



OTHM LEVEL 5 DIPLOMA IN HEALTH AND SOCIAL CARE MANAGEMENT

Qualification Number: 610/1537/4

Specification | May 2024

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QUALIFICATION OBJECTIVES

The objective of the OTHM Level 5 Diploma in Health and Social Care Management qualification is to equip learners with the underpinning knowledge, understanding and skills required for a career or further study in the health and social care sector at a managerial level. The programme enables learners to demonstrate their skills by producing evidence from their work or training activities.

The Level 5 units give learners the opportunity to progress in specific subject occupational areas. Learners will develop and enhance knowledge and skills in the areas of effective partnership working, managing the care of vulnerable individuals, team management, professional supervision practices and how to complete a research project.

Successful completion of this qualification will equip learners with industry-specific and practical skills, enabling them to successfully apply their knowledge in the workplace, enhance their career prospects and allow progression to further study.

QUALITY, STANDARDS AND RECOGNITIONS

OTHM Qualifications are approved and regulated by Ofqual (Office of Qualifications and Examinations Regulation). Visit the [Register of Regulated Qualifications](#).

OTHM has a progression arrangement with several UK universities that acknowledges the ability of learners after studying Level 3-7 qualifications to be considered for advanced entry into corresponding degree year/top up and Master's/top-up programmes.

REGULATORY INFORMATION

Qualification Title	OTHM Level 5 Diploma in Health and Social Care Management
Ofqual Reference Number	610/1537/4
Regulation Start Date	23/09/2022
Operational Start Date	23/09/2022
Duration	1 Year
Total Credit Value	120 credits
Total Qualification Time (TQT)	1200 hours
Guided Learning Hours (GLH)	600 hours
Sector Subject Area (SSA)	1.3 Health and social care
Overall Grading Type	Pass / Fail
Assessment Methods	Coursework
Language of Assessment	English

EQUIVALENCES

OTHM Level 5 Diploma qualifications represent practical knowledge, skills, capabilities and competences that are assessed in academic terms as being equivalent to Higher National Diplomas (HND) and Year 2 of a three-year UK Bachelor's degree programme.

QUALIFICATION STRUCTURE

The OTHM Level 5 Diploma in Health and Social Care Management qualification consists of 6 mandatory units, 120 credits, 1200 hours Total Qualification Time (TQT) and the recommended Guided Learning Hours (GLH) for this qualification is a minimum of 600 hours.

All units are mandatory.

Unit Ref. No.	Unit Title	Level	Credit	GLH	TQT
R/650/1138	Working in Partnership in Health and Social Care	5	20	100	200
T/650/1139	Managing the Safeguarding and Protection of Vulnerable Individuals	5	20	100	200
D/650/1140	Health Education and Promoting Wellbeing	5	20	100	200
F/650/1141	Team Management in Health and Social Care	5	20	100	200
H/650/1142	Professional Supervision Practice in Health and Social Care	5	20	100	200
J/650/1143	Research Methods in Health and Social Care	5	20	100	200

DEFINITIONS

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 to be required in order for a learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of a qualification.

Total Qualification Time is comprised of the following two elements –

- a) *the number of hours which an awarding organisation has assigned to a qualification for Guided Learning, and*
- b) *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.*

(Ofqual 15/5775 September 2015)

Guided Learning Hours (GLH) are defined as the hours that a teacher, lecturer or other member of staff is available to provide immediate teaching support or supervision to a student working towards a qualification.

Credit value is defined as being the number of credits that may be awarded to a learner for the successful achievement of the learning outcomes of a unit. One credit is equal to 10 hours of TQT.

ENTRY REQUIREMENTS

These qualifications are designed for learners who are typically aged 18 and above. The entry profile for learners is likely to include at least one of the following:

- Relevant Level 4 Diploma qualification or equivalent qualification
- GCE Advanced level in 3 subjects or equivalent qualification
- Mature learners (over 21) with relevant management experience (learners must check with the delivery centre regarding this experience prior to registering for the programme)

English requirements: If a learner is not from a majority English-speaking country, they must provide evidence of English language competency. For more information visit the [English Language Expectations](#) page on the [OTHM website](#).

PROGRESSION

Successful completion of the OTHM Level 5 Diploma in Health and Social Care Management, provides learners the opportunity for a wide range of academic progressions including the OTHM Level 6 Diploma in Health and Social Care Management.

As this qualification is approved and regulated by Ofqual (Office of the Qualifications and Examinations Regulation), learners are also eligible to gain direct entry into Year 3 of a three-year UK Bachelor's degree programme. For more information visit the [University Progressions](#) page.

DELIVERY OF OTHM QUALIFICATIONS

OTHM do not specify the mode of delivery for its qualifications, therefore OTHM centres are free to deliver this qualification using any mode of delivery that meets the needs of their learners. However, OTHM centres should consider the learners' complete learning experience when designing the delivery of programmes.

It is important that centres develop an effective delivery method to teaching and learning that supports the progression and stretch of learners.

OTHM Centres must ensure that the chosen mode of delivery does not unlawfully or unfairly discriminate, whether directly or indirectly, and that equality of opportunity is promoted. Where it is reasonable and practicable to do so, it will take steps to address identified inequalities or barriers that may arise.

