

Pearson BTEC Level 3 Nationals Diploma

Health and Social Care

Unit 4: Enquiries into Current Research in Health and Social Care

Part A

Sample assessment material for first teaching
September 2016

Paper Reference

31494H

You do not need any other materials.

Instructions

- **Part A** contains material for the completion of the preparatory work for the set task.
- **Part A** is given to learners four weeks before **Part B** is scheduled. Learners are advised to spend no more than 18 hours on **Part A**.
- **Part A** must be given to learners on the specified date so that learners can prepare in the way specified.
- **Part A** is specific to each series and this material must only be issued to learners who have been entered to undertake the task in the relevant series.
- **Part B** materials must be issued to learners on the specified date.

Turn over ►

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Instructions to Teachers/Tutors

This paper must be read in conjunction with the unit information in the specification and the BTEC Nationals Instructions for Conducting External Assessments (ICEA) document. See the Pearson website for details.

Learners should undertake independent research on the chosen article given in this **Part A** booklet.

Learners are expected to spend up to 18 hours in undertaking **Part A**.

Centres must issue this booklet on the specified date and advise learners of the timetabled sessions during which they can prepare. It is expected that scheduled lessons or other timetable slots will be used for the preparation.

Learners may prepare summary notes on their research findings. Learners may take up to six A4 sides of notes into the supervised assessment (**Part B**). Learners' notes should include facts and figures relating to at least two other secondary sources covering the same area of research, the research methods used and data relating to research samples and results.

Learners' notes may not include any conclusions drawn about the reliability of the research methods used, the importance of the research, implications of the research for practitioners and the sector or plans for future research.

Teachers/Tutors cannot give any support to learners during the production of the notes and the work must be completed independently by the learner.

Part B must be completed under supervision in a single session timetabled by Pearson. A supervised rest break is permitted.

Refer carefully to the instructions in this task booklet and the Instructions for Conducting External Assessments (ICEA) document to ensure that the preparatory period is conducted correctly so that learners have completed their preparation validly and independently.

Learner notes will be retained securely by the centre after **Part B** and may be requested by Pearson if there is suspected malpractice.

Instructions for Learners

Read the set task information carefully.

This contains **Part A** of the information you need to prepare for the set task in **Part B**.

In **Part B** you will be asked to carry out specific written activities using the information in this **Part A** booklet and your own research on the topic.

You must choose **one** of the two articles provided in **Part A**.

You will then be given the set task to complete under supervised conditions.

You must work independently and should not share your work with other learners.

Your teacher may give guidance on when you can complete the preparation.

Your teacher cannot give you feedback during the preparation period.

Set Task Brief

You are required to use your understanding of research methodologies and associated issues related to a piece of current research on a health and social care issue, and to use your own skills in carrying out secondary research around the issue.

You must choose **one** of the two articles covering an aspect of recent research in the health and social care sector to base your secondary research on.

It is recommended that you spend up to 18 hours carrying out your secondary research.

To prepare for the set task in **Part B** you must:

1. analyse the article
2. carry out your own independent secondary research. You must use at least two other secondary sources in your research
3. prepare the following for your final supervised assessment:
 - notes on your secondary research including sources – you can take in no more than six A4 pages of notes.

In your preparation for **Part B** using this **Part A** booklet you may prepare summary notes to refer to when completing the set task. Your notes may be up to six A4 sides and may be handwritten or typed. Your notes should include facts and figures relating to at least two other secondary sources covering the same area of research, the research methods used and data relating to research samples and results.

During the supervised time for **Part B** you will have access to your summary notes. You will be required to address questions based on your chosen article and your own secondary research. You will have three hours under supervised conditions in which to complete your final assessment.

Part A Set Task Information

Select **EITHER Article 1 OR Article 2.**

You are provided with the following information:

Article 1: Health Research: Gene breakthrough promises 'bespoke' breast cancer treatment, pages 5 to 7.

