



Oxford Cambridge and RSA

For issue on or after: 22 November 2021

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
Wednesday 19 January 2022 – Morning**

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Centre number

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Candidate number

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First name(s)

Last name

Date of birth

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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** sources.
- Record your 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.

SOURCE A

Childhood Attachment to Pets: Associations between Pet Attachment, Attitudes to Animals, Compassion, and Humane Behaviour.

Extracts from:

Roxanne D. Hawkins, Joanne M. Williams, Scottish Society for the Prevention of Cruelty to Animals (Scottish SPCA). Childhood Attachment to Pets: Associations between Pet Attachment, Attitudes to Animals, Compassion, and Humane Behaviour.

Int. J. Environ. Res. Public Health 2017, 14(5), 490; <https://doi.org/10.3390/ijerph14050490>

Abstract

Attachment to pets has an important role in children's social, emotional, and cognitive development, mental health, well-being, and quality of life. This study examined associations between childhood attachment to pets and caring and friendship behaviour, compassion, and attitudes towards animals. This study also examined socio-demographic differences, particularly pet ownership and pet type. A self-report survey of over one thousand 7 to 12 year-olds in Scotland, UK, revealed that the majority of children are strongly attached to their pets, but attachment scores differ depending on pet type and child gender.

This study considers four research questions:

Are there socio-demographic differences in childhood attachment to pets?

Is pet ownership and pet type important in attachment between children and pets?

Does caring for a pet and compassion influence a child's attachment to pets?

Are there associations between childhood attachment to pets and attitudes towards animals?

Participants and procedure

Participants included 1217 (51% boys, 49% girls) primary school children from 24 schools across Scotland, UK. Children were mostly aged between 7 and 12 years old. The majority of children had pets (67%) and had a pet of their own (54%). The types of pets recorded were: dogs (35%), cats (22%), small mammals (18%), fish/reptiles/amphibians (21%), birds (2%), and other (4%).

All children completed a questionnaire within their school classroom (approximately 15 min to complete). Questionnaires were administered to the children during class time by school teachers, (following standardised instructions). Each child completed the questionnaire individually at their classroom desk and could ask for help from a teacher if they had difficulty reading or understanding any of the questions. Teachers were instructed that they could help children read questions and answer on procedural queries, but they could not interpret questions or advise children on how to answer. The questionnaire used appropriate terminology for the age range and a pilot study with three schools (N = 128) confirmed its suitability.

Discussion

We first examined socio-demographic factors and focused particularly on pet ownership and types of pets owned. We found that the majority of children scored high on attachment to pets, but these attachment scores differed depending on pet ownership, pet type, and gender of the child. We found associations between attachment to pets and caring behaviour, friendship behaviour, compassion, and attitudes, and examined the direction of these relationships.

Limitations and Future Directions

Self-report questionnaire methods are a tried and tested approach for children of this age range, but it is possible that a minority of the younger children included in the sample may have needed some teacher support in completing the questionnaire (provided as part of the data collection procedure). However, only two children were under the age of 7 years and teachers were instructed to help children only with reading items and were discouraged from interpreting items or suggesting answers to minimise teacher effects. Future research would benefit from using a combination of self-reports, parent reports, observational, and behavioural methods to allow data triangulation and ensure accuracy of findings.

In a short survey it is not possible to capture data on all variables of potential interest. In this study we did not consider family dynamics such as dual or single-parent families and sibling status, which could have influenced attachment scores (children in single parent families and youngest children show greater attachment to their pets). Although we used a diverse sample from across Scotland that included a variety of ethnicities and religions we did not include measures of ethnicity, religion, or cultural background, which have been shown to influence human-animal interactions. Future research might also consider the impact of pet loss and grief as an indicator of pet attachment and the impact it may have on children's development and mental health, including anxiety and depression.

SOURCE B

The impact of housing problems on mental health.

Extracts from:

Shelter UK: The impact of housing problems on mental health. Research Report 19/04/2017
https://england.shelter.org.uk/__data/assets/pdf_file/0008/1397267/2017_04_19_Research_Report_-_The_impact_of_housing_problems_on_mental_health.pdf

An overview

Shelter in partnership with the research agency, ComRes, explored the relationship between housing and mental health through a two-stage research project in early 2017. This research was central to Shelter's 2017 Spring Advice and Services Campaign, and it is hoped it will provide a future evidence base for the necessary debate on how to reduce the negative impact housing problems can have on people's mental health and usage of health services. The findings discussed in this report are from 20 depth interviews with GPs in six English cities and from an online nationally representative survey of 4,103 British adults (3,509 of whom live in England). Both pieces of research were conducted in January and February 2017. All the data cited in this report relates to English adults only.

GPs were asked about their experiences of the links between housing and mental health among their patients. It is worth noting that this is a different group to the general public or the population struggling with mental health problems as not everyone facing a mental health issue will present to their GP. For instance, our quantitative research found that three quarters (74%) of the public who had had a housing problem in the last five years, which they believed had a negative impact on their mental and/or physical health, did not go to see their GP.

