

For issue on or after: Monday 24 April 2023

Level 3 Cambridge Technical in Health and Social Care

05871 Unit 25: Research methods in health, social care and childcare

Pre-release material

**To prepare candidates for the examination taken on
Friday 16 June 2023 – Afternoon**



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INSTRUCTIONS

- Choose **one** research article and identify a specific focus for further secondary research.
- Undertake further secondary research related to your specific focus. Use **at least two** secondary sources.
- Record your secondary sources on page **9** of this booklet.
- You can summarise your findings on pages **10** and **11** of this booklet to use in the exam.
- Do **not** produce a formal write-up of your research.
- **Seven** days before the exam, hand in this booklet to your teacher. This booklet will be given back to you at the start of the exam.
- Do **not** take any other notes into the exam.
- At the end of the exam, hand in this booklet with your exam paper.

INFORMATION

- You have **five** weeks to undertake your research.
- This document has **12** pages.

ADVICE

- Keep a clear record of your findings as you work through the task.

Research Article A

Longitudinal research and early years policy development in the UK.

Extracts from:

Melhuish, E. Longitudinal research and early years policy development in the UK. *ICEP* 10, 3 (2016). <https://doi.org/10.1186/s40723-016-0019-1>

Background

In a changing world the skills that children need for good life chances are increasing and becoming more complex. However, there are great differences in health and development linked to social origins. Many studies present a consistent picture that adversity in early life is linked to: poor adult mental and physical health, mortality, anti-social and criminal behaviour, substance abuse and poor literacy and academic achievement. Children from poor families are less likely to be successful in school and are more likely to have poorer health and to engage in crime and other problem behaviour later in life (Holzer et al. 2007). However, despite several decades of social, educational and public health reform, the impact of social origins on child outcomes and wellbeing persists and is even increasing. Also interest in early years issues such as Early Childhood Education and Care (ECEC) and early intervention has increased in recent decades internationally.

Methods

EPPE (EPPSE) project

The longitudinal study started in 1997 and has followed over 3000 children from age 3 years, with retrospective data back to birth. As the children went into primary school the project became the Effective Pre-school and Primary Education (EPPE) project, and as the children moved into secondary school it became the Effective Pre-school, Primary and Secondary Education (EPPSE) project until its end when children were 18 years old. Hence, in its entirety, it constitutes a birth to 18 years longitudinal study.

National Evaluation of Sure Start (NESS)

Sure Start was designed to improve the development and wellbeing of young children and their families living in disadvantaged areas. It was aimed initially at areas with high levels of child poverty, and the programme was designed to bring together health, education and social welfare services at neighbourhood level for all families living in the area with children 0–4 years. The National Evaluation of Sure Start (NESS) was set up in 2001 to evaluate how well Sure Start was meeting its goals. The biggest component of NESS was an impact study including both cross-sectional and longitudinal components involving many thousands of children.

Results

Early results from EPPSE

Two to three years of high-quality early years education can provide up to 8 months of developmental advantage in literacy-related outcomes compared to children who enter school with no pre-school experience, with similar effects on other cognitive and social outcomes. While high-quality ECEC experience provided a boost, the greatest predictor of success was the Home Learning Environment (HLE), i.e., the learning opportunities provided at home had the largest effect on child outcomes. The quality of ECEC is correlated with staff qualifications, and higher quality was related to better outcomes for children.

Later results from EPPSE

Measured by National Assessments at age 11 (numeracy and literacy):

Mother's education and the HLE (measured at age 3–4) are the strongest influences upon children's attainment. However, pre-school effectiveness and primary school effectiveness are also important influences. Both are very similar in their importance and account for about half as much variance as home factors.

At age 16 derived from the national assessments (numeracy and literacy):

As at age 11, mother's education is still exerting the strongest effect upon literacy and numeracy, albeit somewhat reduced in size from earlier. Secondary school effectiveness has become a strong effect, revealing the enormous diversity in quality and effectiveness amongst secondary schools in England. This huge diversity amongst secondary schools makes the choice (or assignment) of secondary school a critical factor for a child's chances of academic success. Also it is apparent that going to a high-quality pre-school compared to no pre-school is still having an effect upon child outcomes 11 years after leaving the pre-school.

