improves cognitive abilities), physical health (enhances muscle strength, joint flexibility and mobility, reduces risk of falls and can ease pain), social connection (supports the development of relationships with others, maintains connection with communities), emotional support (provides opportunity to talk about feelings, reminisce, share experiences, worries or sadness), inclusion (ensures that everyone feels valued and included regardless of ability or background).

Benefits for the worker: promotes better understanding of the individuals being supported, greater engagement, improves job satisfaction, improves worker morale.

Factors: health and safety constraints, workplace setting, suitable environment for the activity, cost, time constraints, staffing, support required, individual preferences and interests, individual mental and physical abilities, individual communication needs.

Unit guidance for delivery

Opportunities for efficiencies in delivery across/between units:	Efficiencies could be found through linking and cross-delivery with **Unit 101** Introduction to health and safety in the workplace and to **Unit 104** Introduction to effective communication when working in healthcare and adult social care. Holistic delivery is encouraged across units with practical and theoretical elements such as: • **102** Introduction to the healthcare and adult social care sector • **103** Introduction to working in healthcare and adult social care • **105** Introduction to equity, equality, diversity and inclusion • **106** Introduction to safeguarding in healthcare and adult social care • **107** Introduction to gathering of information and information management • **108** Introduction to growth and development in adulthood • **111** Introduction to exploring reflective practice.
Suggestions for formative assessment opportunities, both for knowledge and practical outcomes:	Formative assessment could include written responses to questions, completion of scaffolded worksheets. Visual aids such as illustrations, diagrams and images allow for annotation or labelling either independently or selecting from an appropriate answer bank. Simulated work environments for the assessment of practical sessions can be employed.
Opportunities for visits/engagement with local industry and employers:	It is accepted that there will be some formal lectures but for this unit it is recommended that the majority of teaching will be carried out with interactive lessons in a real or simulated work environment. It is recommended where possible, that industry visits or seminars are held with local employers in areas such as: • community • care homes • charities • school/college nursing • hospitals. Learners must be given the opportunity to deal with a range of different scenarios/situations and a range of practice areas (community, care home/hospitals) in current industry practice.
Ways of ensuring content is delivered in	To ensure the delivery and contextualisation of content is current and up to date it is suggested that industry experts are regularly consulted and teaching staff attend regular CPD sessions.

line with current, up to date industry practice:	Presentations/seminars from those with lived experience and those working in healthcare and social care can be a powerful learning experience.
Digital initiative considerations:	The learner should be given the opportunity to use a range of technology to research subjects and to build their portfolio of evidence.
Books/reference materials:	Websites: Social Care Institute for Excellence – **Dignity: Information and good communication** Stroke Association – **communication_passport.pdf** NHS. UK – **5 steps to mental wellbeing** Skills for Care – **Activity provision** Care Learning – **Meaningful Activities in Care Homes with Examples – Care Learning** Skills for Care – **What is meaningful activity and why is it so important?** Skills for Care – **Making activity count** NHS.UK – **Benefits of exercise – NHS** Alzheimer's Society – **Activity ideas for people with dementia | Alzheimer's Society** Sense Disability Charity – **Leisure activities and days out for disabled people – Sense** MENCAP Charity – **ELDSA easy read v1.pdf** People First – **Activities for people with learning disabilities**

Assessment guidance

Minimum evidence requirements

Learners must demonstrate and/or present evidence for each assessment criteria within a learning outcome to pass the unit, evidence will be subject to EQA sampling.

As a minimum:

- For **Learning outcome 1** learners must describe all **five types** of activities in healthcare and adult social care settings giving **one** example for each type.
- For **Learning outcome 2** learners must describe at least **one** benefit to the individual from each of the **five** categories:
  - mental health and wellbeing
  - physical health
  - social connections
  - emotional support
  - inclusion.

Guidance on portfolio evidence for this unit

Evidence may be generated in multiple ways to confirm that the learner meets the requirements of this unit. The table below provides recommendations on types of activity that are likely to generate sufficient portfolio evidence, and potential approaches to gather this evidence holistically.

