



OTHM LEVEL 5 DIPLOMA IN HEALTH AND SOCIAL CARE MANAGEMENT

Qualification Number: 603/3685/7

Specification | March 2020 |

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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 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. Learners will acquire care management skills in the Health and Social Care sector.

QUALITY, STANDARDS AND RECOGNITIONS

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

OTHM has 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 Ref. No.	603/3685/7
Regulation Start Date	03/10/2018
Operational Start Date	05/10/2018
Duration	1 Year
Total Credit Value	120 Credits
Total Qualification Time (TQT)	1200 Hours
Guided Learning Hours (GLH)	480 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 qualifications at Level 5 represent practical knowledge, skills, capabilities and competences that are assessed in academic terms as being equivalent to Foundation Degrees, Higher National Diploma (HND) and Year 2 of a three-year UK Bachelor's degree.

QUALIFICATION STRUCTURE

The OTHM Level 5 Diploma in Health and Social Care Management consists of 6 mandatory units for a combined total of 120 credits, 1200 hours Total Qualification Time (TQT) and 480 Guided Learning Hours (GLH) for the completed qualification.

Unit Ref. No.	Unit title	Credit	GLH	TQT
L/617/2660	Partnership Working in Health and Social Care	20	80	200
Y/617/2659	Safeguarding and Protecting Vulnerable Individuals	20	80	200
R/617/2658	Health Improvement and Promotion of Well-being	20	80	200
L/617/2657	Leading Teams in Health and Social Care	20	80	200
J/617/2656	Providing Professional Supervision for Staff	20	80	200
F/617/2655	Research in Health and Social Care	20	80	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) is 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

For entry onto the OTHM Level 5 Diploma in Health and Social Care Management qualification, learners must possess:

- Relevant NQF/QCF/RQF Level 4 diploma or equivalent recognised qualification
- Mature learners (over 21) with management experience (learners must check with the delivery centre regarding this experience prior to registering for the programme)
- Learner must be 18 years or older at the beginning of the course
- **English requirements:** If a learner is not from a majority English-speaking country must provide evidence of English language competency. For more information visit [English Language Expectations](#) page.

PROGRESSION

Successful completion of Level 5 Diploma in Health and Social Care Management qualification provides learners the opportunity for a wide range of academic progressions including progression to relevant OTHM Level 6 Diplomas. The Level 5 Diploma in Health and Social Care Management has been developed with career progression and professional recognition in mind. As this qualification is approved and regulated by Ofqual (Office of the Qualifications and Examinations Regulation), learners are eligible to gain direct entry into Final year of a three-year UK Bachelor's degree. For more information visit [University Progressions](#) page in this website.

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.

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 the 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 internally assessed by the centre and externally verified by OTHM. The qualifications are criterion 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.

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

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.

OPPORTUNITIES FOR LEARNERS TO PASS

Centres are responsible for managing learners who have not achieved a Pass for the qualification having completed the assessment. However, OTHM expects at a minimum, that centres must have in place a clear feedback mechanism to learners by which they can effectively retrain the learner in all the areas required before re-assessing the learner.

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.

CONTACT DETAILS

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UNIT SPECIFICATIONS

PARTNERSHIP WORKING IN HEALTH AND SOCIAL CARE

Unit Reference Number	L/617/2660
Unit Title	Partnership Working in Health and Social Care
Unit Level	5
Number of Credits	20
Total Qualification Time	200
Mandatory / Optional	Mandatory
SSAs	01.3 Health and social care
Unit Grading Structure	Pass/Fail

Unit Aims

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

Learning Outcomes and Assessment Criteria

Learning Outcomes- The learner will:	Assessment Criteria- The learner can:
1. Understand the main features and outcomes of partnership working.	1.1 Describe key elements of partnership working with: <ul style="list-style-type: none"> • external organisations • colleagues • the individual • families. 1.2 Evaluate the importance of partnership working with: <ul style="list-style-type: none"> • external organisations • colleagues • the individual • families. 1.3 Explain how to overcome barriers to partnership working. 1.4 Explain how to deal with conflict that may occur in partnership working.
2. Understand how to evaluate partnership working.	2.1 Identify the contribution they can make to enhance partnership working. 2.2 Evaluate their strengths and weaknesses in relation to partnership working. 2.3 Identify ways to improve own practice. 2.4 Explain how to review the effectiveness of partnership working in achieving the agreed outcomes.

