BTEC

Pearson BTEC Level 3 National in Health and Social Care

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

Sample Assessment Materials (SAMs)

For use with Diploma and Extended Diploma in Health and Social Care

First teaching from September 2016 Issue 4

Pearson

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All information in this document is correct at time of publication.

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Part B – summary of changes made between previous issues and this current issue	**Page number**
The assessment window for Unit 4: Enquiries into Current Research into Health and Social Care has changed to a morning session.	Pages 19 and 20

If you need further information on these changes or what they mean, contact us via our website at: qualifications.pearson.com/en/support/contact-us.html.

Introduction
Teachers/tutors are asked to read this section to understand the structure of the assessment for this unit as illustrated in this sample assessment. This information will not appear in the text of the live assessments.

The key purpose of this assessment is to allow learners to show how they can use research in the completion of extended written activities.

This assessment will be offered twice a year.

Part A is issued four weeks before **Part B** to allow learners to prepare.

Independent preparation is required for **Part A** of this assessment so that learners are able to research a specific issue using the information provided. Centres need to make provision for this preparation using scheduled lessons totalling **6 hours** and should ensure that learners have access to information and equipment that may be required. Learners should be working independently rather than being taught or directed.

Monitored preparation is provided for when learners produce materials that are used in any formally supervised session. This includes notes, artefacts, assets, plans etc as specified in the sample assessment. Monitored sessions are where learners are being directly observed. They may have, where specified, access to their own outcomes from preparation, access to the internet and use of appropriate resources. Learners are working independently and teachers/tutors will be able to authenticate that the outcomes for formal assessment meet the requirements and are authentic.

At the end of the monitored preparation centres will retain the notes which will be provided to learners during the formal supervised assessment. After the assessment the notes will be retained by the centre and may be requested by Pearson during the marking process.

Part B of the assessment includes unseen material. It will take place under full formal supervision to ensure that learner work is authentic and that all learners have had the same assessment opportunity. The formal supervision takes place in a single timetabled session of three hours.

The assessment evidence submitted to Pearson for **Part B** is a written task and answer book.

Formal supervision is the equivalent of examination conditions. Learners must work independently, cannot work with other learners, cannot talk about their work to other learners and will only be able to access the materials specified in the assessment.

Pearson BTEC Level 3 Nationals

Write your name here

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Level 3

Health and Social Care

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

Part A

Monitored hours 6

Diplomа/Extended Diploma
Sample assessment material for first teaching September 2016

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 taken under formal supervision as scheduled by Pearson.
- **Part A** must be given to learners on the specified date so that learners can prepare as directed and monitored.
- **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 that series.
- **Part B** contains unseen material and is issued to learners at the start of the specified formal supervised assessment session on the timetabled date specified by Pearson.

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Instructions to Teachers/Tutors

This set task has a preparatory period. **Part A** sets out how learners should prepare for the completion of the unseen task in **Part B** under supervised conditions.

Part A should be issued to learners four weeks prior to undertaking **Part B** of the assessment.

Learners should be provided with the opportunity to conduct independent research in order to select and read secondary source materials such as articles and journals. Centres may need to make facilities available to learners to support independent work. Learners are advised to spend approximately **8 hours** on selecting and reading their secondary sources and that spending any longer on this is unlikely to advantage them. Learners may bring their research, such as copies of articles, into the monitored sessions, and these will be subject to monitoring by the teacher/tutor.

Learners should be monitored in **6 hours** provided by the centre to compile notes on their secondary research. During this time they may only have access to:

- the internet to carry out searches and to access secondary sources in relation to their research
- outcomes of independent research such as sources that they have selected.

Learners must work independently and must not be given guidance or feedback on the completion of the preparatory work. Learners must not prepare potential responses.

Learners may take up to four A4 sides of notes into the supervised assessment. Learners' notes are the outcome of independent preparation and support learners in responding to the additional information and activities presented only in **Part B**.

The notes may be handwritten, or typed in a 12 point size font. Learners' notes can only include:

- facts, figures and data relating to secondary sources covering the article's area of research
- the research methods used in the learner's own secondary research.

Other content is not permitted.

In addition to the four pages of notes, learners should use the monitored sessions to prepare a list of sources that they have used to take into the supervised assessment.

Teachers/tutors should note that:

- learner notes produced under monitored conditions must be checked to ensure that they comply with the limitations
- learner notes should be retained by the centre between the monitored sessions and the formal supervised assessment
- learner notes should be retained by the centre after the completion of assessment and may be requested by Pearson.

Part B is a supervised assessment and uses the **Part B** booklet. This is a task book.

This supervised assessment will take place in a timetabled slot. A supervised rest break is permitted.

The supervised assessment is a formal external assessment and must be conducted with reference to the instructions in this task booklet and the Instructions for Conducting External Assessments (ICEA) document.

Instructions for Learners

Read the set task information carefully.

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 this topic.

In your preparation for **Part B**, using this **Part A** booklet you may prepare notes to refer to when completing the set task. Your notes may be up to four sides and may be handwritten or typed in a 12 point size font. Your notes can only include:

- facts, figures and data relating to secondary sources covering the article's area of research
- the research methods used in the learner's own secondary research.

Other content is not permitted.

You will complete **Part B** under supervised conditions.

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

Your teacher will provide a schedule for the **6 hours** of monitored preparation.