Learning outcome	Recommendations for portfolio evidence	
	Typical type of evidence	**Guidance/detail of evidence**
Learning outcome 1	Written evidence	Case study may be contextualised to workplace settings across healthcare and adult social care. Written evidence could include planning an activity to meet the needs of an individual with reference to a centre produced simulated care plan or case study. This evidence could link particularly well with Unit 111 Introduction to exploring reflective practice for personal growth, career development, and mental wellbeing.
Learning outcome 2	Written evidence	Case study may be contextualised to workplace settings across healthcare and adult social care. Written evidence could include production of a basic worksheet, tables or posters. Learner account of supporting an individual with an activity, describing the benefits and stating the factors that needed to be considered. Suggest holistic evidence with Units 101 and 111.

Unit 110 Introduction to nutrition and hydration in healthcare and adult social care

Unit level:	1
GLH:	30
Unit aim:	This unit allows learners to develop an understanding of the nutritional requirements of adults and the impact of nutrition on wellbeing. They will be introduced to the principles of nutrition, hydration and food safety and will use developing skills to enable them to assist individuals* with access to food and fluids in accordance with a care plan. *refer to the glossary of terms for definition of 'individual'
Assessment method:	Portfolio of evidence

Learning outcome 1

Understand the nutritional requirements of adults and the impact of nutrition on wellbeing.

The learner can:

1.1 Identify the **types and functions of nutrients** needed by adults

1.2 Identify the components of a **balanced diet**

1.3 Describe how **factors** can impact dietary requirements

Range

Types and functions of nutrients: proteins (build energy, develop tissue), fats (source of essential fatty oils), carbohydrates (to provide energy), minerals and vitamins, water, fibre (to help maintain a healthy gut and reduce constipation), fibre (helps digestion and regulates bowel movement).

Balanced diet: as defined by the World Health Organization (WHO), the NHS.

Factors: age/life stage (changes in nutritional requirements with age), weight/size, culture, activity level, health/illness.

Learning outcome 2

Know the principles of hydration, nutrition and food safety

The learner can:

2.1 State the **factors that ensure food safety** in the preparation, storage and handling of food

2.2 Describe the **importance of maintaining food safety** during the preparation, storage and handling of food

2.3 Describe the **importance of nutrition and hydration** in maintaining health and wellbeing

2.4 Outline **procedures** for reporting concerns or changes to an individual's nutrition and hydration needs

Range

Factors that ensure food safety: personal hygiene, use of aprons and gloves, temperature of food when stored cooked and served, hygiene and cleaning of food preparation and storage areas, checking sell by, use by and best before dates.

Importance of maintaining food safety: avoid cross-contamination (spread of bacterial such as salmonella, *E. coli*, harmful chemicals), avoid illness (food poisoning, infections, allergic reactions), maintain health of individuals, support requirement to meet food safety laws and workplace policies.

Importance of nutrition and hydration: maintain healthy body weight through loss or gain, regular intake of food and fluids to support body functions (maintains energy levels, resources for repair, reduces susceptibility to infection, prevents dehydration leading to constipation and confusion, to avoid conditions due to lack of vitamins).

Procedures: follow local procedure, report observations to supervisor or person of authority.

Learning outcome 3

Assist an individual with access to food and fluids in accordance with a care plan

The learner is able to:

3.1 Identify **factors** that must be taken into account when supporting individuals to access food and drink
3.2 **Prepare** and present food and drink for an individual in accordance with their care plan
3.3 Support an individual to eat and drink, in accordance with the care plan
3.4 **Maintain** work area following supporting the individual to eat and drink

Range

Factors: restrictions (liberty, movement, mobility, location, within reach), care plan, dietary requirements, schedule, texture and consistency of food, equipment to support the individual to eat and drink and to be as independent as possible, dignity, social interaction, choices, preferences, allergies, eating disorders, dental and mouth health, dementia.

Prepare: review care plan, wear PPE as appropriate, prepare the environment as appropriate, prepare the individual as appropriate, select and check equipment or resources as appropriate to support an individual to eat and drink, select food and/or fluids as appropriate in accordance with the care plan.

Maintain work area: clean dry and store equipment as appropriate, maintain area used, dispose of waste.