Results from NESS

The other influential longitudinal study, the NESS impact study, included many thousands of children living in deprived areas that received a Sure Start early intervention programme and a comparison group of children in similarly deprived areas not receiving Sure Start. The initial reports revealed the great variation amongst Sure Start programmes with many differing approaches being used. The children were initially compared cross-sectionally (NESS Research Team 2004). Subsequently, 5883 children from Sure Start areas and 1979 children from non-Sure Start areas were followed longitudinally at 9 months, 3, 5 and 7 years of age (NESS 2008, 2010, 2012). The first cross-sectional stage found that Sure Start was beginning to have positive effects on most of the children, particularly those whose mothers were beyond their teenage years. These children had greater social competence and fewer behaviour problems, with parents using negative parenting techniques less frequently. It was particularly disappointing, however, that children of teenage parents, or in workless households, or in lone parent households, were not doing as well as their counterparts in non-Sure Start areas. They had lower social competence levels, more behaviour problems and poorer verbal ability. Sure Start seemed to be working for deprived children, but not the most deprived. Also there was great programme variability with some programmes seeming to be effective, but many were ineffective. However, Sure Start was enormously popular with parents.

Conclusions

The EPPSE research has shown the long-term impact of high-quality ECEC provision. Hence it is important to develop a regulation and inspection system that applies to all settings with young children in early years services. Young children's needs do not differ whether they are in a setting provided by a state-based education agency or a private sector childcare organisation. The standards and requirements of settings should not differ either. Linked to inspection and regulation is the importance of data to ensure that the quality of services and child outcomes improve. While debates about the nature of assessment persist, some form of standard assessment around the start of school provides evidence that services are doing what is expected. Without national measures, it is difficult to identify if policies are effective and money is being well spent. All of these aspects of policy require political will. In the case of the UK the EPPSE and NESS studies overlapped with a government that was committed to evidence-based policy, and was open to the findings from research, as it fitted with their political agenda. The study was in the right place at the right time.

Research Article B

Adopt a Care Home: An intergenerational initiative bringing children into care homes.

Extracts from:

Di Bona, Laura & Kennedy, Sheila & Mountain, Gail. (2017). Adopt a Care Home: An intergenerational initiative bringing children into care homes. *Dementia (London, England)*. <https://doi.org/10.1177/1471301217725420>

Abstract

Dementia friendly communities, in which people living with dementia actively participate and those around them are educated about dementia, may improve the wellbeing of those living with dementia and reduce the associated stigma. The Adopt a Care Home scheme aims to contribute towards this by teaching schoolchildren about dementia and linking them with people living with dementia in a local care home. Forty-one children, 10 people living with dementia and 8 school/care home staff participated in a mixed methods (questionnaires, observations, interviews and focus groups) evaluation to assess the scheme's feasibility and impact. Data were analysed statistically and thematically. The scheme was successfully implemented, increased children's dementia awareness and appeared enjoyable for most participants. Findings, therefore, demonstrate the scheme's potential to contribute towards dementia friendly communities by increasing children's knowledge and understanding of dementia and engaging people living with dementia in an enjoyable activity, increasing their social inclusion.

Study design

This evaluation was completed to study a single intergenerational initiative in its real-life context, without changing practice, thus suiting a case study design (Yin, 2014). Mixed methods were selected as considered most appropriate for research into complex interventions that are not well described or understood in terms of benefits, best methods of evaluation and processes and mechanisms of delivery (National Institute of Health Research School for Social Care Research, 2013; Yin, 2014). Methods were chosen pragmatically to integrate within the four months of scheme delivery and strike the optimal balance between gaining high-quality data and minimal intrusion and burden for those participating in and delivering the initiative.

Participants

Participants came from one school and their partnered care home, which agreed to be the pilot site for the Adopt a Care Home scheme. There were three groups of participants:

People living with dementia. Ten people living with dementia were purposively selected by care home staff, *on the basis of being likely to enjoy interaction with children and unlikely to be disruptive. All were white British, four men and six women, with an age range of 70–90. Three of the 10 were described by the staff as having mild, five as having moderate and two as having severe dementia.

Children. One year group of children, 41 children, aged 9 or 10, was chosen by the school as the most appropriate to take part in the scheme. A subsample of 16 was purposefully selected by the school to visit the care home, on the basis of having demonstrated most interest in dementia. Of the 16, 9 were girls and 7 were boys, 11 were white British and 5 from a mix of other ethnic backgrounds. Thirteen of these also participated in a focus group.

Staff. Two care home managers and two class teachers were responsible for delivering the scheme and participated in interviews. A number of other staff were involved in its delivery. Four care home support workers were purposively selected by their managers to participate in interviews for reasons of convenience of availability whilst trying to represent a range of opinions on the scheme. The total staff group of eight consisted of five women and three men, all white British.

Qualitative findings

Findings from non-participant observations, interviews and the focus group were analysed thematically. Four themes emerged: “expectations and first impressions”, “life-story booklets”, “interactions” and “reflections and lasting impact”.

