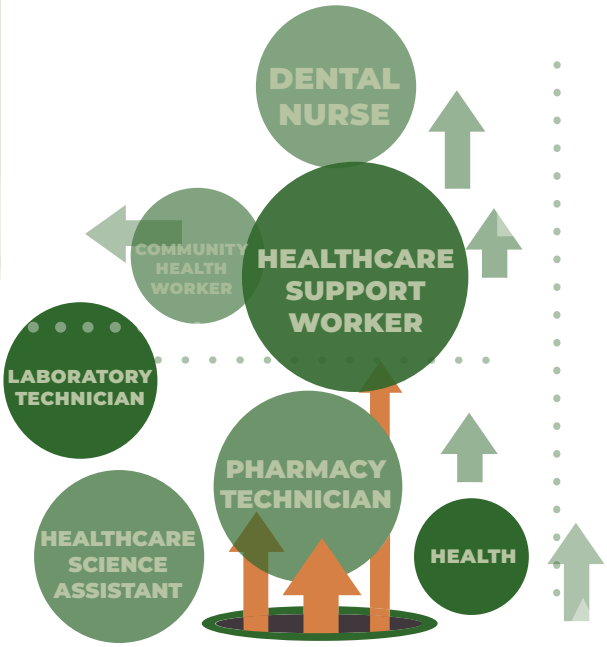
T-LEVELS
THE NEXT LEVEL QUALIFICATION

COULD A **HEALTH INDUSTRY PLACEMENT** WORK IN YOUR ORGANISATION?

A practical guide for care, community, primary care, voluntary sector and other non-acute health settings.



1. COULD A HEALTH INDUSTRY PLACEMENT WORK IN YOUR ORGANISATION?

Health T Level industry placements do not only happen in hospitals or large NHS settings. Many 16–19-year-old students can develop valuable knowledge, skills and professional behaviours in care, community, primary care, voluntary sector and other non-acute health and wellbeing settings.

If your organisation supports people's health, wellbeing, care, access to services, communication, independence or quality of life, there may be a meaningful placement or project model that could work for you.

Hosting a student does not mean creating a full-time role from scratch. The level of supervision required will depend on the setting, the activities involved and the student's needs.

WORKFORCE DEVELOPMENT OFFICER ADULT SOCIAL CARE AND ALL AGE COMMISSIONING – CITY OF STOKE-ON-TRENT

ANNA WOODBERRY

"High-quality T Level industry placements aren't limited to hospitals - social care and community settings provide rich, real-world learning that help students develop practical skills, confidence and professional behaviours. With flexible planning and manageable supervision, organisations of all sizes can offer placements that add genuine value while contributing to a 'grow your own' approach, with emerging evidence showing benefits for future recruitment and retention."

2. WHAT KINDS OF ORGANISATIONS COULD GET INVOLVED?

You do not need to be a hospital or acute NHS service to offer a valuable placement. Students can learn from settings where people access support, receive care, navigate services, take part in activities, receive health messages or build independence and wellbeing.

- care homes and residential care settings
- GP practices, primary care networks and care coordination roles
- community pharmacies
- rehabilitation and therapy services
- social prescribing and wellbeing services
- mental health and wellbeing organisations
- charities and voluntary sector services
- community health services
- public health or prevention teams
- services supporting older people, disabled people or people with long-term conditions
- services focused on access, communication, engagement or inclusion

The key question is *"Can students learn from how our service supports people's health, care or wellbeing?"* Some examples:

SETTING	WHAT STUDENTS MIGHT LEARN
Care home	communication, routines, dignity, wellbeing, activity support
GP practice / PCN / care coordination	access, signposting, patient communication, administration pathways
Community pharmacy	health promotion, local population needs, public-facing communication
Voluntary sector	community support, engagement, inclusion, wellbeing

3. WHAT STUDENTS ARE LIKELY TO BE READY FOR

Health T Level students are developing their confidence, professional behaviours and understanding of the sector. They are not qualified health or care workers, but they may be able to contribute in appropriate and supervised ways.

