

Level 3 Cambridge Technical in Health and Social Care

05871

Unit 25: Research methods in health, social care and childcare

Pre-release material

Thursday 18 January 2018 – Afternoon

GUIDANCE NOTES

- This pre-release material contains three research articles on three different themes.
- The question paper will require learners to respond to questions about research they have completed and questions which are associated with general research principles.
- Learners need to conduct research linked to the pre-release material in the five weeks they have access to the document.

INSTRUCTIONS FOR TEACHERS

- This material must be issued 6 weeks prior to the published examination date.
- This material must be printed on A4 only.
- Learners are permitted to summarise their research findings and record results/evidence/data gathered **in the notes pages at the back of this document only** (not in the margins or around the pre-release material itself or on additional sheets) and **must not exceed the 2 pages provided**.
- The notes section must **not** be used to produce a formal write-up of the research conducted.
- Teachers must collect in each learner's pre-release material and notes **one calendar week** prior to the exam date.
- Teachers must check that the notes made are appropriate and are the learners' own work in advance of the examination taking place.
- The pre-release and notes must then be returned to learners **immediately before the exam** commences.
- The pre-release and notes **must** be submitted along with the learners' question paper at the end of the examination.

INFORMATION FOR LEARNERS

- You **must** choose one of the research articles (source **A, B** or **C**).
- You **must** identify a specific focus from the article for further secondary research.
- You **must** then complete further secondary research related to your focus, using **at least two** sources.
- Your notes on the research **must not** exceed the pages provided in this document; no additional sheets may be taken into the examination.
- Your secondary sources **must be** recorded on page 7 of this document.
- Notes are only permitted on pages 8 and 9, not elsewhere within the pre-release material such as in the margins or around the sources themselves.
- You **must** hand in your pre-release material and notes with your question paper at the end of the examination.

SOURCE A

Extracts from and summary of:

Brookes H, and Coster, D. (Feb 2015). *'Baby steps: perspectives of Parents from a minority ethnic background.'* NSPCC Evaluation department, NSPCC's Impact and Evidence series.

Introduction

Baby Steps is a programme to help new parents. It is a perinatal education programme developed by the NSPCC in partnership with parenting experts at Warwick University. The intervention is a group-based programme of nine sessions delivered to disadvantaged parents from the 28th week of pregnancy, including three sessions after the birth. It aims to help vulnerable parents manage the transition to parenthood, with a particular emphasis on the relationship between partners and the development of a positive parent-infant relationship. The programme also aims to create a social support network for parents and to foster their inner resilience.

Baby Steps has been delivered at nine NSPCC sites since 2012. Among the intended recipients of the programme are parents from particularly disadvantaged or isolated minority ethnic communities, including those who are recent migrants, asylum seekers or refugees.

Methodology

Semi-structured face-to-face interviews were conducted with 14 parents from minority ethnic backgrounds. It was not possible to employ a purposive sampling strategy due to the small number of parents from such backgrounds who had completed the programme. A convenience sample was therefore selected.

A qualitative approach was taken, as this is the most appropriate methodology to gain an in-depth understanding of people's experience from their own point of view.

Semi-structured face-to-face interviews were conducted with the parents, using interpreters where necessary. Participants were thanked for their time with a voucher worth £10. Interviews were recorded with a digital recorder and transcripts were then produced for analysis.

Informed consent, confidentiality and data protection

It was made clear to participants that all data would be kept confidential unless a child protection concern was identified, in which case standard NSPCC child protection procedures would be followed. All electronic data were stored securely in password-protected electronic files, and hard copies of information were stored in locked cabinets. The findings have been reported on an aggregate rather than individual basis and therefore do not include any identifying details; names used as quote labels in this report are pseudonyms.

Conclusions

The Baby Steps programme worked well for parents from minority ethnic backgrounds. A degree of tailoring was necessary in order to respond to these parents' additional needs, such as providing an interpreter, engaging with immigration issues or discussing cultural practices that do not accord with UK law. However, parents regarded the information provided by Baby Steps as relevant and helpful.

Some parents faced very challenging issues, particularly refugees and asylum seekers, who were more likely than other parents in the sample to have only limited understanding of public services, to lack confidence in accessing these, and to have restricted social support networks. For these parents, Baby Steps had provided a vital level of support and for some it had been their first positive engagement with UK society. It was clear that the effect of attending the programme could be transformative.

The programme also played a significant role in helping parents to understand what is appropriate behaviour in a relationship and as a parent. Parents who attended the programme remembered learning about and accepting the idea of equality between the partners, which can have a profound impact on interpersonal relationships.

In addition, the evidence indicates that the programme can play a role in helping to prevent abuse. Some parents admitted they had been dissuaded from using physical punishment as a way of disciplining their children. Others said that the information they had received about female genital mutilation meant that they were now opposed to this practice and no longer intended to inflict it on their daughters.

This report has shown that the Baby Steps programme is a powerful way for engaging parents from minority ethnic groups, helping to educate them about appropriate parenting practices and also providing support to those who lack other support mechanisms.