Guided Learning Hours (GLH) which are listed in each unit gives centres the number of hours of teacher-supervised or direct study time likely to be required to teach that unit.

ASSESSMENT AND VERIFICATION

All units within this qualification are assessed and internally quality assured by the centre and externally verified by OTHM. The qualifications are Criteria referenced, based on the achievement of all the specified learning outcomes.

To achieve a 'pass' for a unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria. Judgement that the learners have successfully fulfilled the assessment criteria is made by the assessor.

Specific assessment guidance and relevant marking criteria for each unit are made available in the Assignment Brief document. These are made available to centres immediately after registration of one or more learners.

The assessor should provide an audit trail showing how the judgement of the learners' overall achievement has been arrived at.

Assessment Tracking and Recording Learner Progress

It is necessary to track and record learner achievement throughout the delivery period of the OTHM Level 5 Diploma and this should not be left until the end of the course.

This will include regular review of learner work through formative and summative assessment and internal quality assurance at planned intervals during the programme:

- before decisions have been made on any unit
- sampling evidence once one or two of the units or assignments are completed

Tracking learner progress, recording the achievement of each learner per criteria on a unit-by-unit basis ensures:

- the assessment evidence is clearly measured against national standards
- learner progress is accurately tracked
- the assessment process can be reliably verified
- evidence is valid, authentic and reliable for the safety of certification
- identification of which assessments are outstanding
- internal verification is timely
- samples for standards verification and other external audits can be made available as required
- up to date, securely stored assessment records help to minimise the risk of assessment malpractice and potential issues; maintaining the integrity of the qualification.

Tutors/Assessors should provide learners with formative and summative feedback to aid development during their studies.

Formative Assessment

Formative assessment is an integral part of the assessment process, involving both the Tutor/Assessor and the learner about their progress during the course of study.

Formative assessment takes place prior to summative assessment and focuses on helping the learner to reflect on their learning and improve their performance and does not confirm achievement of grades at this stage.

The main function of formative assessment is to provide feedback to enable the learner to make improvements to their work. This feedback should be prompt so it has meaning and context for the learner and time must be given following the feedback for actions to be complete. Feedback on formative assessment must be constructive and provide clear guidance and actions for improvement.

All records should be available for auditing purposes, as we may choose to check records of formative assessment as part of our ongoing quality assurance.

Summative Assessment

Summative assessment is used to evaluate learner competence and progression at the end of a unit or component. Summative assessment should take place when the assessor deems that the learner is at a stage where competence can be demonstrated.

Learners should be made aware that summative assessment outcomes are subject to confirmation by the Internal Verifier and External Quality Assurer (EQA) and thus is provisional and can be overridden. Assessors should annotate on the learner work where the evidence supports their decisions against the assessment criteria. Learners will need to be familiar with the assessment and grading criteria so that they can understand the quality of what is required.

Evidence of both formative and summative assessment **MUST** be made available at the time of external quality assurance – EQA.

RECOGNITION OF PRIOR LEARNING AND ACHIEVEMENT

Recognition of Prior Learning (RPL) is a method of assessment that considers whether learners can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and do not need to develop through a course of learning.

RPL policies and procedures have been developed over time, which has led to the use of a number of terms to describe the process. Among the most common are:

- Accreditation of Prior Learning (APL)
- Accreditation of Prior Experiential Learning (APEL)
- Accreditation of Prior Achievement (APA)
- Accreditation of Prior Learning and Achievement (APLA)

All evidence must be evaluated with reference to the stipulated learning outcomes and assessment criteria against the respective unit(s). The assessor must be satisfied that the evidence produced by the learner meets the assessment standard established by the learning outcome and its related assessment criteria at that particular level.

Most often RPL will be used for units. It is not acceptable to claim for an entire qualification through RPL. Where evidence is assessed to be only sufficient to cover one or more learning outcomes, or to partly meet the need of a learning outcome, then additional assessment methods should be used to generate sufficient evidence to be able to award the

learning outcome(s) for the whole unit. This may include a combination of units where applicable.

EQUALITY AND DIVERSITY

OTHM provides equality and diversity training to staff and consultants. This makes clear that staff and consultants must comply with the requirements of the Equality Act 2010, and all other related equality and diversity legislation, in relation to our qualifications.

We develop and revise our qualifications to avoid, where possible, any feature that might disadvantage learners because of their age, disability, gender, pregnancy or maternity, race, religion or belief, and sexual orientation.

If a specific qualification requires a feature that might disadvantage a particular group (e.g. a legal requirement regarding health and safety in the workplace), we will clarify this explicitly in the qualification specification.