Unit guidance for delivery

Opportunities for efficiencies in delivery across/between units:	Efficiencies could be found through linking and cross-delivery with **Unit 101** Introduction to health and safety in the workplace and **Unit 104** Introduction to effective communication when working in healthcare and adult social care. Holistic delivery is encouraged across units with practical and theoretical elements such as: • **105** Introduction to equity, equality, diversity and inclusion • **106** Introduction to safeguarding in healthcare and adult social care • **107** Introduction to gathering of information and information management • **109** Introduction to activities for individuals accessing healthcare and adult social care • **111** Introduction to exploring reflective practice • **112** Introduction to the use of digital technology in healthcare and adult social care.
Suggestions for formative assessment opportunities, both for knowledge and practical outcomes:	Formative assessment could include written responses to questions, completion of scaffolded worksheets. Visual aids such as illustrations, diagrams and images allow for annotation or labelling either independently or selecting from an appropriate answer bank. Simulated work environments for the assessment of practical sessions can be employed. The tutor/assessor should provide a range of materials based on care plans for individuals with different needs associated with nutrition and hydration.
Opportunities for visits/engagement with local industry and employers:	It is accepted that there will be some formal lectures but for this unit it is recommended that the majority of teaching will be carried out with interactive lessons in a real or simulated work environment. It is recommended where possible, that industry visits or seminars are held with local employers in areas such as: • community • care homes • charities • school/college nursing • hospitals.

	Learners must be given the opportunity to deal with a range of different scenarios/situations and a range of practice areas (community, care home/hospitals) in current industry practice.
Ways of ensuring content is delivered in line with current, up to date industry practice:	To ensure the delivery and contextualisation of content is current and up to date it is suggested that industry experts are regularly consulted and teaching staff attend regular CPD sessions.
Digital initiative considerations:	The learner should be given the opportunity to use a range of technology to research subjects and to build their portfolio of evidence.
Books/reference materials:	Websites: NHS.UK – **NHS commissioning » 10 key characteristics of 'good nutrition and hydration care'** Care Quality Commission – **Regulation 14: Meeting nutritional and hydration needs – Care Quality Commission** NHS England – **NHS England » National standards for healthcare food and drink** The Association of UK Diabetes – **Nutrition and Hydration Digest – BDA** National Institute for Health and Care Excellence – **Overview | Nutrition support in adults | Quality standards | NICE** AGE UK – **eating-and-drinking-well-workbook.pdf** NHS UK – **Managing food safety | Food Standards Agency** NHS UK – The Eatwell Guide on the NHS Website **The Eatwell Guide – NHS** Care Quality Commission **Regulation 14: Meeting nutritional and hydration needs – Care Quality Commission** in England. Regulated health and care organisations must meet these standards and are inspected against them. World Health Organization – Healthy **diet** Books: Rawles, Z (2025). *Essential Skills and Knowledge for Healthcare Assistants*, 3rd Edition. Routledge.

Assessment guidance

Minimum evidence requirements

Learners must demonstrate and/or present evidence for each assessment criteria within a learning outcome to pass the unit, evidence will be subject to EQA sampling.

As a minimum,

- For **Learning outcome 3** learners must prepare and present food and drink on **two** separate occasions for individuals with different needs in accordance with a simulated care plan.

Guidance on portfolio evidence for this unit

Evidence may be generated in multiple ways to confirm that the learner meets the requirements of this unit. The table below provides recommendations on types of activity that are likely to generate sufficient portfolio evidence, and potential approaches to gather this evidence holistically.

Learning outcome	Recommendations for portfolio evidence	
	Typical type of evidence	**Guidance/detail of evidence**
Learning outcome 1	Written evidence	Learner food diary and reflections on this, identified improvements/satisfied that it shows a healthy diet.
Learning outcome 2	Written evidence	Questions and answers. A written account of the potential impact on lack of fluids and examples of two specific food groups from the diet. This Learning outcome could be contextualised and assessed alongside Unit 101 Learning outcome 3.
Learning outcome 3	Assessor observation	Observation of practice using simulation of the process of preparing, presenting and assisting with consumption of food or drink. Assessor observation would benefit by being supported by photographic evidence of the candidate undertaking the practical activity.