Indicative content

Learning Outcome 1

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; coordinated packages of care; Voluntary sector involvement.

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.

Learning Outcome 2

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.

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	Type of assessment	Summary of quantity/quality
1 - 2	All under LO 1-2	Essay	4000
		Reflective account	500

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.

SCIE Research briefing 41: Factors that promote and hinder joint and integrated working between health and social care services. 2018. SCIE Research briefing 41: *Factors that promote and hinder joint and integrated working between health and social care services*. [ONLINE] Available at: <https://www.scie.org.uk/publications/briefings/briefing41/>. [Accessed 14 May 2018].

SAFEGUARDING AND PROTECTING VULNERABLE INDIVIDUALS

Unit Reference Number	Y/617/2659
Unit Title	Safeguarding and Protecting Vulnerable Individuals
Unit Level	5
Number of Credits	20
Total Qualification Time	200
Mandatory / Optional	Mandatory
SSAs	01.3 Health and social care
Unit Grading Structure	Pass

Unit Aims

The aim of this unit is to provide learners with a thorough understanding of the legal framework for safeguarding and protecting vulnerable individuals, developing the knowledge and skills required to manage staff and develop staff understanding of this critical area.

Learning Outcomes and Assessment Criteria

Learning Outcomes- The learner will:	Assessment Criteria- The learner can:
1. Understand the legal framework, regulations, and 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 suspected or actual abuse.
2. Understand the management of a service which safeguards and protects vulnerable individuals.	2.1 Analyse how service provision supports individuals to take risks and make informed choices. 2.2 Provide information to others on signs and symptoms of abuse. 2.3 Inform others of the measures to be taken to avoid abuse taking place. 2.4 Articulate with others practice that maintains the safety and protection of vulnerable individuals.
3. Understand the importance of partnership working to protect vulnerable individuals.	3.1 Explain the agreed protocols for working in partnership. 3.2 Evaluate the importance of working in partnership with others in relation to safeguarding.

<p>4. Understand how to review procedures and practice that promote safeguarding of vulnerable individuals.</p>	<p>4.1 Asses the importance of the involvement of individuals in the review of systems and procedures in services. 4.2 Review a work setting’s procedures and practice against current legislation and policy in relation to safeguarding and protecting vulnerable individuals.</p>
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Indicative content

Learning outcome 1

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: 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, 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.

Learning Outcome 2

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.

Learning Outcome 3

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.

Learning Outcome 4

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	Type of assessment	Summary of quantity/quality
1 - 4	All under LO 1-4	Portfolio	4500

Indicative Reading list

Highlights: Safeguarding adults | SCIE. 2018. *Highlights: Safeguarding adults* | SCIE. [ONLINE] Available at: <https://www.scie.org.uk/safeguarding/adults/introduction/highlights>. [Accessed 13 May 2018].

Safeguarding adults: Types and indicators of abuse (At a glance) | SCIE. 2018. *Safeguarding adults: Types and indicators of abuse (At a glance)* | SCIE. [ONLINE] Available at: <https://www.scie.org.uk/publications/ata glance/69-adults-safeguarding-types-and-indicators-of-abuse.asp>. [Accessed 13 May 2018].

HEALTH IMPROVEMENT AND PROMOTING WELL-BEING

Unit Reference Number	R/617/2658
Unit Title	Health Improvement and Promoting Well-being
Unit Level	5
Number of Credits	20
Total Qualification Time	200
Mandatory / Optional	Mandatory
SSAs	01.3 Health and social care
Unit Grading Structure	Pass

Unit Aims

The aim of this unit is to develop learners' understanding of approaches to health education and design, enabling learners to be able to plan and implement their own health promotion initiative.