LEVEL 5 UNIT SPECIFICATIONS

WORKING IN PARTNERSHIP IN HEALTH AND SOCIAL CARE

Unit Reference Number	R/650/1138
Unit Title	Working in Partnership in Health and Social Care
Unit Level	5
Number of Credits	20
Total Qualification Time (TQT)	200 hours
Guided Learning Hours (GLH)	100 hours
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	1.3 Health and social care
Unit Grading Type	Pass / Fail

Unit Aims

The aim of this unit is to provide learners with the underpinning skills and knowledge required to develop productive and new partnership working opportunities within their own and other organisations.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome – The learner will:	Assessment Criteria – The learner can:	Indicative content
1. Understand the features of partnership working.	1.1 Describe key elements of partnership working with: <ul style="list-style-type: none"> ● external organisations ● other practitioners ● colleagues ● the individual ● families 1.2 Evaluate the importance of partnership working	<ul style="list-style-type: none"> ● Elements: Joint agreements, good communication, strong leadership and trust between partners. Health and Social Care Act (2012), openness, trust, shared goals and values. Consistency of approach and avoidance of duplication. ● Better outcomes: Service user is central to care plan. Mutual respect; constructive approach; learn from each other, wider collaboration, additional funding, mutual advantage and resources. Meets statutory requirements;

	<p>with:</p> <ul style="list-style-type: none"> ● external organisations ● other practitioners ● colleagues ● the individual ● families <p>1.3 Explain how to overcome barriers to partnership working.</p> <p>1.4 Explain how to deal with conflict that may occur in partnership working.</p>	<p>coordinated packages of care; Voluntary sector involvement.</p> <ul style="list-style-type: none"> ● Barriers to partnership working: resistance to change, poor morale, different pay scales, staff shortages, costs, time for meetings, priorities and cultures, pre-existing views, use of professional jargon, misunderstandings, withholding information, poor sense of mission, joint employment. Different agendas and a lack of clear structure. Imbalances within the group – of power, of access to resources, of knowledge and understanding of the issues. ● Overcoming barriers: improved communication; clarity about roles, engaging families. Person Centred care. National Voices charity. Active participation, joint education, meeting regularly, challenging discrimination. ● Importance: improves experiences for individuals, reduces barriers to resources; attract more funding from a diverse range of sources; Service delivery is often more effective, improved wellbeing of service user. Holistic approach. Involvement of relatives in care planning processes, person centred care.
<p>2. Understand how to establish and maintain working relationships with others.</p>	<p>2.1 Evaluate procedures for effective working relationships with others.</p> <p>2.2 Analyse common objectives used when working with others within the boundaries of own role and responsibilities.</p>	<ul style="list-style-type: none"> ● Agreement of common objectives, goals and targets; use of established tools, processes and procedures. ● Use of SMART (Specific, Achievable, Measurable, Realistic, Timebound) objectives; realistic approach; maintain standards; understanding; clarification; use of jargon/acronyms; recognition of boundaries;

<p>3. Understand how to evaluate partnership working.</p>	<p>3.1 Explain the contribution learners can make to enhance partnership working. 3.2 Evaluate own strengths and weaknesses in relation to partnership working. 3.3 Describe ways to improve own practice in relation to partnership working. 3.4 Explain how to review the effectiveness of partnership working in achieving the agreed outcomes of working together.</p>	<p>clear communication.</p> <ul style="list-style-type: none"> ● Role and Responsibilities: keep an open mind, respect other roles; collaboration, open communication channels, liaison with partnerships, accountability, setting objectives for staff, non-judgmental; assertiveness, negotiating, confidence. Care Act 2014. Effective team work ● Conflict: look at issues objectively; techniques of problem-solving, Bargaining, Cooperative conflict can contribute to effective problem solving. Challenge discrimination, reporting concerns ● Evaluate: appraisal systems and outcomes, feedback from families and friends of the service user. Monitor (Independent regulator) ● Development plan: establishing and maintaining partnership working, approaches to partnership working, understanding of partnership working. ● Own contributions, leadership style. Reflection on practice ● Measure: service receipt and impacts of service on recipient of care, review of care plan
<p>4. Know how to work with others to support organisational innovation and growth.</p>	<p>4.1 Describe aspects of an organisation that are no longer effective in providing a person-centred service. 4.2 Explain how to work with others to identify opportunities for growth and development, or redesign, as a service and a business. 4.3 Describe how to maintain a culture that supports innovation, change and growth in</p>	<ul style="list-style-type: none"> ● The skills and knowledge required to ensure that the service is able to recognise and proactively adapt to trends, gaps and improvements in the provision of care and support ● Involvement of key stakeholders; team meetings; shared goals; roles and responsibilities;

	<p>relation to the service provided.</p> <p>4.4 Describe how to maintain a culture that recognises the resources available in the expertise of those using or working in the service.</p> <p>4.5 Explain the importance of entrepreneurial skills in ensuring that the market is able to meet future demand for adult care services.</p>	<p>analysing service delivery methods, comparing outcomes to objectives/goals</p> <ul style="list-style-type: none"> ● Sharing goals; identifying innovate ideas; listening to team members, shared responsibilities, delegating; roles and responsibilities, changing workload. ● Forward planning; currency and validity of service delivery; market leader; awareness of opportunities/threats.
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Assessment

To achieve a ‘pass’ for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment Criteria to be covered	Assessment type	Word count (approx. length)
All 1 to 4	All ACs under LO 1 to 4	Coursework	3000 words

Indicative Reading List

Glasby, J., 2014. *Partnership Working in Health and Social Care: What Is Integrated Care and How Can We Deliver It?* Second Edition (Better Partnership Working). Policy Press.