Unit 111 Introduction to exploring reflective practice

Unit level:	1
GLH:	30
Unit aim:	This unit allows the learner to develop an understanding of the importance of reflective practice when working in healthcare and adult social care and different methods of reflecting and monitoring their own practice and how to generate SMART objectives. *refer to the glossary of terms for definition of 'individual'
Assessment method:	Portfolio of evidence

Learning outcome 1

Know the importance of reflective practice when working in care

The learner can:

1.1 Define reflective practice
1.2 State the **benefit** of reflective practice for **the worker**
1.3 State the **impact** of reflective practice on the **organisation**
1.4 State the **impact** of reflective practice on **the quality of care**

Range

Benefit for the worker: personal growth, career development, mental wellbeing.

Impact on organisation: continuous learning, improved decision making, innovation.

Impact on quality of care: enhancing critical thinking, continuous improvement, improved decision-making, increasing self-awareness and accountability, better individual outcomes.

Learning outcome 2

Know the characteristics of a personal development plan (PDP)

The learner can:

2.1 Describe the **purpose** of a PDP for the worker

2.2 Describe the **features** of a PDP

Range

Purpose: to provide a structured framework for an individual to set goals, reflect on their skills and weaknesses, and map out the steps needed to achieve personal, educational, or career growth.

Features: self-assessment, goals, actions, sources of support, monitor/review, document/record.

Learning outcome 3

Create a PDP.

The learner is able to:

3.1 Complete a **self-assessment**

3.2 Set goals with support

3.3 Identify actions required to achieve goals

3.4 Identify **sources of support** for development

3.5 Monitor and review progress

3.6 Update PDP with relevant information

Range

Self-assessment: skills, knowledge and personal qualities, strengths, areas for development.

Sources of support: academic staff, career services, peer networks, online tools and family.

Unit guidance for delivery

Opportunities for efficiencies in delivery across/between units:	This unit should be introduced at an early stage in the delivery of the qualification to enable the learner to consider their personal development on an ongoing basis and in order to meet the requirement to monitor and review progress in Learning outcome 3, AC 3.5. Learning outcome 2 and 3 may be assessed holistically. The content of this unit draws out the importance of reflective practice when working in healthcare and social care. Efficiencies could be found through linking and cross-delivery with other units such as: • **102** Introduction to the healthcare and adult social care sector • **103** Introduction to working in healthcare and adult social care • **104** Introduction to effective communication when working in healthcare and adult social care • **105** Introduction to equity, equality, diversity and inclusion • **107** Introduction to gathering of information and information management • **112** Introduction to the use of digital technology in healthcare and adult social care.
Suggestions for formative assessment opportunities, both for knowledge and practical outcomes:	Formative assessment could include written responses to questions, completion of scaffolded worksheets. Visual aids such as illustrations, diagrams and images allow for annotation or labelling either independently or selecting from an appropriate answer bank. Simulated work environments for the assessment of practical sessions can be employed.
Opportunities for visits/engagement with local industry and employers:	It is accepted that there will be some formal lectures but for this unit it is recommended that the majority of teaching will be carried out with interactive lessons in a real or simulated work environment. It is recommended where possible, that industry visits or seminars are held with local employers in areas such as: • community • care homes • charities • school/college nursing • hospitals.

	Learners must be given the opportunity to deal with a range of different scenarios/situations and a range of practice areas (community, care home/hospitals) in current industry practice.
Ways of ensuring content is delivered in line with current, up to date industry practice:	Employers should be encouraged to provide interesting and new and current information in care and how staff in care reflect on practice and document PDP.
Digital initiative considerations:	The learner should be given the opportunity to use a range of technology to research subjects and to build their portfolio of evidence.
Books/reference materials:	Websites: NHS.UK Healthcare Science – **Reflective practice resources** Learning Hub – **Reflective practice resources** Health and Care Professions Council – **Reflective practice | The HCPC** NHS.UK – **Using information for reflective practice – NHS Transformation Directorate** Books: Delves-Yates, C (2025). *Beginners Guide to Reflective Practice in Nursing*, 2nd Edition. Sage Publishing Ltd. Maclean, S. *The City & Guilds Pocket Guide, Reflection and Reflective Practice.* City & Guilds: London. Taylor, BJ (2010). *Reflective Practice for Healthcare Professionals: A practical guide,* 3rd Edition. Open University Press.