Article 2: Social Care Research: Domestic violence and women with learning disabilities, pages 8 to 11.

Article 1: Health Research

Gene Breakthrough Promises 'Bespoke' Breast Cancer Treatment

Tuesday May 3 2016

Scientists have mapped genes linked to breast cancer

"Breast cancer treatment breakthrough after 'milestone' genetic discovery," says The Independent, about widely reported research investigating genetic mutations in people with breast cancer.

The researchers took samples of cancer cells from 560 people with breast cancer (556 women and four men). They compared the DNA from the cancerous cells with DNA from normal cells.

They found 93 genes that had mutated in the cancer cells and concluded that they could have caused normal tissue to become cancerous. They also found 12 genetic patterns linked with breast cancer.

These findings have been called "groundbreaking" in the media. While they are certainly interesting, it's important to remember that, even if the gene is present, it doesn't mean the person will get cancer, just that their risk is increased.

It's hoped that the study will lead to more personalised treatments for breast cancer, similar to drugs used for other DNA mutations that are already known.

If there is a history of breast cancer in your family, you may be worried about your own risk. It's best to visit your GP, who can assess you and refer you to a genetic clinic if necessary.

Where did the story come from?

The study was carried out by researchers from a number of institutions, including the Wellcome Trust Sanger Institute, East Anglian Medical Genetics Service, and the Cambridge University Hospitals NHS Foundation Trust.

Funding for the study was provided by multiple organisations, including the European Community's Seventh Framework Programme, the Wellcome Trust and the Institut National du Cancer (INCa) in France. The ICGC Asian Breast Cancer Project was funded through a grant from the Korean Health Technology R&D Project, Ministry of Health and Welfare, Republic of Korea. The study was published in the peer-reviewed scientific journal Nature.

These findings have been reported accurately in the media. It's good to see explanations stating that, while this may be an important discovery, it may still be decades before targeted treatments become available. One of the researchers told the media: "Overall, I'm optimistic, but it's a tempered optimism".

What kind of research was this?

This was a laboratory study, which aimed to gain a better understanding of genetic mutations that lead to breast cancer.

The researchers hope, by establishing a clear picture of the particular mutations and their causes, it may be possible to find ways to prevent them happening, or target treatment more effectively.

Professor Sir Mike Stratton, Director of the Wellcome Trust Sanger Institute and one of the research team, says: "This huge study, examining in great detail the many thousands of mutations present in each of the genomes of 560 cases, brings us much closer to a complete description of the changes in DNA in breast cancer and thus to a comprehensive understanding of the causes of the disease and the opportunities for new treatments."

What did the research involve?

The research included 560 people with breast cancer, comprising 556 women and four men. Researchers took samples from the cancer itself and surrounding tissue. These samples were analysed and only those with more than 70% tumour cells were included in the study.

The research involved identifying the sequence of each gene, the impact of mutations and the variation of the mutation rate across genes.

The genes were also analysed for "mutational signatures", or genetic patterns, associated with breast cancer. These were compared to genetic patterns that have already been identified.

What were the basic results?

The genetic analysis of the breast cancer samples identified 93 genes which, if they mutate, could cause breast cancer. Five of these genes (MED23, FOXP1, MLLT4, XBP1 and ZFP36L1) were previously unknown. There were 10 genes that were particularly likely to mutate and which led to 62% of cancers.

The team identified 12 genetic patterns linked to breast cancer, and another seven related to other cancer types.

How did the researchers interpret the results?

The researchers identified 12 genetic patterns relating to cancer and 93 genes. They say there may be others, but those most commonly linked with breast cancer are now known.

The team believes important questions remain and more research is needed in this area to complete our understanding.

Conclusion

This study looked at genetic mutations in people with breast cancer. The researchers found 93 genes that, if mutated, can make normal tissue become cancerous. They also found 12 genetic patterns or "mutational signatures" associated with the disease.