Discussion

Children’s knowledge and awareness of dementia increased when they participated in the Adopt a Care Home scheme. Scheme participation appeared to be an enjoyable experience for the majority of children and people living with dementia. No wholly negative experiences were reported or observed. There were wider impacts as children discussed their dementia learning with their families and class bonds strengthened. The school and care home implemented the scheme safely, within the intended time frame and plan to continue. This suggests the Adopt a Care Home scheme and other intergenerational initiatives have the potential to contribute towards both increasing knowledge and understanding of dementia for children and engaging people living with dementia in an enjoyable, social activity that brings the community into the care home.

Research Article C

Relationship of Prevalent Fragility Fracture in Dementia Patients: Three Years Follow up Study.

Extracts from:

Singh I, Duric D, Motoc A, Edwards C, Anwar A. Relationship of Prevalent Fragility Fracture in Dementia Patients: Three Years Follow up Study. *Geriatrics (Basel)*. 2020;5(4):99. Published 2020 Nov 30. doi: <https://doi.org/10.3390/geriatrics5040099>

Introduction

The risk of dementia and hip fractures increases exponentially with age. Both dementia and hip fracture are associated with adverse clinical outcomes, financial loss, and they have an impact on the quality of life of both patients and caregivers. On occasions, the presence of dementia could be used as justification for therapeutic nihilism, which makes them more vulnerable as compared to a cognitively intact older adult. Prudent healthcare principles have been commissioned in Wales to improve quality of care, targeting those individuals with maximum health care need. Older people with dementia and previous falls and osteoporotic fracture, particularly hip fracture, are the frailest. Based on the quality criteria set by the Bevan Commission, osteoporosis treatment should be offered if appropriate and based on the existing resources and current evidence.

Methodology

Design

The study was retrospectively designed in order to profile the clinical outcomes of acutely unwell older people with known dementia admitted to the medical admissions units.

Setting

Dementia patients presenting at any of the three enhanced general care hospitals within one Health Board in Wales from 1 January 2016 to 31 December 2016 were included.

Data and Statistical Analysis

Information on age, gender, residence, long term conditions, drugs, and any fracture before index admission was recorded in an Excel spread sheet from the Health Board records and various clinical letter communications between primary and secondary care. The Charlson Comorbidity Index (CCI) was calculated based on the listed comorbidities in the discharge summaries and GP referral letters.

Fragility fractures are defined as fractures that result from a very low energy trauma, such as a fall from a sitting or standing height. The most commonly observed fragility fractures include the spine (vertebrae), the proximal femur (hip), distal radius (wrist), pelvis, and humerus. In this study, fragility fractures and any other fracture, including ankle, ribs, tibia, and fibula, were classed as all fractures. All the dementia patients were divided into three groups: group 1—"no fractures"; group 2—"all fractures"; group 3—"fragility fractures", and were reviewed following discharge for a maximum of three years until the 31 December 2019. The appropriate control group would be "group 1—dementia patients with no fractures".

Results

Based on demographic profile

A total of 2067 dementia patients that were admitted to an acute care hospital were included in this study. Fifty-seven patients were excluded due to missing data. The mean age of all patients included was 84.5 ± 7.7 years, 62.3% were females.

In the control group (group 1, $n = 1363$), the mean age was 83.8 ± 8.0 years, and 55% female (752/1363). The mean number of comorbidities was 5.0 ± 2.0 , mean CCI 5.9 ± 1.5 , mean number of drugs 7.8 ± 3.8 , and mean length of stay after first admission 17.4 ± 23.4 days.

The mean age of dementia patients with prevalent fracture was 85.9 ± 6.9 years. This was significantly higher when compared to those without prevalent fractures (83.8 ± 8.0). More than 75% of dementia patients who had prevalent fractures were females.

Seventy-three percent of dementia patients with no prevalent fractures were living in their own homes. In comparison, a lower proportion of dementia patients with prevalent fractures were living in their own homes and this was statistically significant. Conversely, a higher number of dementia patients (30.9%) with prevalent fractures were living in care homes as compared to those without prevalent fractures (24.7 %), which was, again, a statistically significant difference.

Conclusions

Dementia is an important risk factor for falls and hip fracture. Dementia patients with a prevalent fragility fracture are associated with a statistically significant higher risk of a new care home placement following an acute hospital admission. This study also showed that dementia patients with prevalent fragility are also at a significant higher risk of a new hip fracture in the next three years. Therefore, an integrated approach between the memory service and bone health clinics and an aggressive osteoporosis treatment may reduce fragility fracture incidence in this high-risk group. Whilst clinical judgement remains crucial in the care of frail older people, it is prudent to consider medical management of osteoporosis in dementia, but only if deemed to be beneficial following the comprehensive geriatric assessment.

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Notes Page

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