Your teacher cannot give you feedback during the preparation period.

Set Task Information

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.

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

1. Analyse the article

2. Carry out your own independent research using secondary sources

3. Prepare the following for your final supervised assessment:

- a list of your secondary sources
- notes on your secondary research – you can take in no more than four A4 pages of notes.

During the supervised time for **Part B** you will have access to this material. You will be required to address questions based on your chosen article and own secondary research. You will have **3 hours** under supervised conditions in which to complete your final assessment.

Part A of Set Task

Select EITHER Article 1 OR Article 2.

You are provided with the following information:

Article 1: Health research: Blood test could provide an early arthritis warning, pages 9 to 13

Article 2: Social care research: Employment support for disabled people: investigating the relationship between investment and outcomes, pages 14 to 18.

Article 1: Health Research

Blood test could provide an early arthritis warning

Monday March 23 2015

Arthritis causes pain and stiffness of the joints.

"Arthritis breakthrough as new test diagnoses condition up to a decade earlier," the Mail Online reports. The test measures proteins linked with arthritis.

The study aimed to see whether a blood test could be developed that could distinguish between different types of early stage arthritis.

The study included groups of people with established diagnoses, including those diagnosed with early-stage osteoarthritis (so-called "wear and tear arthritis") and rheumatoid arthritis (caused by the immune system).

It then measured and compared levels of different proteins in their blood.

Overall, it found that looking at a combination of the levels of three proteins in the blood could distinguish between the different types of early-stage arthritis. This suggested such a test could have promise.

This is still early-stage research. Further study needs to look at whether this test is reliable for identifying and distinguishing between the different forms of early-stage arthritis in practice.

Most importantly, it needs to be seen whether use of the test leads to earlier treatment, and whether this leads to an improvement in patient outcomes.

Can arthritis be prevented?

The cause of rheumatoid arthritis, where the immune system starts attacking the tissue surrounding the joints is unknown. Therefore, it is unclear how the condition could be prevented. However, there is some evidence that people who don't smoke have a lower risk of getting the condition.

There is no guaranteed way of preventing osteoarthritis. However, taking regular exercise, keeping your muscles strong, and achieving or maintaining a healthy weight will help to reduce the risk.

Where did the story come from?

The study was carried out by researchers from the University of Warwick and other institutions in the UK. No sources of funding were reported. Some of the authors have a patent based on this work.

The study was published in the peer-reviewed scientific journal Scientific Reports.

The Mail's headline is premature, as we do not know how accurate this test will prove to be on further study or whether it would be introduced. The subheadings saying "There is currently no test, meaning some patients are only diagnosed when disease is so progressed that surgery is the only option" is also a little overdramatic and inaccurate. This reporting makes it sound like osteoarthritis currently has no diagnosis and management pathways in place, which is not the case. Osteoarthritis is usually diagnosed based on a person's symptoms, examination findings and X-ray findings.

What kind of research was this?

This was laboratory research, which aimed to develop a blood test to allow the detection and differentiation between different types of early-stage arthritis.

Blood tests are already used to help diagnose or exclude certain types of arthritis, such as rheumatoid arthritis, which is linked to having particular proteins and inflammatory markers in the blood. However, osteoarthritis (OA) has no diagnostic blood test. OA is a degenerative joint condition, where the cartilage covering the ends of the bones becomes worn and thin, causing symptoms including pain, stiffness, swelling and crunching feelings in the joints.

It is currently diagnosed based on a combination of a person's symptoms and findings from a clinical examination. X-rays can also detect characteristic changes to the joints, though these are often not present in early stages of the disease.

This study aimed to look at if there were any biochemical markers that could be detected in the blood that would help diagnose early-stage OA and distinguish it from other types of arthritis. Ideally, a diagnosis could be made before any of the more advanced joint changes set in, which could be detected by X-ray.

What did the research involve?

This study included groups of people (181 people in all) with different established diagnoses:

- advanced OA
- early OA
- advanced rheumatoid arthritis (RA)
- early RA

- early non-RA inflammatory arthritis – people with early symptoms of an inflammatory arthritis, but not having the diagnostic features of RA
- a healthy control group with no joint problems.

The researchers took blood samples from these people and samples of the fluid in the joints (synovial fluid) from those with early-stage arthritis. They used advanced laboratory techniques to measure the amount of different proteins in these fluids. They particularly looked at the amount of:

- anti–cyclic citrullinated peptide (CCP) antibodies – a marker for RA
- citrullinated protein – a marker for inflammation
- hydroxyproline – a building block that is part of the protein collagen – a structural protein found in cartilage and bone.

They compared the levels of these markers in people from the different groups. They also assessed whether looking for a particular combination of levels of these markers would allow them to tell the different groups apart.

What were the basic results?

The researchers found that compared to healthy controls, blood levels of citrullinated proteins were increased in people with early OA and early RA. Generally, people with early arthritis tended to have higher levels of these proteins in the blood, while in advanced disease, levels were lower in the blood and higher in the joint fluid.

Levels of citrullinated proteins were not increased in people with other non-RA early-stage inflammatory arthritis.

Anti–CCP antibodies were found mainly in the blood of people with early RA.

Compared to health controls, increased levels of hydroxyproline were found in people with early OA and early non-RA, but not in people with early RA.