SOURCE B**Extracts from and summary of:**

Gridley K, Brooks J, Birks Y, Baxter K and Parker G. (2016). *'Improving care for people with dementia: development and initial feasibility study for evaluation of life story work in dementia care.'* Scotland: NIHR Journals Library.

Background

Improving dementia care quality is an urgent priority nationally and internationally. Life story work (LSW) is an intervention that aims to improve individual outcomes and care for people with dementia and their carers. LSW gathers information and artefacts about the person, their history and interests, and produces a tangible output: the 'life story'.

Objective

To establish whether or not full evaluation of LSW was feasible.

Design

Mixed-methods feasibility study.

In-depth interviews and focus groups explored experiences of LSW and best practice with people with dementia, family members and dementia care staff. A systematic review explored best practice and theories of change for LSW. These stages helped to identify the outcomes and resources to explore in the feasibility study. A representative sample survey of health and social care dementia care providers in England established LSW practice in different settings. A survey of a self-selected sample of family members of people with dementia explored how LSW is experienced. Two small outcome studies (stepped-wedge study in six care homes and pre-test post-test study in inpatient specialist dementia care wards) explored the feasibility of full evaluation of LSW in these settings.

Settings

Survey: generalist and specialist care homes; NHS dementia care settings; and community dementia services. Feasibility study: care homes and NHS inpatient dementia care wards.

Participants

NHS and social care services, people with dementia, family carers, care home staff and NHS staff.

Interventions

LSW.

Main outcome measures

Spread of LSW and good practice, quality of life (QoL) for the person with dementia and carers, relationships between people with dementia and family carers, staff attitudes about dementia, staff burnout, resource use and costs.

Review methods

Narrative review and synthesis, following Centre for Review and Dissemination guidelines.

Results

Good practice in LSW is identifiable, as are theories of change about how it might affect given outcomes. Indicators of best practice were produced. LSW is spreading but practice and use vary between care settings and are not always in line with identified good practice. Two different models of LSW are evident; these are likely to be appropriate at different stages of the dementia journey. The feasibility study showed some positive changes in staff attitudes towards dementia and, for some people with dementia, improvements in QoL. These may be attributable to LSW but these potential benefits require full evaluation. The feasibility work established the likely costs of LSW and highlighted the challenges of future evaluation in care homes and inpatient dementia care settings.

Limitations

There was insufficient evidence in the literature to allow estimation of outcome size. We did not carry out planned Markov chain modelling to inform decisions about carrying out future evaluation because of the dearth of outcome data in the literature; low levels of data return for people with dementia in the hospital settings; lack of detected effect for most people with dementia; and questions about implementation in the research settings.

Conclusions

LSW is used across different health and social care settings in England, but in different ways, not all of which reflect 'good practice'. This large, complex study identified a wide range of challenges for future research, but also the possibility that LSW may help to improve care staff attitudes towards dementia and QoL for some people with dementia.

Future work

Full evaluation of LSW as an intervention to improve staff attitudes and care is feasible with researchers based in or very close to care settings to ensure high-quality data collection.

SOURCE C**Extracts from and summary of:**

Dementia research news winter 2016 (2016) 1.Delivering drugs. [online] Available at: https://www.alzheimers.org.uk/info/20056/our_care_and_cure_research_magazine/441/dementia_research_news_winter_2016

Dementia research news winter 2016**Research in mice raises the possibility of a new treatment delivered by nasal spray.****Introduction**

Researchers have developed a new treatment that could block the development of Alzheimer's disease by using microscopic droplets of fat to carry drugs into the brain. This approach, used to target drugs to cancer cells, has been successfully applied to Alzheimer's for the first time, restoring memory loss in mice.

Background

The treatment uses tiny droplets of fat, called nanoliposomes, which are coated in protein fragments. These fragments are able to stop amyloid protein accumulating into plaques, even at low concentrations. Amyloid plaques are the toxic clumps of protein that cause damage to cells in the brains of people with Alzheimer's disease.

Nanoliposomes are already used to better target toxic chemotherapy drugs to cancer cells. Recent studies have also shown that the fat droplets can pass directly into the brain through the nose, opening up the possibility of using a nasal spray to administer treatments for brain diseases, such as Alzheimer's.

Method and findings

Mice that were genetically altered to develop Alzheimer's disease were injected with the nanoliposomes for three weeks. Those which received the drug recovered their long-term memory and could recognise familiar objects after a 24-hour period. In comparison, mice that received a placebo injection had no memory of objects seen the day before.

Conclusions

Lead researcher Professor David Allsop said, 'Following results this summer, there is renewed optimism for antibody drugs – treatments that harness the body's immune system to target amyloid plaques. However if these prove successful, treatments will have to be administered in a clinic by an IV drip and could have some potentially harmful side effects.'

Professor Allsop said, 'Using nanoliposomes offers an alternative way to inhibit the toxic build-up of amyloid plaques without activating an immune response in the brain. Our hope is that this could one day be administered by something as simple and non-invasive as a nasal spray, which patients could use in the comfort of their own home.'

Commenting on the need for innovative approaches to dementia treatments, Dr Doug Brown, Director of Research and Development at Alzheimer's Society, said 'With no new dementia drugs in nearly 15 years, we're at a critical time for dementia research.'

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