Jelphs, K., 2016. *Working in Teams (Better Partnership Working)*. Policy Press.

Additional Resources

www.communitycare.co.uk
Online articles

www.cpa.org.uk
Centre for Policy on Ageing

www.gov.uk/guidance/enabling-integrated-care-in-the-nhs
Guidance on enabling integrated care in the NHS

www.scie.org.uk
SCIE Reports

MANAGING THE SAFEGUARDING AND PROTECTION OF VULNERABLE INDIVIDUALS

Unit Reference Number	T/650/1139
Unit Title	Managing the Safeguarding and Protection of Vulnerable Individuals
Unit Level	5
Number of Credits	20
Total Qualification Time (TQT)	200 hours
Guided Learning Hours (GLH)	100 hours
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	1.3 Health and social care
Unit Grading Type	Pass / Fail

Unit Aims

The aim of this unit is to provide learners with an understanding of the legal framework for safeguarding and protecting vulnerable individuals, whilst developing the knowledge and skills required to manage and develop staff understanding of this critical area. Learners will become aware that, because of the changing and dynamic nature of safeguarding, the need to manage, monitor and update their knowledge of safeguarding issues is vital in order for them to perform their role legally and effectively.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome – The learner will:	Assessment Criteria – The learner can:	Indicative content
1. Understand the legal framework, regulations, policies and procedures that support the safeguarding and protection of vulnerable individuals.	1.1 Examine the concepts of: <ul style="list-style-type: none"> ● safeguarding ● protection. 1.2 Explain the legislative framework for safeguarding vulnerable individuals in health and social care. 1.3 Analyse how serious case reviews have influenced safeguarding and protection. 1.4 Explain the action to be taken in the event of	<ul style="list-style-type: none"> ● Definitions of safeguarding and protection. Legislative framework for example: The Care Act (2014); independent advocates, follow up of suspected or actual adult abuse. Policy documents: Health and Social Care Act (2012); Our Health, Our Care, Our Say (2006) and putting People first (2007), No secrets and in safe Hands (2000), Vetting and Barring Scheme (2006), Local safeguarding Adults Boards,

	<p>suspected or actual abuse.</p>	<ul style="list-style-type: none"> ● Modernising social services white paper, valuing people: A new strategy for learning disability in the 21st Century (2001). ● Serious case reviews: Winterbourne View Hospital; Orchid View; The Francis Report (2010) ● Protocols and referral procedures in own setting. Confidentiality and consent
<p>2. Know about the management of a service which safeguards and protects vulnerable individuals.</p>	<p>2.1 Analyse how service provision supports individuals to take risks and make informed choices.</p> <p>2.2 Demonstrate how to provide information to others on signs and symptoms of abuse.</p> <p>2.3 Demonstrate how to inform others of the measures to be taken to avoid abuse taking place.</p> <p>2.4 Demonstrate how to articulate with others practice that maintains the safety and protection of vulnerable individuals.</p>	<ul style="list-style-type: none"> ● Prepare a staff training resource; the training resource might include: Forms of abuse: physical, emotional, sexual, neglect and acts of omission, financial, discriminatory and institutional. ● Abuse avoidance: culture of openness and dignity, clear complaints procedure roles of staff are clear; training in adult protection. ● Steps to be taken: stages in responding to concerns about abuse ● Policies: safeguarding, risk assessment, induction, CPD, equal opportunities, recruitment procedures. ● Discuss practice with others: staff meetings, appraisals and supervision.
<p>3. Understand the importance of partnership working to protect vulnerable individuals.</p>	<p>3.1 Explain the agreed protocols for working in partnership.</p> <p>3.2 Evaluate the importance of working in partnership with others in relation to safeguarding and protection.</p>	<ul style="list-style-type: none"> ● Partnership working, safeguarding boards, local authorities, the police and the NHS, and local community members. Safeguarding adults – A National Framework (2005) ● Evaluate efficiency: shared objectives and

		goals, service user involvement in planning; satisfaction surveys etc
4. Understand how to review procedures and practices that promote safeguarding of vulnerable individuals.	<p>4.1 Assesses the importance of the involvement of individuals in the review of systems and procedures in services.</p> <p>4.2 Review a work setting's procedures and practice against current legislation and policy in relation to safeguarding and protecting vulnerable individuals.</p>	<ul style="list-style-type: none"> ● Challenge practice: unsafe practice, whistle blowing, Public Interest and Disclosure Act (1998) reporting poor practice, record ● Recommend to staff and management any proposals for improvement.