Assessment guidance

Minimum evidence requirements

Learners must demonstrate and/or present evidence for each AC within a LO to pass the unit, evidence will be subject to EQA sampling.

There are no additional evidence requirements for this unit.

Guidance on portfolio evidence for this unit

Evidence may be generated in multiple ways to confirm that the learner meets the requirements of this unit. The table below provides recommendations on types of activity that are likely to generate sufficient portfolio evidence, and potential approaches to gather this evidence holistically.

LO	Recommendations for portfolio evidence	
	Typical type of evidence	**Guidance/detail of evidence**
Learning outcome 1	Written evidence	This may include questions and written/oral answers to understand what reflective practice is, this also could be a poster presentation. Written evidence could include questions descriptions and applications of Reflective model.
Learning outcome 2	Written evidence	Case-study may be contextualised to the practice area which may include a structure framework for their PDP.
Learning outcome 3	PDP	This will include a self-development plan with SMART goals which have time constraints and are achievable during the period of study.

Unit 112 Introduction to the use of digital technology in healthcare and adult social care

Unit level:	1
GLH:	30
Unit aim:	This unit aims to introduce digital technology used in healthcare and adult social care that can improve individuals'* control, service efficiency, and support staff. The learner will begin to develop an awareness of the use of remote monitoring, electronic records, data analysis, and secure messaging. They will discover how assistive devices and AI can also help promote independent living. *refer to the glossary of terms for definition of 'individual'
Assessment method:	Portfolio of evidence

Learning outcome 1

Know how digital technology is used in healthcare and adult social care.

The learner can:

1.1 List types of **digital technology**
1.2 State how digital technology can **improve individuals' control**
1.3 State how digital technology can **improve service provision**
1.4 Identify the **limitations** of digital technology in healthcare and adult social care

Range

Digital technology: telecare, virtual care, remote monitoring, electronic health or care records, assistive technology, wearable devices, digital Apps and platforms.

Improve individuals' control: allows self-management and remote monitoring, provides access to health information and services, improved communication with healthcare providers.

Improve service provision: improved communication, better access to care, remote monitoring, efficient administration (video consultations, online appointment booking).

Limitations: digital literacy, access to digital technology.

Learning outcome 2

Understand the use of digital record keeping in healthcare and adult social care

The learner can:

2.1 List the **types** and **purpose** of digital records in healthcare and adult social care services
2.2 Describe how an **individual** can **access** their personal digital records remotely
2.3 List how **collected data** is used in healthcare or adult social care organisations

Range

Types: health records, medical records, care plans.

Purpose: provide a single, digital location for an individual's historical information such as care plans, medical history, including diagnoses, medications, immunisations, and lab results, which can be accessed and updated in real-time providing an audit trail of actions.

Individual access: patient portals, web or App-based platforms, wearable devices, mobile health Apps.

Collected data use: data security and privacy (regulation and protocols around robust security measures such as encryption, access controls, audit trails), data analysis and public health monitoring (clinical research and identifying trends in disease patterns, contributing to population health management).

Learning outcome 3

Know how to keep information safe and confidential when using digital technology.

The learner can:

3.1 Outline potential **risks** for individuals when using digital technology
3.2 Describe how to **support individuals to be safe** when using digital technology
3.3 Describe **ways to maintain confidentiality** when using digital technology

Range

Risks: security, privacy, mental health, physical health, abuse, grooming, cyberbullying.

Support individuals to be safe: administrative (workforce training on data security and privacy, reporting breaches), technical (role-based access control, password access control, password protected documents, multifactor authentication).

Ways to maintain confidentiality: security software, passwords changed frequently, encryption.