The researchers found that looking at the levels of all three proteins enabled them to discriminate between people with early OA, early RA, other non-RA early inflammatory arthritis, and healthy joints. This combination test correctly identified:

- 73% of people with early OA
- 57% of people with early RA
- 25% of people with non-RA early inflammatory arthritis
- 41% of people with healthy joints.

The test also correctly identified:

- 87% of people who did not have early OA
- 91% of people who did not have early RA
- 76% of people who did not have non-RA early inflammatory arthritis
- 75% of people who did not have healthy joints.

How did the researchers interpret the results?

The researchers say their study provides a novel biochemical blood test that could be used for the diagnosis and discrimination of early-stage arthritis. They say that this could help to support improved treatment and patient outcomes.

Conclusion

This laboratory study suggests that for people presenting with early joint symptoms, examining blood levels of a combination of proteins could help to distinguish people who have early-stage OA from those who have early-stage RA or other inflammatory arthritis.

However, this study is in the early stages and so far has only looked at relatively small samples of people with confirmed diagnoses of these different conditions. A lot of further work needs to be done to examine the accuracy of such a blood test, and to see whether it could reliably identify and distinguish between people with these conditions presenting to doctors in real world practice. These studies should assess whether it offers an improvement on the current approach to diagnosis based on symptoms, clinical examination, imaging findings and other blood tests currently used – such as measurement of inflammatory markers, rheumatoid factor, or anti-CCP antibodies.

Even if such studies find that the test performs well, it is likely that it would not replace all other diagnostic tests, instead being used in combination with other methods, especially as it performed better at detecting some forms of arthritis than others.

Most importantly, it also needs to be seen whether using this blood test as a diagnostic method would actually lead to improved disease outcomes for people with arthritis, as suggested in the news reports.

While **several of the risk factors** associated with OA are unavoidable (e.g. increasing age, female gender, previous joint damage or abnormalities), maintaining a healthy weight and staying active could help prevent onset of the disease. RA is an autoimmune disease (where the body's own immune cells attack the joints) with no established cause. However, smoking is associated with the development of the condition.

Analysis by Bazian

Edited by **NHS Choices**

Links to the headlines

Arthritis breakthrough as new test diagnoses condition up to a decade earlier – with just a single drop of blood. Mail Online, March 22 2015.

DISCOVERY of proteins could lead to diagnosis of arthritis up to ten years before symptoms. Daily Express, March 22 2015.

Links to the science

Ahmed U, Anwar A, Savage RS, et al. Biomarkers of early stage osteoarthritis, rheumatoid arthritis and musculoskeletal health. Scientific Reports. Published online March 19 2015.

Acknowledgements: © NHS

NDTi
National Development Team for Inclusion

NIHR School for Social Care Research

Research findings

Employment support for disabled people: investigating the relationship between investment and outcomes

This study aims to improve the commissioning and delivery of employment support for disabled people by reviewing the evidence on the cost-effectiveness of different service models and commissioning approaches. Given the focus on local authority/NHS funded services (explicitly EXCLUDING studying DWP-related employment supports such as Work Choice or Access to Work), the research focused on people with learning disabilities and people with mental health problems.

Further information is available from Rob Greig: rob.greig@ndti.org.uk, 01225 789 135

KEY POINTS FROM THE RESEARCH

- There is good evidence Individual Placement and Support (IPS) (in mental health services) and supported employment (in learning disability services) are the most effective ways of supporting people to achieve paid work outcomes (henceforth "evidence-based models"). There is little or no evidence to support other service models currently being used by commissioners. Only around one third of current employment-related spend is being committed to these evidence-based models.
- Overall levels of spend on employment support appear to have levelled off, and are beginning to decline after a period of growth in recent years.
- Commissioners and providers have little systematic data or knowledge about how best to target funding to generate positive job outcomes (i.e. jobs gained or jobs retained). Basic information to calculate cost-effectiveness exists locally, but is generally not being used to determine local value for money or compare costs to available information on best practice.
- Cost per job outcome[1] in individual services ranged from £208 to £57,640 and averaged £8,217. The average proportion of people supported who secured a job outcome was 38%.
- Sites working to evidence-based models of employment support typically delivered the most cost-effective outcomes, with an average cost per job outcome of £2,818[2] and a job outcome rate of 43%.
- There was no relationship between a proxy measure for the complexity of

1. Defined by the numbers gaining or actively retaining a job or becoming self employed. The findings of this research have to be seen in context. For example, when comparing job outcomes data was not available about the number of hours/wages paid between different services.

2. Analysis indicates that learning disability services are at the top end of our range of costs and we believe that, as they are local authority in-house services, they are not full-cost recovery. Therefore the guide figure for cost per job outcomes for learning disability services is likely to be higher than this figure suggests.

3. Please note that given the concerns regarding this measure for mental health services, this finding relates solely to learning disability employment support services.

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.

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Improving the evidence base for adult social care practice

disability[3] of those supported and either the cost per person supported or the cost per job outcome. Services were being equally successful in helping those with greater levels of disability to gain or retain a job as those with lesser needs.