Assessment

To achieve a 'pass' for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment Criteria to be covered	Assessment type	Word count (approx. length)
All 1 to 4	All ACs under LO 1 to 4	Coursework	3000 words

Reading List

Adult safeguarding: *A Guide for Family Members, Social and Health Care Staff and Students* by Bob Dawson The Choir Press (20 Sept. 2021)

Additional Resources

www.cqc.org.uk Safeguarding people

www.gov.uk/government/publications/working-together-to-safeguard-children--2

Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children (HMSO March 2015)

<https://www.gov.uk/government/organisations/department-of-health-and-social-care> Department of Health and Social Care

www.mind.org.uk Mental Health - Online information and support

www.nhs.uk/mental-health/nhs-voluntary-charity-services/nhs-services/ A guide to mental health services in England

www.rethink.org Information and support for young people with mental health issues

HEALTH EDUCATION AND PROMOTING WELLBEING

Unit Reference Number	D/650/1140
Unit Title	Health Education and Promoting Wellbeing
Unit Level	5
Number of Credits	20
Total Qualification Time (TQT)	200 hours
Guided Learning Hours (GLH)	100 hours
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	1.3 Health and social care
Unit Grading Type	Pass / Fail

Unit Aims

This unit will develop learners understanding of approaches to health education and the methods that are used to identify health inequalities. Theoretical models using health education to bring about behaviour change will be examined and learners will be able to design a health education campaign.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome – The learner will:	Assessment Criteria – The learner can:	Indicative content
1. Understand approaches to health education.	1.1 Evaluate the concept of health and ill health. 1.2 Compare and contrast models of health. 1.3 Analyse factors affecting health and well-being. 1.4 Analyse the connection between diet, exercise	● Concept of health and ill health: World Health Organisation (WHO) definition

	<p>and health.</p> <p>1.5 Evaluate the role of media in influencing attitudes to health.</p> <p>1.6 Explain the terms:</p> <ul style="list-style-type: none"> ● health education ● health protection ● disease prevention. <p>1.7 Explain approaches to health promotion.</p>	<ul style="list-style-type: none"> ● Medical and social models of health ● Definition: World Health Organisation; alternative definitions; criticisms ● Factors: lifestyle, exercise, substance abuse, drinking, health practices social class; age; culture, gender, sexuality, financial stability; employment status, housing, pollution, workplace health, physical factors ● Role of the media: positive/negative influence, impact on self ● Definition of key terms: health education, health protection, disease prevention. ● Approaches: e.g.: medical model; behaviourist; educationalist; empowerment; fear
<p>2. Understand models of behaviour change.</p>	<p>2.1 Explain two models of behaviour change that have been used in recent national health education campaigns.</p> <p>2.2 Evaluate the effectiveness of different models of behaviour change in relation to health and well-being.</p>	<ul style="list-style-type: none"> ● Models of behaviour change: ● Models: health belief model, theory of reasoned action, theory of planned behaviour, stages of change model, social learning theory ● Social and economic context: eg financial, social class, peer pressure
<p>3. Be able to carry out a health education campaign.</p>	<p>3.1 Define the rationale of a health education campaign.</p> <p>3.2 Carry out a health education campaign, relating it to models of behaviour change.</p> <p>3.3 Evaluate the effectiveness and impact of the</p>	<ul style="list-style-type: none"> ● Purpose – promotion of healthy ideas and concepts to motivate people to change behaviour and adopt healthy lifestyle choices, designed to be proactive in tackling health-related challenges and issues

	<p>health education campaign.</p> <p>3.4 Explain ethical issues involved in the health education campaign.</p>	<ul style="list-style-type: none"> ● Aims of health-promotion activities, e.g. raise health awareness, encourage safety and reduce accidents, reduce number of people smoking, encourage healthy eating habits, reduce alcohol intake, identification of target audience; liaison with partnerships/others where necessary, planning schedule, action plan, design of material; involvement of others, ● Different types of health promotion and health-promotion activities : health-promotion campaigns – local or national initiatives targeted at large audiences with the aim of raising awareness of health-related issues, use of different forms of media ● Gain access: permissions etc, pre-set criteria including feedback mechanisms, cost, resources, and timescales. ● Research using different sources, e.g. websites, books, newspapers/magazines, leaflets, journals, TV programmes, Department of Health and Social Care, health professionals and service users, gathering data to understand the health topic, e.g. statistics (national, local), case studies ● Health-promotion materials, e.g. posters, leaflets, games, presentations, wall displays ● Target groups, e.g. children, adolescents, employees, sports or social clubs, type of service user ● Health-promotion materials appropriate to
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		<p>target group, e.g. language, images, activity, position of display, timing, ethics, form of media, how materials could be adapted for different target groups</p> <ul style="list-style-type: none"> ● Evaluation and reflection of personal practice, skills used, quality measures, benefits to the individual, aims and objectives, outcome measures/pre-set criteria, strengths and weaknesses, aspects to improve ● Ethical issues: to consider, eg rights of individuals, rights of others, confidentiality
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Assessment

To achieve a ‘pass’ for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment Criteria to be covered	Assessment type	Word count (approx. length)
All 1 to 3	All ACs under LO 1 to 3	Coursework	3000 words

Indicative Reading List

Copeman J et al (2020) *Practical Health Promotion* (3rd ed) Polity; London

Gottwald, G., 2013. *A Guide to Practical Health Promotion*. McGraw-Hill

Naidoo, J. and Wills, J. 2016. *Foundations for Health Promotion*, 4e (Public Health and Health Promotion). Elsevier

Additional Resources

www.cqc.org.uk The independent regulator of all health and social care services in England.