Unit guidance for delivery

Opportunities for efficiencies in delivery across/between units:	The content of this unit introduces digital technology in healthcare and adult social care. Efficiencies could be found through linking and cross-delivery with **Unit 107** Introduction to gathering of information and information management and **Unit 106** Introduction to safeguarding in healthcare and adult social care. Holistic delivery is encouraged across all units with practical and theoretical elements linked to the use of digital technology.
Suggestions for formative assessment opportunities, both for knowledge and practical outcomes:	Formative assessment could include written responses to questions, completion of scaffolded worksheets. Visual aids such as illustrations, diagrams and images allow for annotation or labelling either independently or selecting from an appropriate answer bank. Simulated work environments for the assessment of practical sessions can be employed.
Opportunities for visits/engagement with local industry and employers:	It is accepted that there will be some formal lectures but for this unit it is recommended that the majority of teaching will be carried out with interactive lessons in a real or simulated work environment. It is recommended where possible, that industry visits or seminars are held with local employers in areas such as: • community • care homes • charities • school/college nursing • hospitals. Learners must be given the opportunity to deal with a range of different scenarios/situations and a range of practice areas (community, care home/hospitals) in current industry practice.
Ways of ensuring content is delivered in line with current, up to date industry practice:	Speakers from industry and employment should be encouraged to provide interesting and new information and ideas.
Digital initiative considerations:	The learner should be given the opportunity to use a range of technology to research subjects and to build their portfolio of evidence.
Books/reference materials:	Websites: Digital Health – **Home | Digital Health**

	Med Tech Europe – **Digital Health – MedTech Europe, from diagnosis to cure** National Institute for Health and Care Excellence – **Homepage | NICE** Skills for Care – **Digital technology in social care** Health Tech Newspaper – **HTN Health Tech News** Skills for Care – **An Introduction to Cyber Security** Sense Disability Charity – **Communication aids and augmentative and alternative communication (AAC)** Books: Chambers, R, Schmid M, & Birch-Jones, J (2016). *Digital Healthcare: The essential guide*. Otmoor Publishing Ltd. McAllister, G (2022). *An Introduction to Digital Healthcare in the NHS*, 3rd Edition. Pereau, K (2019). *The Digital Health Revolution.* Transcendit Health.

Assessment guidance

Minimum evidence requirements

Learners must demonstrate and/or present evidence for each assessment criteria within a learning outcome to pass the unit, evidence will be subject to EQA sampling.

There are no additional evidence requirements for this unit.

Guidance on portfolio evidence for this unit

Evidence may be generated in multiple ways to confirm that the learner meets the requirements of this unit. The table below provides recommendations on types of activity that are likely to generate sufficient portfolio evidence, and potential approaches to gather this evidence holistically.

LO	Recommendations for portfolio evidence	
	Typical type of evidence	**Guidance/detail of evidence**
Learning outcome 1	Written evidence	Case study may be contextualised to include possible scenarios in the workplace.
Learning outcome 2	Written evidence	Case studies and scenarios. This may include questions and written/oral answers to highlight specific breaches in industry practice resulting in issues.
Learning outcome 3	Written evidence	Written evidence could include answers to possible problems and solutions which may arise in the care setting.

Appendix 1 sources of general information

The following documents contain essential information for centres delivering City & Guilds qualifications. They should be referred to in conjunction with this handbook. To download the documents and to find other useful documents, go to the **Centre document library** on **www.cityandguilds.com** or click on the links below:

Centre Handbook: Quality Assurance Standards

This document is for all approved centres and provides guidance to support their delivery of City & Guilds qualifications. It includes information on:

- centre quality assurance criteria and monitoring activities
- administration and assessment systems
- centre-facing support teams at City & Guilds/ILM
- centre quality assurance roles and responsibilities.

The Centre Handbook should be used to ensure compliance with the terms and conditions of the centre contract.

Centre Assessment: Quality Assurance Standards

This document sets out the minimum common quality assurance requirements for regulated and non-regulated qualifications that feature centre-assessed components. Specific guidance will also be included in relevant qualification handbooks and/or assessment documentation.

It incorporates City & Guilds' expectations for centre internal quality assurance and the external quality assurance methods City & Guilds uses to ensure that assessment standards are met and upheld. It also details the range of sanctions that may be put in place when centres do not comply with City & Guilds' requirements or actions that will be taken to align centre marking/assessment to required standards. Additionally, it provides detailed guidance on the secure and valid administration of centre assessments.

Access arrangements: When and how applications need to be made to City & Guilds provides full details of the arrangements that may be made to facilitate access to assessments and qualifications for candidates who are eligible for adjustments in assessment.

The **Centre document library** also contains useful information on such things as:

- conducting examinations
- registering learners
- appeals and malpractice.

Useful contacts

Please visit the **Contact us** section of the City & Guilds website.

City & Guilds

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