- Sites achieving greater levels of job outcomes generally did so by supporting a larger proportion of people to retain a job rather than to gain one. In sites working to evidence-based models, the balance between jobs gained and jobs retained was more evenly split.
- The following organisational features were most likely to be found in successful and cost-effective services – particularly in sites working to evidence-based models:
  - Shifting the culture and prioritising employment;
  - Defining what is meant by employment;
  - Agreeing a strategic plan to deliver employment for people with disabilities;
  - Using knowledge of best practice to develop the market;
  - Establishing systems for measuring performance.

BACKGROUND

Increasing the numbers of people in paid work who have mental health problems and/or a learning disability has been a policy priority for successive Governments. As a result, both local authorities and the NHS are expected to ensure that people can access the support they need to obtain and retain employment. An initial scoping review by NDTi (*Economic Evidence Around Employment Support 2011*) described the existing evidence base around which approaches to employment support are most likely to lead to people obtaining and retaining work. It also identified a lack of financial and economic evidence around cost-effectiveness of different approaches. NDTi received competitive funding from SSCR in order to obtain new evidence on the cost-effectiveness of the commissioning of employment supports (excluding DWP programmes) and thus inform future commissioning practice.

FINDINGS

National data

Overall levels of spend on employment support have levelled off and are beginning to decline after a period of growth in recent years. Commissioners acknowledged that continuing financial pressures make it even more important that limited funds are spent in the most cost-effective way. The vast majority of commissioners have basic financial information about overall spend on employment support, but limited knowledge on what those budgets are used for. In addition, commissioners generally did not have data on key outcomes achieved such as the number of hours worked per week, types of jobs achieved, levels of pay, length of job retention or impact of someone obtaining a job on use of other health/social care services. Our analysis found that only a third of supported employment budgets were being spent on evidence-based models.

In addition, analysis of detailed data from 70 sites in Table 1 shows average costs and

Table 1: Comparison between costs and outcomes of learning disability and mental health services.

	Average no of people receiving support	Average cost of service	Average cost per person supported	Average cost per paid job outcome	% who secured a job outcome	New job	Retained job	Self-employed
All services (n=70)	198	£263,132	£1,730	£8,217	38%	61%	36%	3%
LD services (n=32)	137	£217,047	£1,948	£8,218	43%	53%	45%	1%
MH services (n=31)	279	£316,148	£1.485	£8,024	34%	68%	26%	6%

Table 2: Evidence based and all sites – comparison between costs and outcomes

		Range	Average
Cost per person supported	Evidenced-based sites	£366 to £2,281	£1,170
	All sites	£165 to £10,000	£1,730
Costs per job outcome	Evidenced-based sites	£870 to £4,908	£2,818[a]
	All sites	£208 to £57,640[b]	£8,217
Job outcome rate	Evidenced-based sites	22% to 62%	43%
	All sites	0% to 100%[c]	38%

a. See footnote 3 about learning disability costs possibly being higher.

b. Additionally two services achieved no job outcomes and thus had an infinitely high average cost outcome.

c. The extreme high figures relate to atypical services (i.e small, only for people with learning disabilities and appearing to be focused solely on job retention).

outcomes for the different client groups. One critical caveat is that the data does not identify the type of job outcome secured so we may not be comparing like jobs between 'sectors'.

Costs per job outcome

We analysed the relationship between spend on employment support services and the number of people securing new jobs, actively retaining jobs or moving into self-employment – summarised as "cost per job outcome". We compared these for all sites and then for those sites that were specifically working to evidence-based models and found significant differences (Table 2).

We also explored other variables that might influence costs. Firstly, there was no evidence of benefit from economies of scale, with small services having similar costs and success in achieving a job outcome as large services[4]. Secondly, there appears to be no relationship between the complexity of disability[5] of those supported by the employment service and either cost or outcomes achieved. Using an appropriate proxy measure, we found no relationship between this and either the cost per person supported or the cost per job outcome. Finally we found no strong indication that it costs more to secure a new job than retain an existing job. While evidenced-based sites achieved good outcomes by focusing equally on retention and new jobs, non-evidence based sites that are achieving higher numbers are generally doing so by focusing more on retention.

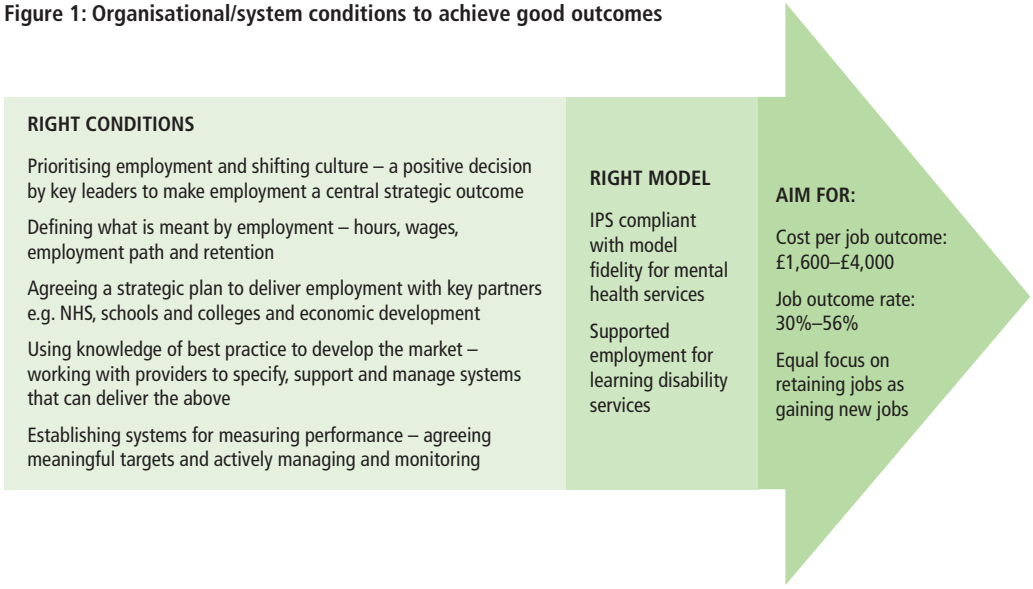
Approaches to implementation of local employment strategies