<https://www.gov.uk/government/organisations/department-of-health-and-social-care> Department of Health and Social Care

www.mind.org.uk Mental Health - Online information and support

www.nhs.uk A guide to health services in England

TEAM MANAGEMENT IN HEALTH AND SOCIAL CARE

Unit Reference Number	F/650/1141
Unit Title	Team Management in Health and Social Care
Unit Level	5
Number of Credits	20
Total Qualification Time (TQT)	200 hours
Guided Learning Hours (GLH)	100 hours
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	1.3 Health and social care
Unit Grading Type	Pass / Fail

Unit Aims

The aim of this unit is for the learner to show that they can manage and supervise a team and develop their performance in the health and social care setting. The unit also explores recruitment in health and social care settings.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome – The learner will:	Assessment Criteria – The learner can:	Indicative content
1. Understand the characteristics of effective team work.	1.1 Analyse theories of team development. 1.2 Suggest strategies to overcome common team work challenges. 1.3 Evaluate the impact of leadership styles on a team. 1.4 Assess the importance of accountability and trust in a team. 1.5 Compare and contrast methods of managing conflict within a team.	<ul style="list-style-type: none"> ● Challenges for a team: Tuckman’s theory of group development, respect differences; role recognition, Belbin’s Team roles. ● Features of a team: goals, roles, procedures, communication, relationships and leadership. ● Solutions to challenges: communication, negotiation, joint working with professionals, task sharing, assertiveness, strong leadership and direction.

		<ul style="list-style-type: none"> ● Theories of management styles: Trait Theory, Authoritarian/Autocratic, Democratic/Participative, Laissez- faire. ● Accountability: be consistent, honest. ● Conflict: disagreements, personal values and beliefs.
2. Know how to support a positive culture within a team in a health and social care setting.	<p>2.1 Explain the components of a positive culture within a team.</p> <p>2.2 Describe how systems and processes support a positive culture in a team.</p> <p>2.3 Explain how to foster creative and innovative ways of working in a team.</p>	<ul style="list-style-type: none"> ● Shared ways of working; communication; values/beliefs; valuing contribution from others; inclusiveness and openness ● Shared records; team meetings; supervisions/appraisals; induction and staff training ● Creative and innovative methods of working: communication; dynamic approach; person; centred care; integrated workforce agenda; priorities; co-working; rota systems; challenging routine practices
3. Understand how to agree performance objectives with the team.	<p>3.1 Explain the links between individual, team and organisational objectives.</p> <p>3.2 Explain factors which influence forward planning in a team.</p> <p>3.3 Explain how to identify areas of individual and team responsibility in achieving objectives.</p> <p>3.4 Explain how to identify and agree aims and objectives to promote a shared vision within own team.</p> <p>3.5 Evaluate how the vision and strategic direction of a team influences team practice.</p>	<ul style="list-style-type: none"> ● Beliefs and values, personality, information systems, appraisal, training, creativity, transformational leadership, culture of interest, developmental opportunities. ● Shared methods of working; communication; values and beliefs; working methods between team members; valuing contribution from others; inclusiveness and openness ● Supervision; appraisal; sharing information; communicating; listening to others; team working to common goal/objectives

		<ul style="list-style-type: none"> ● Transformational leadership; shared values; empowerment; co-production; developing other people; openness; honesty; strategic planning; ongoing monitoring and review.
<p>4. Be able to manage team performance.</p>	<p>4.1 Apply techniques to monitor progress in achieving team objectives. 4.2 Demonstrate how to provide constructive feedback when underperformance is identified. 4.3 Explain how team members are managed when performance does not meet agreed requirements.</p>	<ul style="list-style-type: none"> ● Communicate strategy and vision, identify aims and objectives, sharing of skills, roles and responsibilities, and celebrate achievement. ● Progress towards objectives, quality of provision, service user feedback. ● Underperformance: areas to improve on, Set clear expectations and match staff to the skills required, performance reviews, training, mentorship. Disciplinary action/ stages.
<p>5. Know about recruitment and selection processes in health and social care.</p>	<p>5.1 Explain the impact of legislative and regulatory requirements on recruitment and selection processes in health and social care settings. 5.2 Analyse how serious case reviews and inquiries have contributed to the establishment of policies and procedures within recruitment which are necessary to safeguard vulnerable people. 5.3 Explain how to establish the criteria that will be used in the recruitment and selection process. 5.4 Describe how to involve others in the recruitment process.</p>	<ul style="list-style-type: none"> ● Equality Act 2010; General Data Protection Regulation (GDPR) 2018, Health and Safety etc Act 1974; Safeguarding Vulnerable Groups Act 2016, The National Minimum Wage Regulations 2016, Working Time Directive 1998, Working Together to Safeguard Children 2013, working hours, visas, advertising standards; qualification requirements; safeguarding-DBS; national initiatives; apprenticeships, traineeships, internships and returnships ● Use of social media networks; internal to the organisation; newspapers and journals; local radio; television; networks; agencies; head hunters; recommendation/referrals, recruitment fairs, people leaving the services, job centres. ● Involvement through effective communication

		methods; person centred ways of working; identification of needs, preferences and abilities; advocacy.
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Assessment

To achieve a ‘pass’ for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment Criteria to be covered	Assessment type	Word count (approx. length)
All 1 to 5	All ACs under LO 1 to 5	Coursework	3000 words

Indicative Reading List

Belbin, M. (1981). *Management Teams: Why they succeed or fail*. London: Heinemann

Tuckman, B (1965) *Developmental sequence in small groups*, Psychological Bulletin,

Martin, V., Charlesworth, J. and Henderson, E. (2010) *Managing in Health and Social Care* (2nd Ed). London. Routledge

Tilmouth, T., Davies-Ward, E and Williams B. (2011) *Foundation Degree in Health and Social Care*. London: Hodder Education.