These findings have been reported in the media as a breakthrough, with one media outlet saying that this, "landmark research paves the way for new and better treatments – as well as ways of preventing the disease ever occurring".

While these findings are exciting, it's important to remember that, even if the gene is present, it doesn't mean the person will get cancer, just that their risk is increased.

More research is needed and it will take a number of years before any new treatments or guidance on how we can prevent the cancer to begin with become available. This research focused on the genetics of breast cancer and future work may look at other cancer types.

There are a number of genes that have already been identified as increasing a person's risk, but it doesn't mean that people with these genes will definitely develop cancer. You can reduce your risk of breast cancer by limiting your alcohol intake, maintaining a healthy weight and keeping physically active.

Analysis by Bazian. Edited by NHS Choices. Follow NHS Choices on Twitter. Join the Healthy Evidence forum.

Links to the headlines

Breast cancer treatment breakthrough after 'milestone' gene discovery. Independent, May 3 2016

Breast cancer breakthrough: Hope for new treatments after scientists uncover detailed picture of genetic events that cause it. Daily Mail, May 3 2016

Breast cancer: Scientists hail 'milestone' genetic find. BBC News, May 3 2016

Study points towards personalised treatment for breast cancer. The Guardian, May 3 2016

Links to the science

Nik-Zainal S, Davies H, Staaf J, et al. Landscape of somatic mutations in 560 breast cancer whole-genome sequences. Nature. Published online May 2 2016

Acknowledgements: © NHS

Domestic violence and women with learning disabilities

KEY POINTS FROM THE RESEARCH

■ The nature of the domestic violence

The women interviewed reported that the domestic violence they experienced was often severe (including the use of weapons, and violence during pregnancy), frequent and over long periods of time. All forms of domestic violence were reported – physical, sexual, emotional, psychological, financial, coercive control- and typically women would experience multiple forms at the same time.

■ Psychological impact

Unsurprisingly, the psychological impact on the women was considerable. All reported low self-esteem and self-worth and many reported developing mental health problems (most commonly anxiety and depression). Some began to self-harm and a minority had had suicidal thoughts and/or had attempted suicide.

■ Perpetrator issues

The husbands or boyfriends of the women in the study did not usually have learning disabilities themselves, but did tend to have other problems such as mental health difficulties, drug and alcohol problems, be unemployed and/or have criminal records.

In order to improve social care practice, this research project sought to hear directly from women with learning disabilities themselves about the domestic violence they had experienced.

We also explored the views, attitudes and responses of the Police and health and social care practitioners.

BACKGROUND

It has long been known that domestic violence against women is very common and damaging to individuals and wider society. There is a huge body of evidence regarding domestic violence in the general population (e.g. Mullender et al 2002, Walby and Allen 2004). In addition, there is a smaller body of research on domestic violence of women with physical and sensory impairments, from Canada, the US and the UK (McNamara and Brooker 2000, Yoshida et al 2009, Thiara et al 2011). This suggests that women with disabilities have a greater likelihood of experiencing domestic violence, but less access to domestic violence services compared to other women. However, little is known about the experiences of women with learning disabilities in relation to domestic violence.

FINDINGS FROM WOMEN WITH LEARNING DISABILITIES

There is nothing about having a learning disability which protects women from domestic violence.

The study represents independent research funded by the National Institute for Health Research (NIHR) School for Social Care Research (SSCR). The views expressed are those of the authors and not necessarily those of the NIHR, SSCR, Department of Health, or NHS.

NHS
National Institute for
Health Research

Improving the evidence base for adult social care practice

Findings: Domestic violence and women with learning disabilities

The full range of mental, physical and sexual cruelty which is inflicted on other women, is also inflicted on women with learning disabilities. The frequently quoted statistic that, on average, two women per week are murdered in the UK by their current or former husbands/partners (Women's Aid 2013) is shocking. We do not know how many, if any, of these women have learning disabilities, but it is not unreasonable to suppose that there may be some amongst them. Certainly, in our relatively small sample, women reported very serious assaults, including being pushed downstairs, being strangled and being stabbed with a knife. Any one of these could have resulted in a fatality, but luckily did not. However, the fear of being killed was certainly there for some of the women:

"I felt really scared of him. I thought one day I'm gonna end up in a coffin".