We identified five clear organisational/system 'conditions' that need to be in place to achieve good outcomes which, when set alongside the use of evidence-based models, should enable the achievement of job outcomes at a reasonable cost. The qualitative element of the study considered how local areas had approached implementing employment strategies and achieving positive outcomes. This clearly demonstrated differences in the approaches taken between areas that had, or had not, made significant progress. These factors are summarised in Figure 1.

4. This relates to the cost/size of the local service and not necessarily overall organisational size.

5. Please note that given difficulty in obtaining this measure for mental health services, this finding relates solely to learning disability employment support services.

Figure 1: Organisational/system conditions to achieve good outcomes



IMPLICATIONS FOR PRACTICE

This study has identified a significant variability in the cost of employment support services and costs per job outcome achieved that cannot be explained by factors such as complexity of people's disability or size of service. The study therefore concludes that variable cost and outcomes is primarily explained by one or both of: (1) service model being used (right model); and (2) organisational/strategic actions taken (right conditions).

The capacity of local authority and NHS commissioners to apply the right model in the right conditions is significantly being undermined by commissioners not having and/or using the necessary data and by a lack of understanding of the evidence about what works in employment support.

In a time of tight public finances, this study shows existing investment in employment support could be used to deliver much higher numbers of new or retained jobs for disabled people at significantly lower average costs than is presently being achieved. This could be done by working to evidence-based models as described by this study.

Detailed information on both the phase 1 data and the full research is available at www.ndti.org.uk.

ABOUT THE STUDY

This national study was conducted between October 2011 and November 2013 by researchers at the National Development Team for Inclusion (NDTi). Using a mix of methods to investigate the relationship between health and social services investment in employment support for disabled people and the resulting outcomes (i.e. people getting or retaining paid work), the study entailed:

- Collecting national data on investment in employment support and breakdown of type of support purchased and outcomes generated via electronic questionnaire from 99 services in 83 local authority (LA) areas between January and November 2012;
- Collecting further local in-depth data from 70 services in 43 LA areas between November 2012 and July 2013. Sites were contacted via those completing national data returns, fieldwork sites, NDTi contacts and the External Advisory Group;
- Fieldwork visits to six sites to understand strategy implementation and outcomes for people between January and March 2013.
- Learning Networks (in conjunction with ADASS) for commissioners of employment support in three parts of the country to share the learning from this research, between May and October 2013.

Approval for the fieldwork component was granted by the Social Care Research Ethics Committee.

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Acknowledgements:

'NIHR School for Social Care Research'

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Surname | Forename

Learner Registration Number | Centre Number

Level 3

Health and Social Care

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

Part B

Marks

Supervised hours 3

Diploma/Extended Diploma

Sample assessment material for first teaching September 2016

Instructions

- **Part A** will need to have been used in preparation for completion of **Part B**.
- **Part B** booklet must be issued to learners as defined by Pearson and should be kept securely.
- **Part B** booklet must be issued to learners on the specified date.
- **Part B** is specific to each series and this material must only be issued to learners who have been entered to undertake the task in that series.
- **Part B** should be kept securely until the start of the supervised morning assessment period.

Information

- The total mark for this paper is 65.

Paper reference

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Instructions to Teachers/Tutors

Part B set task is undertaken under supervision in a single session of **3 hours** in the timetabled morning session. Centres may schedule a supervised rest break during the session.

Part B set task requires learners to apply research. Learners should bring in notes as defined in **Part A**. The teacher/tutor needs to ensure that notes comply with the requirements.

Learners must complete the set task using this task and answer booklet.

The set task is a formal external assessment and must be conducted with reference to the instructions in this task booklet and the Instructions for Conducting External Assessments (ICEA) document to ensure that the supervised assessment is conducted correctly and that learners submit evidence that is their own work.

Learners must not bring anything into the supervised environment or take anything out without your approval.

Centres are responsible for putting in place appropriate checks to ensure that only permitted material is introduced into the supervised environment.

Maintaining security during supervised assessment sessions

- The assessment areas must only be accessible to the individual learner and to named members of staff.
- Learners can only access their work under supervision.
- Any work learners produce under supervision must be kept secure.
- Only permitted materials for the set task can be brought into the supervised environment.
- During any permitted break and at the end of the session materials must be kept securely and no items removed from the supervised environment.
- Learners are not permitted to have access to the internet or other resources during the supervised assessment period.
- Learner notes related to **Part A** must be checked to ensure length and/or contents meet limitations.
- Learner notes will be retained securely by the centre after **Part B** and may be requested by Pearson if there is suspected malpractice.

After the session the teacher/tutor will confirm that all learner work had been completed independently as part of the authentication submitted to Pearson.