Gold. J., Thorpe, R. and Mumford, A. (2010) *Leadership and Management Development*. 5th Edition. CIPD

Marchington, M. and Wilkinson, A. (2008) *People Management and Development: Human Resource Management at Work*. London: CIPD

Redman, T. and Wilkinson, A. (2009) *Contemporary Human Resource Management: Text and Cases*. 3rd Edition. Pearson, Financial Times Press

Additional Resources

www.businessballs.com Learning and development resources

www.teambuilding.co.uk Event management

www.belbin.com Resources on team theories

www.leadershipacademy.nhs.uk NHS - Leading Teams in Health and Social Care

PROFESSIONAL SUPERVISION PRACTICE IN HEALTH AND SOCIAL CARE

Unit Reference Number	H/650/1142
Unit Title	Professional Supervision Practice in Health and Social Care
Unit Level	5
Number of Credits	20
Total Qualification Time (TQT)	200 hours
Guided Learning Hours (GLH)	100 hours
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	1.3 Health and social care
Unit Grading Type	Pass / Fail

Unit Aims

Professional Supervision is a legal and regulatory requirement of health and social care settings. This unit covers theories relating to supervision and the purpose and processes of professional supervision, together with performance management and methods of managing and addressing conflict.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome – The learner will:	Assessment Criteria – The learner can:	Indicative content
1. Understand professional supervision in health and social care settings.	1.1 Evaluate theories and models that underpin the practice of professional supervision. 1.2 Explain the legal and regulatory codes of practice that relate to professional supervision. 1.3 Explain how evidence-based practice informs professional supervision.	<ul style="list-style-type: none"> ● What is professional supervision? The scope and purpose of it; meet standards of practice and improve the quality of service. ● Models: e.g.: Developmental models, scaffolding, integrative models, and solution focused models. ● Legislation, codes of practice e.g.: The Care Act (2014) Outcome 14, regulation 23.

		<ul style="list-style-type: none"> ● Supporting information and guidance; supporting effective clinical supervision. ● Evidence based practice; new knowledge applied to care practice.
2. Know how to agree on the framework for a professional supervision process.	<p>2.1 Explain how to overcome power-imbalance in professional supervision.</p> <p>2.2 Explain the boundaries and parameters for carrying out supervision with the supervisee.</p>	<ul style="list-style-type: none"> ● The performance management cycle; planning, develop, perform, and review Performance against targets, SMART targets. ● Agreement in relation to timing, objectives, confidentiality, limitations, considerations; responsibilities of both parties; reporting mechanisms.
3. Know how to provide professional supervision.	<p>3.1 Describe how to provide constructive feedback to the supervisee.</p> <p>3.2 Describe how conflict can be managed within supervision.</p> <p>3.3 Analyse methods that can be used to measure performance.</p> <p>3.4 Explain how to review and agree performance targets.</p>	<ul style="list-style-type: none"> ● Constructive feedback; reviewing the quality of practice; ways to improve practice; detailed feedback ● Personal power (knowledge skills and competence). Organisational power: reward power, coercive power, legitimate power, information power. ● Target setting; aims and objectives; performance review; 360 review; monitoring; observation. ● Agreeing details regarding professional supervision: confidentiality, professional boundaries, roles and accountability. Time and location. Evidence that can be presented for supervision and preparation the supervisee needs to do.
4. Know how to reflect on own practice in professional supervision.	<p>4.1 Explain how to use tools to gather feedback on own professional supervision practice.</p> <p>4.2 Describe how to reflect on feedback to identify</p>	<ul style="list-style-type: none"> ● Feedback, positive praise and constructive feedback. Staff development. Use of staff

	changes to be made to own practice.	appraisals to review. <ul style="list-style-type: none"> ● Potential for conflict during supervision; eg: task based conflict or relationship based conflict. Resolution through resolving conflict by conversation. ● Feedback from staff. Measure own performance against standards, reflection on practice of supervision process.
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Assessment

To achieve a ‘pass’ for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment Criteria to be covered	Assessment type	Word count (approx. length)
All 1 to 4	All ACs under LO 1 to 4	Coursework	3000 words

Indicative Reading List

Field, R. (2017). *Effective Leadership, Management and Supervision in Health and Social Care* (Post-Qualifying Social Work Practice Series). Learning Matters.