As a result of physical violence, women reported broken bones and burns. Violence during pregnancy featured in all the accounts of women who had been pregnant whilst with a violent partner and two women reported that they had suffered miscarriages as a result. Sexual violence was also common, though this was usually harder for the women to talk about; when asked directly whether it had happened to them they would say no, but later in the interview, they would reveal a great deal of sexual violence.

Verbal insults were reported by all the women, with most of them being generic:

"he called me a bitch, a slag"; "All the time he was telling me that I was fat and ugly."

But sometimes the name calling was more specific:

"he used to take the piss out of me because of my learning disability. He used to show me up in front of his mates if I couldn't work something out. He'd say 'you're useless, you can't do nothing'".

Financial abuse was also common, with the women having their money taken from them in small or large amounts. This resulted in women being unable to feed themselves, their

children or their pets properly, or pay their rent and bills. Debts were accrued and tenancies put in jeopardy.

Coercive control featured in the accounts of all but one of our interviewees. Threats and intimidation to control what the women did, where they went, who they saw, who they spoke to and what they wore were commonplace. This kind of behaviour was often perplexing for the women:

"I used to think 'I haven't done anything to deserve this'"; "He used to stop me from seeing my brothers, my mum and friends. I just thought why is he stopping me? I don't stop him from seeing his friends."

Perpetrator issues

The research team did not interview the perpetrators directly, so any information about them comes from the women with learning disabilities. However, in many cases, information about the perpetrator was verified by key workers who sometimes supported the women during the interview or by the practitioners who referred women to the research project.

Although the perpetrators did not usually have learning disabilities themselves, they did tend to have other problems such as mental health difficulties and in a minority of cases, serious physical illnesses. These are significant factors, as the men needed a level of care or support themselves and one reason why women found it difficult to leave their violent partners was that they were worried that the men would have no one to look after them.

Drug and alcohol problems also featured strongly and the women themselves saw these were contributing factors to the domestic violence:

"he drank Stella and that is known as the woman beaters drink", "I think he hit me because the amount of weed he was smoking and if he didn't get enough he would go off the rails".

The above factors undoubtedly contributed to the fact that nearly all the perpetrators were unemployed and this resulted in them in being

Findings: Domestic violence and women with learning disabilities

at home for most or all of the day, as well as evenings and weekends. This was a source of stress for the women, as it meant they rarely had any respite from the abuse at home.

FINDINGS FROM POLICE AND OTHER PRACTITIONERS

172 Police officers and 545 practitioners, including from social care, completed the research survey.

Police

Of the 172 Police respondents to the survey 63% were female officers*. 95% of the Police respondents were White British and they were a mature workforce; 70% were over 35 years old, with 53% having over five years' experience.

Practitioners

A wide variety of health and social care practitioners responded to the survey. Health practitioners included learning disability nurses, psychologists, medics, etc. The social care staff were social workers, care managers, support workers in a wide variety of adult social care settings, as well as some working in child care who had experience working with parents with learning disabilities.

Of the 545 practitioner respondents 84% were women, 90% were White British and again, a mature workforce, with 76% of them being over 35 years old and 47% having over five years' experience.

Results

Only 20% of Police felt they had had a lot or enough training in learning disability issues, compared to 58% of the other practitioners. With regards to specific training in communicating with people with learning disabilities (an essential skill for anyone hoping to support a woman regarding domestic violence), only 12% of Police said they had had a lot or enough training in communication issues, compared to 57% of practitioners. Despite this, there were commonalities in the beliefs of both groups:

The table below shows high levels of agreement between the two categories of respondents and a strong belief that women with learning disabilities are sought out as easy targets.