Outcomes for Submission

One document will need to be submitted by each learner.

- A completed taskbook.

Each learner must complete an authentication sheet.

Instructions for Learners

This session is of **3 hours**. Your teacher/tutor will tell you if there is a supervised break. Plan your time carefully.

Read the set task information carefully.

Complete all your work in this taskbook in the spaces provided.

You have prepared for the set task given in this **Part B** booklet. Use your notes prepared during **Part A** if relevant. Attempt all of **Part B**.

You will complete this set task under supervision and your work will be kept securely during any breaks taken.

You must work independently throughout the supervised assessment period and should not share your work with other learners.

Outcomes for Submission

You will need to submit one document on completion of the supervised assessment period.

- A completed taskbook.

You must complete a declaration that the work you submit is your own.

Set Task Information

Select EITHER Section 1 beginning on page 24 OR Section 2 beginning on page 32, and answer the questions in the spaces provided.

You will need to refer to Article 1 on pages 40-44 or Article 2 on pages 45-48 and the notes of any research completed in **Part A**.

SECTION 1: Health Research

Activity 1

How has quantitative research been used to extract data in this article?

In your answer you should include how quantitative research methods have been used to improve reliability.

Total for Activity 1 = 15 marks

Activity 2

What has your own research led you to understand about the importance of developing reliable methods of diagnosis for individuals with arthritis?

In your response you should show how your secondary research relates to the issue in the article.

Total for Activity 2 = 15 marks

Activity 3

What implications does this research have for provision of health services for people with arthritis?

In your answer you should refer to the article and to your own secondary research.

Total for Activity 3 = 20 marks

Activity 4

Ajay is a medical research scientist. He wants to carry out further research to see how successfully identifying early osteoarthritis in women over 50 improves their management of the condition.

Ajay is planning to use a sample of 20 women who his blood test has identified as suffering from early onset osteoarthritis. He is planning to interview them about their symptoms.

What should Ajay consider when planning this research?

You should include judgements on:

- the ethical issues to be considered
- the research methods to be used and the objectives of the research.

In your answer you should refer to the article and to your own secondary research.

Total for Activity 4 = 15 marks

END OF SECTION

TOTAL FOR SECTION 1 = 65 MARKS

SECTION 2: Social Care Research

Activity 1

How have different methods of research been used in this article to find out about initiatives that help people with disabilities to gain paid employment?

In your answer you should include reference to:

- the different research methods referred to in the article
- the potential sources of bias in the data collected.

Total for Activity 1 = 15 marks

Activity 2

The study in the article aims to improve the commissioning and delivery of employment support for disabled people.

What has your own research led you to understand about the importance of supporting disabled people to find paid employment?

In your response you should show how your secondary research relates to the issue in the article.

Total for Activity 2 = 15 marks

Activity 3

How can this research help social care professionals to support people with disabilities to gain paid employment?

In your answer you should refer to the article and to your own secondary research.

Total for Activity 3 = 20 marks

Activity 4

Sarah is responsible for commissioning services for disabled people. She wants to carry out research on the types of job that disabled people in receipt of employment support have, and how long they retain jobs for.

Sarah is going to carry out interviews with ten people from her own organisation and send a questionnaire to one other organisation to carry out this research.

What should Sarah consider when planning this research?

You should include judgements on:

- the ethical issues to be considered
- the research methods to be used and the objectives of the research.

Total for Activity 4 = 15 marks

END OF TASK

TOTAL FOR SECTION 2 = 65 MARKS
TOTAL FOR TASK = 65 MARKS

Article 1: Health Research

Blood test could provide an early arthritis warning

Monday March 23 2015

Arthritis causes pain and stiffness of the joints.

"Arthritis breakthrough as new test diagnoses condition up to a decade earlier," the Mail Online reports. The test measures proteins linked with arthritis.

The study aimed to see whether a blood test could be developed that could distinguish between different types of early stage arthritis.

The study included groups of people with established diagnoses, including those diagnosed with early-stage osteoarthritis (so-called "wear and tear arthritis") and rheumatoid arthritis (caused by the immune system).

It then measured and compared levels of different proteins in their blood.

Overall, it found that looking at a combination of the levels of three proteins in the blood could distinguish between the different types of early-stage arthritis. This suggested such a test could have promise.

This is still early-stage research. Further study needs to look at whether this test is reliable for identifying and distinguishing between the different forms of early-stage arthritis in practice.

Most importantly, it needs to be seen whether use of the test leads to earlier treatment, and whether this leads to an improvement in patient outcomes.

Can arthritis be prevented?

The cause of rheumatoid arthritis, where the immune system starts attacking the tissue surrounding the joints is unknown. Therefore, it is unclear how the condition could be prevented. However, there is some evidence that people who don't smoke have a lower risk of getting the condition.

There is no guaranteed way of preventing osteoarthritis. However, taking regular exercise, keeping your muscles strong, and achieving or maintaining a healthy weight will help to reduce the risk.

Where did the story come from?

The study was carried out by researchers from the University of Warwick and other institutions in the UK. No sources of funding were reported. Some of the authors have a patent based on this work.

The study was published in the peer-reviewed scientific journal Scientific Reports.