At the start, students are often best placed to observe, support, ask questions, reflect and carry out structured tasks. As they build confidence and trust, they may be able to take on more responsibility within agreed boundaries.

Students may be able to:

- observe how staff communicate with service users, patients, residents or families
- support preparation for activities, sessions or campaigns
- spend time talking to and reassuring patients, residents or families
- help review information materials, displays or signposting
- contribute to health promotion or engagement projects
- support appropriate non-clinical tasks under supervision
- map service user journeys or identify where communication could be clearer
- produce simple resources, summaries or recommendations
- reflect on how services support people's health, wellbeing, dignity and independence

4. AGREEING SAFE AND APPROPRIATE ACTIVITIES

Use the table below as a starting point – students should be able to progress from observation and supported participation to carrying out agreed tasks with greater independence and responsibility. Appropriate, meaningful activity will depend on the setting, the student's stage of learning and demonstrated capability, the needs and consent of the individual, local procedures and the supervision available. A student may have learned about an activity in the classroom, but this does not automatically mean they are trained, competent or authorised to undertake it in the workplace. Equally, students should not be unnecessarily restricted to observation or peripheral tasks when they are ready to contribute more meaningfully.

The employer and college or school should agree the student's activities before the placement and review them as the student develops.

USUALLY SUITABLE	AGREE AND CHECK FIRST	NOT SUITABLE FOR A STUDENT
1. Observing staff roles, routines and ways of working, with the agreement of the people involved.	Spending time alone with an individual or supporting someone with complex or changing needs. Agree safeguarding arrangements, the student's readiness and the level of supervision required.	Working alone with a vulnerable individual where this has not been specifically agreed or where appropriate safeguards and support are not in place.
2. Communicating and building appropriate professional relationships with patients, residents, clients and families, including listening, offering reassurance and responding to straightforward questions.	Communicating with someone about sensitive, distressing or complex personal circumstances. Agree the student's role, professional boundaries and how questions, concerns or disclosures should be escalated.	Giving personal, clinical or professional advice beyond the student's knowledge, role or competence.
3. Helping to prepare, deliver and review agreed social, recreational, health-promotion or wellbeing activities.	Leading an activity, supporting a higher-risk group or using specialist resources or equipment. Check the activity plan, risks, accessibility needs and level of supervision required.	Taking sole responsibility for a group, service or activity where this would normally sit with an employed or qualified member of staff.
4. Supporting agreed aspects of daily living, such as encouraging hydration, helping someone participate in an activity, promoting independence and providing appropriate practical or emotional support.	Supporting mobility, transfers, eating and drinking, personal hygiene or other direct care. Agree the student's preparation, the individual's care or support plan and consent, relevant training, equipment and level of supervision.	Providing personal or intimate care without prior agreement, appropriate preparation, consent and the required level of supervision.