Learning Outcomes and Assessment Criteria

Learning Outcomes- The learner will:	Assessment Criteria- The learner can:
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 and health. 1.5 Evaluate the role of media in influencing attitudes to health. 1.6 Explain the terms: <ul style="list-style-type: none"> • health education • health protection • disease prevention. 1.7 Explain approaches to health promotion.
2. Understand models of behaviour change.	2.1 Evaluate the effectiveness of different models of behaviour change in relation to health and well-being.
3. Be able to plan a health promotion initiative.	3.1 Define the rationale of a health promotion project. 3.2 Seek approval/permission to carry out the project. 3.3 Design materials for the project. 3.4 Carry out a health promotion project. 3.5 Evaluate the effectiveness and impact of the project.

Indicative content

Learning Outcome 1

Concept of health and ill health: World Health Organisation (WHO) definition

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.

Approaches: e.g.: medical model; behaviourist; educationalist; empowerment; fear

Learning Outcome 2

Models of behaviour change: Health Belief Model; Theory of Reasoned Action; Theory of Social Learning; stages of change model;

Learning Outcome 3

Aims and objectives; identification of target audience; liaison with partnerships/others where necessary, planning schedule, action plan, design of material; involvement of others,

Gain access: permissions etc, pre-set criteria including feedback mechanisms, cost, resources, and timescales.

Evaluation and reflection of personal practice, skills used, quality measures, benefits to the individual.

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	Type of assessment	Summary of quantity/quality
1 - 2	All under LO 1-2	Essay	3000
3	LO3	Project report and material	1000

Indicative Reading list

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.

Public Health England - GOV.UK. 2018. Public Health England - GOV.UK. [ONLINE] Available at: <https://www.gov.uk/government/organisations/public-health-england>. [Accessed 16 May 2018].

World Health Organization. 2018. WHO | *Health promotion*. [ONLINE] Available at: <http://www.who.int/healthpromotion/en/>. [Accessed 16 May 2018].

LEADING TEAMS IN HEALTH AND SOCIAL CARE

Unit Reference Number	L/617/2657
Unit Title	Leading Teams in Health and Social Care
Unit Level	5
Number of Credits	20
Total Qualification Time	200
Mandatory / Optional	Mandatory
SSAs	01.3 Health and social care
Unit Grading Structure	Pass

Unit Aims

The aim of this module is for the learner to show that they can lead and supervise a team and develop their performance in the health and social care setting.

Learning Outcomes and Assessment Criteria

Learning Outcomes- The learner will:	Assessment Criteria- The learner can:
1. Understand the characteristics of effective team work.	1.1 Describe 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.
2. Understand how to agree performance objectives with the team.	2.1 Explain the links between individual, team and organisational objectives. 2.2 Explain factors which influence forward planning in the team. 2.3 Explain how to identify areas of individual and team responsibility in achieving objectives. 2.4 Explain how to identify and agree aims and objectives to promote a shared vision within own team.
3. Be able to manage team performance.	3.1 Monitor progress in achieving team objectives. 3.2 Provide feedback when underperformance is identified.

Indicative content

Learning Outcome 1

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.

Theories of management styles: Trait Theory, Authoritarian/Autocratic, Democratic/Participative, Laissez- faire.

Accountability: be consistent, honesty.

Conflict: disagreements, personal values and beliefs.

Learning Outcome 2

Beliefs and values, personality, information systems, appraisal, training, creativity, transformational leadership, culture of interest, developmental opportunities.

Learning Outcome 3

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.

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	Type of assessment	Summary of quantity/quality
1 - 3	All under LO 1-3	Portfolio of tasks	4500

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, 63(6), 384-99

Mackian, S., (2013). *Leading, Managing, Caring*. (s.n.).

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.

PROVIDING PROFESSIONAL SUPERVISION FOR STAFF

Unit Reference Number	J/617/2656
Unit Title	Providing Professional Supervision for Staff.
Unit Level	5
Number of Credits	20
Total Qualification Time	200
Mandatory / Optional	Mandatory
SSAs	01.3 Health and social care
Unit Grading Structure	Pass

Unit Aims

The aim of this unit is to develop learners' ability to provide professional supervision to staff and support them to enhance skills and performance.