The Mail's headline is premature, as we do not know how accurate this test will prove to be on further study or whether it would be introduced. The subheadings saying "There is currently no test, meaning some patients are only diagnosed when disease is so progressed that surgery is the only option" is also a little overdramatic and inaccurate. This reporting makes it sound like osteoarthritis currently has no diagnosis and management pathways in place, which is not the case. Osteoarthritis is usually diagnosed based on a person's symptoms, examination findings and X-ray findings.

What kind of research was this?

This was laboratory research, which aimed to develop a blood test to allow the detection and differentiation between different types of early-stage arthritis.

Blood tests are already used to help diagnose or exclude certain types of arthritis, such as rheumatoid arthritis, which is linked to having particular proteins and inflammatory markers in the blood. However, osteoarthritis (OA) has no diagnostic blood test. OA is a degenerative joint condition, where the cartilage covering the ends of the bones becomes worn and thin, causing symptoms including pain, stiffness, swelling and crunching feelings in the joints.

It is currently diagnosed based on a combination of a person's symptoms and findings from a clinical examination. X-rays can also detect characteristic changes to the joints, though these are often not present in early stages of the disease.

This study aimed to look at if there were any biochemical markers that could be detected in the blood that would help diagnose early-stage OA and distinguish it from other types of arthritis. Ideally, a diagnosis could be made before any of the more advanced joint changes set in, which could be detected by X-ray.

What did the research involve?

This study included groups of people (181 people in all) with different established diagnoses:

- advanced OA
- early OA
- advanced rheumatoid arthritis (RA)
- early RA

- early non-RA inflammatory arthritis – people with early symptoms of an inflammatory arthritis, but not having the diagnostic features of RA
- a healthy control group with no joint problems.

The researchers took blood samples from these people and samples of the fluid in the joints (synovial fluid) from those with early-stage arthritis. They used advanced laboratory techniques to measure the amount of different proteins in these fluids. They particularly looked at the amount of:

- anti–cyclic citrullinated peptide (CCP) antibodies – a marker for RA
- citrullinated protein – a marker for inflammation
- hydroxyproline – a building block that is part of the protein collagen – a structural protein found in cartilage and bone.

They compared the levels of these markers in people from the different groups. They also assessed whether looking for a particular combination of levels of these markers would allow them to tell the different groups apart.

What were the basic results?

The researchers found that compared to healthy controls, blood levels of citrullinated proteins were increased in people with early OA and early RA. Generally, people with early arthritis tended to have higher levels of these proteins in the blood, while in advanced disease, levels were lower in the blood and higher in the joint fluid.

Levels of citrullinated proteins were not increased in people with other non-RA early-stage inflammatory arthritis.

Anti–CCP antibodies were found mainly in the blood of people with early RA.

Compared to health controls, increased levels of hydroxyproline were found in people with early OA and early non-RA, but not in people with early RA.

The researchers found that looking at the levels of all three proteins enabled them to discriminate between people with early OA, early RA, other non-RA early inflammatory arthritis, and healthy joints. This combination test correctly identified:

- 73% of people with early OA
- 57% of people with early RA
- 25% of people with non-RA early inflammatory arthritis
- 41% of people with healthy joints.

The test also correctly identified:

- 87% of people who did not have early OA
- 91% of people who did not have early RA
- 76% of people who did not have non-RA early inflammatory arthritis
- 75% of people who did not have healthy joints.

How did the researchers interpret the results?

The researchers say their study provides a novel biochemical blood test that could be used for the diagnosis and discrimination of early-stage arthritis. They say that this could help to support improved treatment and patient outcomes.

Conclusion

This laboratory study suggests that for people presenting with early joint symptoms, examining blood levels of a combination of proteins could help to distinguish people who have early-stage OA from those who have early-stage RA or other inflammatory arthritis.

However, this study is in the early stages and so far has only looked at relatively small samples of people with confirmed diagnoses of these different conditions. A lot of further work needs to be done to examine the accuracy of such a blood test, and to see whether it could reliably identify and distinguish between people with these conditions presenting to doctors in real world practice. These studies should assess whether it offers an improvement on the current approach to diagnosis based on symptoms, clinical examination, imaging findings and other blood tests currently used – such as measurement of inflammatory markers, rheumatoid factor, or anti-CCP antibodies.

Even if such studies find that the test performs well, it is likely that it would not replace all other diagnostic tests, instead being used in combination with other methods, especially as it performed better at detecting some forms of arthritis than others.

Most importantly, it also needs to be seen whether using this blood test as a diagnostic method would actually lead to improved disease outcomes for people with arthritis, as suggested in the news reports.

While several of the risk factors associated with OA are unavoidable (e.g. increasing age, female gender, previous joint damage or abnormalities), maintaining a healthy weight and staying active could help prevent onset of the disease. RA is an autoimmune disease (where the body's own immune cells attack the joints) with no established cause. However, smoking is associated with the development of the condition.