USUALLY SUITABLE	AGREE AND CHECK FIRST	NOT SUITABLE FOR A STUDENT
5. Sharing agreed health, wellbeing or service information, supporting health-promotion activity and signposting people to appropriate services.	Responding to questions about an individual's health, treatment or personal circumstances. Check that the student understands the limits of their role and knows when to refer the question to a member of staff.	Diagnosing a condition, interpreting symptoms, recommending treatment or making decisions that require clinical or professional judgement.
6. Viewing, recording or entering appropriate information in records or digital systems.	Agree the learning purpose, level of access, authorisation, confidentiality requirements, local procedures and supervision before the student uses records or systems.	Accessing records, systems or personal information without authorisation, or using another person's login details.
7. Gathering agreed, non-sensitive feedback about services, activities or information and summarising the findings.	Gathering feedback involving health conditions, personal experiences or other sensitive information. Agree consent, confidentiality, question design and how concerns or disclosures will be managed.	Conducting unsupervised assessments, investigations or interviews, or requesting sensitive information.
8. Undertaking agreed practical, care, therapeutic or observational tasks where these are relevant to the placement and the student has received appropriate preparation.	Carrying out clinical observations, measurements, moving and handling, therapeutic activity or other practical care tasks. Confirm that the activity has been appropriately delegated and that the student has received the necessary training and supervision.	Undertaking invasive, specialist or clinical procedures without the required training, competence, authorisation, delegation or supervision.
9. Supporting individuals whose needs or level of risk may change, within an agreed role and with access to appropriate staff support.	Agree relevant care or support plans, warning signs, the student's role, supervision and escalation arrangements.	Taking sole responsibility for assessing or managing significant or immediate risk, changing a care plan or making decisions requiring professional judgement.
10. Contributing to team discussions, handovers or reviews where appropriate, and reflecting on what has been learned.	Attending discussions where sensitive personal information will be shared. Agree the learning purpose, consent or confidentiality arrangements and whether the student's attendance is appropriate.	Chairing formal reviews, approving decisions or signing records as the responsible professional or employee.
11. Completing agreed tasks with increasing independence once the employer is satisfied that the student is appropriately prepared, able to undertake the task and understands when to seek help.	Taking on a new task, a higher level of responsibility or reduced direct supervision. Review the student's readiness and ability to undertake the task, the risks involved and the support available before progressing.	Replacing paid staff, filling rota gaps, being counted within required staffing levels or taking accountability that belongs to an employee or qualified professional.

5. PLACEMENT MODEL DESIGN

There is no single model that works for every non-acute setting. Placements can be designed around the employer's service, capacity and the type of activity that is safe and meaningful for students.

MODEL	BEST FOR	WHAT IT MIGHT INVOLVE
Work tasters	Employers able to host students on site, especially where students need to build confidence gradually or where the employer wants to start with a low-commitment introduction.	Induction, orientation, observation, simple supervised support, reflection and gradual progression.
Block placement	Employers who can offer a concentrated period of placement activity and where students would benefit from immersion in the setting, routines and team environment.	Students attend for a planned block of time, for example over several days or weeks. This may include induction, observation, supervised activity, reflection, feedback and gradual involvement in appropriate tasks.
Day release placement	Employers who can host students regularly over a longer period, and where continuity helps students build relationships, confidence and understanding over time.	Students attend one or more regular days each week. This may include a structured timetable, repeated exposure to routines, supervised tasks, check-ins, reflection and increasing responsibility as confidence develops.
Project-based placement	Employers with limited capacity for daily supervision or where students can add value through a defined piece of work.	Employer briefing, student research or review activity, college or school-led structure, check-ins and final output.
Shared placement within a service chain	Employers or services where no single setting can offer the full placement experience, but linked departments, sites or services can collectively provide a meaningful journey.	Students spend time across connected parts of a service, such as referral, reception, community support, activities, rehabilitation or follow-up. The placement is coordinated through one lead contact, with agreed activities, handovers and reflection across each stage.
Shared placement with an unrelated employer	Providers and employers who want to build a broader placement experience by combining two different settings, especially where each employer can offer a distinct but limited element of learning.	Students complete placement activity with more than one employer, with each setting contributing different experiences. For example, one employer may support health promotion or project work, while another offers observation or service user engagement. The college or school coordinates the overall placement plan, learning goals, hours and review points.

6. WHAT SUPPORT WILL THE COLLEGE OR SCHOOL PROVIDE?

The college or school remains actively involved. Employers are not expected to design or manage the placement alone.

The college or school will usually:

- prepare students before placement
- undertake DBS checks
- agree suitable activities and boundaries with the employer
- provide key contact details
- support safeguarding and placement arrangements
- help students understand professional behaviour and confidentiality
- structure project work where relevant
- check in during the placement
- support reflection, feedback and review

7. WHAT WOULD THE EMPLOYER'S ROLE INVOLVE?

Employer involvement should be focused and manageable. The level of supervision required will depend on the placement model, setting and activities involved.