Difficult family backgrounds is also cited as a reason why women with learning disabilities may find themselves in abusive relationships and this was certainly borne out in the data collected from women with learning

Beliefs regarding why women with learning disabilities may be in violent relationships

	Professionals	Police
Easy targets	92%	84%
Social isolation	89%	78%
Difficult family background	54%	34%
Bad luck	10%	11%
Either	23%	15%

Respondents could choose more than one item and figures are rounded up.

* This is a marked over-representation, as nationally only 27.9% of police officers are women.
Source: www.gov.uk/government/publications/police-workforce-england-and-wales-31-march-2014/police-workforce-england-and-wales-31-march-2014

Findings: Domestic violence and women with learning disabilities

ABOUT THE STUDY

This was a mixed methods study and took place at the Tizard Centre, University of Kent between 2012–14. The research was conducted by Dr Michelle McCarthy, Siobhan Hunt and Karen Milne-Skillman. Statistical advice was provided by Professor Glynis Murphy and Emily Blake helped with qualitative analysis.

Semi-structured in-depth interviews were conducted with 15 women with mild and moderate learning disabilities (aged 20–67 in Kent and South East/East London; 2 White British, 3 Bangladeshi/Indian; married 6, not married 9; had children 7, no children 8).

Inclusion criteria were that women had to be over 18, have experienced domestic violence in the previous five years, and had left the violent relationship (ethical approval was not granted to include women still in violent relationships).

The women were asked about their own experiences of domestic violence, the impact on them and their children (if any), how they made the decision to leave, who they sought help from and life after the abusive relationship. Some of the principles and practices of Interpretative Phenomenological Analysis (IPA) guided the data analysis, as this method is well suited to exploring how people make sense of their experiences and the meanings they attach to them.

An online nationwide survey of care practitioners and Police across the UK was also conducted, using the online survey tool Qualtrics®. SPSS version 21 was used for the statistical analysis and a content analysis of the free text answers was carried out. Respondents were asked about their experience of working with women with learning disabilities who had lived with domestic violence, for their views on the women's vulnerability and their reasons for leaving/staying in a violent relationship.

Further information about the research project and its outputs can be obtained from Michelle McCarthy (M.McCarthy@kent.ac.uk) or from the project website www.kent.ac.uk/tizard/research/research_projects/domviolence.html

An accessible DVD has been made with and for women with learning disabilities and this can be seen on Vimeo <https://vimeo.com/116967832>. Hard copies for women with learning disabilities are also available, free of charge, on request from Michelle McCarthy (M.McCarthy@kent.ac.uk).

disabilities, where most, although not all, had had troubled family histories. As children and young people, they had witnessed their mothers being subjected to domestic violence. They had often experienced emotional, physical and/or sexual abuse as children. The legacy of this kind of upbringing, and the lack of positive role models of healthy safe relationships, clearly makes the women vulnerable to domestic violence in their adult lives.

IMPLICATIONS FOR SOCIAL CARE PRACTICE

It is essential that social care practitioners involved in the lives of women with learning disabilities become more aware of the problem of domestic violence. Indeed National Institute for Health and Care Excellence (NICE) guidelines (2014) state that "Health and social care service managers and professionals should ensure front-line staff *in all services* are trained to recognise the indicators of domestic violence and abuse" (recommendation 6, author's emphasis).

The majority of local authorities in England no longer offer social care to people whose needs are ranked low or moderate. Those at the most able end of the learning disability spectrum have effectively been moved outside the social care system; this renders them very vulnerable to abuse. Therefore, social care practitioners need to argue the case for having a greater remit to work with those with a mild learning disability.

As the findings above show, the police have little training in responding to women with learning disabilities who report domestic violence. Opportunities for colleagues in adult social care services (including those in Adult Safeguarding roles and those in domestic violence services) to train Police and work jointly with them should be taken wherever possible.

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