Learning Outcomes and Assessment Criteria

Learning Outcomes- The learner will:	Assessment Criteria- The learner can:
1. Understand professional supervision in health and social care environments.	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.
2. Understand how to agree the framework for a professional supervision process.	2.1 Explain how to overcome power-imbalance in professional supervision. 2.2 Explain how to agree the boundaries and parameters for carrying out supervision with the supervisee.
3. Understand how to provide professional supervision.	3.1 Describe how to provide constructive feedback to the supervisee. 3.2 Explain how to review and agree performance targets.
4. Understand how to reflect on own practice in professional supervision.	4.1 Explain how to use tools to gather feedback on own professional supervision practice. 4.2 Describe how to reflect on feedback to identify changes to be made to own practice.

Indicative content

Learning Outcome 1

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. CQC Fundamental standards, Supporting information and guidance; supporting effective clinical supervision.

Evidence based practice, new knowledge applied to care practice.

Learning Outcome 2

The performance management cycle; planning, develop, perform, and review Performance against targets, SMART targets.

Learning Outcome 3

E.g.: Personal power (knowledge skills and competence). Organisational power: reward power, coercive power, legitimate power, information power.

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.

Learning Outcome 4

Feedback, positive praise and constructive feedback. Staff development. Use of staff appraisals to review.

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.

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	Type of assessment	Summary of quantity/quality
1 - 4	All under LO 1-4	Portfolio	4500

Indicative Reading list

Effective supervision in a variety of settings – Guide (2017). [ONLINE] Available at: <https://www.scie.org.uk/publications/guides/guide50/>. [Accessed 13 May 2018].

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

RESEARCH IN HEALTH AND SOCIAL CARE

Unit Reference Number	F/617/2655
Unit Title	Research in Health and Social Care
Unit Level	5
Number of Credits	20
Total Qualification Time	200
Mandatory / Optional	Mandatory
SSAs	01.3 Health and social care
Unit Grading Structure	Pass

Unit Aims

The aim of this unit is to introduce learners to the research process, the methods and types of research whilst they are conducting a small scale study.

Learning Outcomes and Assessment Criteria

Learning Outcomes- The learner will:	Assessment Criteria- The learner can:
1. Understand approaches to research in health and social care.	1.1 Critically evaluate different types of research methodology. 1.2 Describe methods of gathering data. 1.3 Describe tools to analyse and present data. 1.4 Explain how to assess the validity and reliability of data in research.
2. Be able to plan a research project relevant to a health and social care setting.	2.1 Identify an area for a research topic. 2.2 Construct aims and objectives for the research topic. 2.3 Apply ethical considerations relevant to the chosen topic of research. 2.4 Conduct a literature review of the chosen area.
3. Be able to carry out a research project relevant to a health and social care setting.	3.1. Develop relevant research questions. 3.2. Select appropriate research methods. 3.3. Carry out the research. 3.4. Collate research data.
4. Be able to analyse the data gathered and interpret findings of a research project.	4.1 Analyse the data and present findings. 4.2 Relate research findings to their original literature review. 4.3 Formulate recommendations related to the chosen research topic.

Indicative content

Learning Outcome 1

Types of research: Qualitative; Quantitative; strengths and weaknesses.

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.

Learning Outcome 2

Approval for study from manager/academic supervisor/mentor. Organisation will need to approve.

Ethics (confidentiality; agreements with participants; research governance (HRH Health Research Authority), reading critically.

Learning Outcome 3

Elements: Statement of problem, Literature review, conceptual framework, research question, hypothesis, terms of reference, methodology, timelines, scope of work and budget. Ethics: permissions and approvals, consent, confidentiality.

Learning Outcome 4

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	Type of assessment	Summary of quantity/quality
1 - 4	All under LO 1-4	Research project	4000 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

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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 document serves only as a useful guide to your learning experience. For updated information please visit our website www.othm.org.uk.

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