Hawkins, P. and Shohet, R. (2012) *Supervision in the Helping Professions (Supervision in Context)*. London. Oxford University Press

Additional Resources

www.scie.org.uk Putting effective supervision into practice: Sector expectations regarding supervision

www.skillsforcare.org.uk SCIE Research briefings

[Skills for Care](#) – guidance on supervision and standards

RESEARCH METHODS IN HEALTH AND SOCIAL CARE

Unit Reference Number	J/650/1143
Unit Title	Research Methods in Health and Social Care
Unit Level	5
Number of Credits	20
Total Qualification Time (TQT)	200 hours
Guided Learning Hours (GLH)	100 hours
Mandatory / Optional	Mandatory
Sector Subject Area (SSA)	1.3 Health and social care
Unit Grading Type	Pass / Fail

Unit Aims

This unit aims to develop learners' understanding of the purpose of research in the health and social care sectors and the implications and ethical issues relating to this research. Learners will be able to explore different research methodologies, enable them to plan and conduct their own research relating to a health or social care issue and evaluate the success of the outcomes.

Learning Outcomes, Assessment Criteria and Indicative Content

Learning Outcome – The learner will:	Assessment Criteria – The learner can:	Indicative content
1. Understand approaches to research in health and social care.	1.1 Explain the function of research in health and social care. 1.2 Evaluate types of research methodology. 1.3 Describe methods of gathering data. 1.4 Describe tools to analyse and present data. 1.5 Explain how to assess the validity and reliability of data in research. 1.6 Analyse the importance of the validity and reliability of data used within research.	<ul style="list-style-type: none"> ● Function: identify need; highlight gaps in provision; plan provision; inform policy or practice; extend knowledge and understanding; improve practice; aid reflection; allow progress to be monitored; examine topics of contemporary importance. ● Types of research: quantitative; qualitative; primary; secondary Primary sources: questionnaires; structured and unstructured interviews; scientific experiment; formal and informal observation; measurements

		<p>Secondary sources: information literacy, eg website, journals, media, books, e-resources; literature review, eg extract information, interpret, analyse, synthesis; data, eg graphs, tables, statistics</p> <ul style="list-style-type: none"> ● Methods to gather data: checklists and scales; questionnaires, experiments, observation, interviews, action research, case study. ● Tools to analyse data; tables, charts, lists. ● Reliability and validity.
<p>2. Be able to plan a research project relevant to a health and social care setting.</p>	<p>2.1 Determine a research topic in a chosen area of interest. 2.2 Develop the aims and objectives of the research project. 2.3 Explain ethical considerations that apply to the area of the research project. 2.4 Complete a literature review of chosen area of research.</p>	<ul style="list-style-type: none"> ● SMART aims and objectives; <ul style="list-style-type: none"> ○ Terms of reference ○ Rationale for selection, ○ Key milestones, ○ Project goals, ○ Schedule ● Ethics (confidentiality; agreements with participants; research governance (HRH Health Research Authority), reading critically, Ethics: permissions and approvals, consent, confidentiality. ● Elements: Statement of problem, ● Literature review, conceptual framework, research question, hypothesis, terms of reference, methodology, timelines, scope of work and budget.
<p>3. Be able to carry out a research project relevant to a health and social care setting.</p>	<p>3.1 Develop relevant research questions. 3.2 Formulate a detailed plan for the research project.</p>	<ul style="list-style-type: none"> ● Topic to be explored; literature review, conceptual framework, research question,

	<p>3.3 Determine appropriate research methods for the research project.</p> <p>3.4 Conduct the research using identified research methods.</p>	<p>hypothesis, terms of reference, methodology, timelines, scope of work and budget. Ethics: permissions and approvals, consent, confidentiality.</p>
<p>4. Be able to make informed recommendations.</p>	<p>4.1 Analyse the data and present findings.</p> <p>4.2 Formulate recommendations related to the chosen research topic</p> <p>4.3 Reflect how own research findings substantiate initial literature review.</p> <p>4.4 Make recommendations related to area of research.</p> <p>4.5 Identify potential uses for the research findings within practice.</p>	<ul style="list-style-type: none"> ● Analysis: organisation and interrogation of data ● Initial analysis: detect patterns, themes, and relationships in the information, test hypotheses, draw conclusions and build recommendations. ● Report writing and dissemination: To share findings and encourage uptake ● Potential uses for findings in practice, draw conclusions from the data. ● Discuss the actions that future researchers should take as a result of the Project. ● Benefits to the organisation.

Assessment

To achieve a ‘pass’ for this unit, learners must provide evidence to demonstrate that they have fulfilled all the learning outcomes and meet the standards specified by all assessment criteria.

Learning Outcomes to be met	Assessment Criteria to be covered	Assessment type	Word count (approx. length)
All 1 to 4	All ACs under LO 1 to 4	Research Project	3000 words

Indicative Reading List

Aveyard, H., (2014). *Doing A Literature Review In Health And Social Care: A Practical Guide*. Open University Press.

Becker, S and Bryman, A (2004) *Understanding Research for Social Policy and Practice* Bristol. The Policy Press

Bowling, A. (2002) *Research methods in Health: Investigating health and health services* (2nd ed) Milton Keynes: Open University Press

Additional Resources

Economic and Social Research Council (2002) *Research Ethics Framework*. London HMSO

IMPORTANT NOTE

Whilst we make every effort to keep the information contained in programme specification up to date, some changes to procedures, regulations, fees matter, timetables, etc may occur during the course of your studies. You should, therefore, recognise that this booklet serves only as a useful guide to your learning experience.

For updated information please visit our website www.othm.org.uk