Employers may be asked to:

- help agree a suitable placement or project focus
- provide an initial briefing or induction
- identify appropriate tasks or areas for observation
- introduce the student to key expectations
- provide supervision or nominate a suitable contact
- attend agreed check-ins
- give feedback on student progress or outputs
- take part in a final review or presentation

For small team projects, employer involvement may be limited to briefing, check-ins, final feedback and a review for each team member.

8. COMMON CONCERNS AND PRACTICAL RESPONSES

There are some common and practical employer concerns about hosting T Level industry placements.

Ultimately, industry placements help students to better understand the variety of roles in health and care and help employers build early relationships with potential future employees, volunteers or apprentices.

COMMON CONCERN	RESPONSE TO CONSIDER
"We are a small organisation and do not have dedicated training staff."Block placement	Placements can be scaled to fit your organisation. A single named contact is often enough, with support shared through normal team activity. Shadowing, focused tasks or a small project can provide a meaningful experience without requiring a dedicated training team.

COMMON CONCERN	RESPONSE TO CONSIDER
"We are not a hospital or acute NHS setting."	Valuable placements can take place in care, community, primary care, voluntary sector and wellbeing settings, across both NHS and non-NHS organisations. Students can learn how your service supports people, communicates information, improves access and promotes wellbeing.
"We do not have time to supervise a student constantly."	Students should not require continuous one-to-one supervision. Placements can include observation, structured independent tasks, project work and time with different team members. The college or school should help plan the experience and provide ongoing support.
"We are worried about the paperwork and administrative burden."	The college or school should lead much of the preparation and paperwork. A simple placement plan, clear responsibilities and named contacts can keep administration proportionate and manageable.
"It might disrupt our service."	Placements can be planned around existing activity rather than added on separately. Students can observe established practice or contribute to appropriate, low-risk tasks and projects that support the work of the team.
"What if students are not ready?"	Students should be prepared before the placement, and activities should match their confidence and readiness. They are not expected to work as qualified staff. Clear boundaries, staged activity, regular check-ins and early communication with the college or school help to manage concerns.
"What can students do, and what does a good placement look like?"	A good placement does not need to be complex. Students might observe, research, review information, contribute to projects, develop resources or support appropriate activities. Clear objectives, safe and agreed tasks, and regular feedback are the foundations of a positive placement.
"We do not have enough variety in our service."	Even specialist services can offer valuable depth of experience. Students can learn about communication, teamwork, professional behaviours, person-centred care and how different roles contribute to service delivery and the wider care ecosystem.
"What about safeguarding, confidentiality, insurance and sensitive environments?"	These arrangements should be discussed and agreed before the placement begins. The college or school should support safeguarding and insurance requirements and prepare the student appropriately. Employers should explain local expectations, confidentiality, privacy and any areas or activities that are unsuitable.
"What if the placement does not go well?"	Early communication is essential. Regular reviews allow concerns to be addressed quickly, tasks or support to be adjusted and, where necessary, alternative arrangements to be agreed. Employers hosting for the first time can begin with a small, low-risk model and build confidence gradually.

9. HOW TO GET STARTED

Employers do not need to have a fully formed placement plan before speaking to a school or college. A useful starting point is to identify where students could learn from, observe or contribute to real activity.

Questions employers could consider:

- What do we do that supports health, care or wellbeing?
- What could a student safely observe or learn from?
- Are there simple tasks or activities students could support?
- Is there a communication, access or engagement issue students could explore?
- Could we start with a small team project before offering individual placements?
- Who could act as a main contact or supervisor?
- What would we need from the college or school, and what close liaison arrangements would help us feel confident?

The short video includes insights from placement students (including a T Level student) and staff in Bristol, North Somerset and South Gloucestershire who have recently undertaken a placement in a social and community care setting.

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