This means that GPs are unlikely to have a full picture of the impact housing problems have on the mental health of the general public. Also, whereas the conditions being reported by the GPs are, by definition, medically diagnosed, it is important to note that the mental health conditions cited in the quantitative survey are self-reported and may not be medically diagnosed.

Qualitative Research with 20 GPs

The methodology

Twenty in-depth phone interviews were conducted between January and February 2017 with GPs in London (four), Manchester (four), Birmingham (four), Bristol (three), Sheffield (three) and Newcastle (two).

These interviews explored:

- GPs' understanding of their patients' mental health in their own experience;
- Whether there were links between housing and mental health;
- The types of mental health conditions experienced by patients;
- The types of housing problems GPs encountered;
- Whether GPs felt supported and confident in their knowledge to address issues of housing and mental health, including additional support they would want.

Key findings

- GPs spontaneously identified housing issues when discussing factors involved in their patients' mental health presentations.
- Where housing was seen as the sole cause of mental health conditions, the most commonly cited conditions were anxiety and depression.
- Where patients presented with a mental health condition that was linked to problems with housing, the GPs felt that they had a knowledge and support gap.

Quantitative Research with 3,509 English adults

The methodology

ComRes interviewed 3,509 English adults online between 17th and 23rd February 2017. Data were weighted by age, gender, region and socio-economic grade to be representative of all English adults.

The questions asked explored:

- Whether respondents had ever experienced a housing problem;
- Whether housing issues had any impact upon respondents' physical or mental health;
- The types of housing problems respondents had;
- The types of mental health problems respondents associated with their housing problem or worry;
- The impact the housing problem or worry had in respondents' own words, through the usage of an open-ended question at the conclusion of the survey.

Key findings

- 1 in 5 English adults (21%) said a housing issue had negatively impacted upon their mental health in the last 5 years.
- Housing affordability was the most frequently referenced issue by those who saw housing pressures having had a negative impact upon their mental health.
- 3 in 10 of those who have had a housing problem or worry in the last five years, not only said that it had had a negative mental impact, but that they had no issue with their mental health previously.

SOURCE C

Visually Impaired OLder people's Exercise programme for falls prevenTion (VIOLET): a feasibility study.

Abstract from:

Adams N, Skelton D, Bailey C, Howel D, Coe D, Lampitt R, et al. Visually Impaired OLder people's Exercise programme for falls prevenTion (VIOLET): a feasibility study. *Public Health Res* 2019;7(4)

Background

The visually impaired have a higher risk of falling and are likely to avoid activity.

Objectives

To adapt the existing Falls Management Exercise (FaME) programme, which is delivered in the community, for Visually Impaired Older People (VIOP) and to investigate the feasibility of conducting a definitive randomised controlled trial of this adapted intervention.

Design

Phase I – consultation with stakeholders to adapt the existing programme. Two focus groups were conducted, each with 10 VIOP across the study sites. Phase II – two-centre randomised pilot trial and economic evaluation of the adapted programme for VIOP versus usual care. Phases III and IV – qualitative interviews with VIOP and Postural Stability Instructors regarding their views and experiences of the research process, undertaking the intervention and its acceptability.

Intervention

This was adapted from the group-based FaME programme. A 1-hour exercise programme ran weekly over 12 weeks at the study sites (Newcastle upon Tyne and Glasgow) and was delivered by third-sector organisations. Participants were advised to also exercise at home for 2 hours per week. Those randomised to the usual activities group received no intervention.

Outcome measures

These were completed at baseline, week 12 and week 24. The primary potential outcome measure used was the Short Form Falls Efficacy Scale – International. Secondary outcome assessment measures were activity avoidance, current activity, balance/falls risk, physical activity, loneliness, anxiety and depression, work and social adjustment, quality of life and economic costs. Participants' compliance was assessed by reviewing attendance records and self-reported compliance with the home exercises. Instructors' compliance with the course content (fidelity) was assessed by a researcher attending a sample of exercise sessions. Adverse events were collected in a weekly telephone call for all participants in both the intervention and control arm.

Findings

An adapted exercise programme was devised with stakeholders. In the pilot trial, 82 participants drawn from community-living VIOP were screened, 68 met the inclusion criteria and 64 were randomised, with 33 allocated to the intervention and 31 to the usual activities arm. A total of 94% of participants provided data at week 12 and 92% at week 24. Adherence to the study was high. The intervention was found to be both safe and acceptable to participants, with 76% attending nine or more classes. Median time for home exercise was 50 minutes per week. There was little or no evidence that fear of falling, exercise, attitudinal or quality-of-life outcomes differed between trial arms at follow-up. Thematic analysis of the interviews with VIOP participants identified facilitators of and barriers to exercise, including perceived relevance to health, well-being and lifestyle, social interaction, self-perception and practical assistance. Instructors identified issues regarding level of challenge and assistance from a second person.

Limitations

The small sample size and low falls risk of the study sample are study limitations.

Conclusion

Although adaptation, recruitment and delivery were successful, the findings (particularly from qualitative research with instructors and participants) indicated that VIOP with low to moderate falls risk could be integrated into mainstream programmes with some adaptations. A future definitive trial should consider graduated exercises appropriate to ability and falls risk within mainstream provision. Other outcome measures may additionally be considered.

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Notes Page

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