Analysis by Bazian
Edited by NHS Choices

Links to the headlines

Arthritis breakthrough as new test diagnoses condition up to a decade earlier – with just a single drop of blood. Mail Online, March 22 2015

DISCOVERY of proteins could lead to diagnosis of arthritis up to ten years before symptoms. Daily Express, March 22 2015

Links to the science

Ahmed U, Anwar A, Savage RS, et al. Biomarkers of early stage osteoarthritis, rheumatoid arthritis and musculoskeletal health. Scientific Reports. Published online March 19 2015

Acknowledgements: © NHS

NDTi
National Development Team for Inclusion

NIHR School for Social Care Research

Research findings

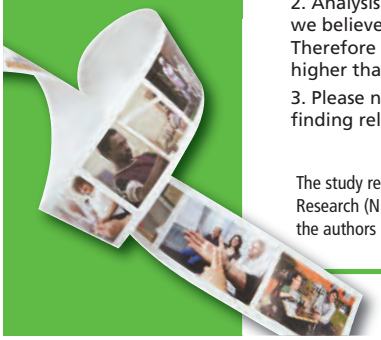
Employment support for disabled people: investigating the relationship between investment and outcomes

This study aims to improve the commissioning and delivery of employment support for disabled people by reviewing the evidence on the cost-effectiveness of different service models and commissioning approaches. Given the focus on local authority/NHS funded services (explicitly EXCLUDING studying DWP-related employment supports such as Work Choice or Access to Work), the research focused on people with learning disabilities and people with mental health problems.

Further information is available from Rob Greig: rob.greig@ndti.org.uk, 01225 789 135

KEY POINTS FROM THE RESEARCH

- There is good evidence Individual Placement and Support (IPS) (in mental health services) and supported employment (in learning disability services) are the most effective ways of supporting people to achieve paid work outcomes (henceforth "evidence-based models"). There is little or no evidence to support other service models currently being used by commissioners. Only around one third of current employment-related spend is being committed to these evidence-based models.
- Overall levels of spend on employment support appear to have levelled off, and are beginning to decline after a period of growth in recent years.
- Commissioners and providers have little systematic data or knowledge about how best to target funding to generate positive job outcomes (i.e. jobs gained or jobs retained). Basic information to calculate cost-effectiveness exists locally, but is generally not being used to determine local value for money or compare costs to available information on best practice.
- Cost per job outcome[1] in individual services ranged from £208 to £57,640 and averaged £8,217. The average proportion of people supported who secured a job outcome was 38%.
- Sites working to evidence-based models of employment support typically delivered the most cost-effective outcomes, with an average cost per job outcome of £2,818[2] and a job outcome rate of 43%.
- There was no relationship between a proxy measure for the complexity of



1. Defined by the numbers gaining or actively retaining a job or becoming self employed. The findings of this research have to be seen in context. For example, when comparing job outcomes data was not available about the number of hours/wages paid between different services.
2. Analysis indicates that learning disability services are at the top end of our range of costs and we believe that, as they are local authority in-house services, they are not full-cost recovery. Therefore the guide figure for cost per job outcomes for learning disability services is likely to be higher than this figure suggests.
3. Please note that given the concerns regarding this measure for mental health services, this finding relates solely to learning disability employment support services.

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

disability[3] of those supported and either the cost per person supported or the cost per job outcome. Services were being equally successful in helping those with greater levels of disability to gain or retain a job as those with lesser needs.

- Sites achieving greater levels of job outcomes generally did so by supporting a larger proportion of people to retain a job rather than to gain one. In sites working to evidence-based models, the balance between jobs gained and jobs retained was more evenly split.
- The following organisational features were most likely to be found in successful and cost-effective services – particularly in sites working to evidence-based models:
  - Shifting the culture and prioritising employment;
  - Defining what is meant by employment;
  - Agreeing a strategic plan to deliver employment for people with disabilities;
  - Using knowledge of best practice to develop the market;
  - Establishing systems for measuring performance.

BACKGROUND

Increasing the numbers of people in paid work who have mental health problems and/or a learning disability has been a policy priority for successive Governments. As a result, both local authorities and the NHS are expected to ensure that people can access the support they need to obtain and retain employment. An initial scoping review by NDTi (*Economic Evidence Around Employment Support 2011*) described the existing evidence base around which approaches to employment support are most likely to lead to people obtaining and retaining work. It also identified a lack of financial and economic evidence around cost-effectiveness of different approaches. NDTi received competitive funding from SSCR in order to obtain new evidence on the cost-effectiveness of the commissioning of employment supports (excluding DWP programmes) and thus inform future commissioning practice.

FINDINGS

National data

Overall levels of spend on employment support have levelled off and are beginning to decline after a period of growth in recent years. Commissioners acknowledged that continuing financial pressures make it even more important that limited funds are spent in the most cost-effective way. The vast majority of commissioners have basic financial information about overall spend on employment support, but limited knowledge on what those budgets are used for. In addition, commissioners generally did not have data on key outcomes achieved such as the number of hours worked per week, types of jobs achieved, levels of pay, length of job retention or impact of someone obtaining a job on use of other health/social care services. Our analysis found that only a third of supported employment budgets were being spent on evidence-based models.

In addition, analysis of detailed data from 70 sites in Table 1 shows average costs and

Table 1: Comparison between costs and outcomes of learning disability and mental health services.

	Average no of people receiving support	Average cost of service	Average cost per person supported	Average cost per paid job outcome	% who secured a job outcome	New job	Retained job	Self-employed
All services (n=70)	198	£263,132	£1,730	£8,217	38%	61%	36%	3%
LD services (n=32)	137	£217,047	£1,948	£8,218	43%	53%	45%	1%
MH services (n=31)	279	£316,148	£1.485	£8,024	34%	68%	26%	6%

Table 2: Evidence based and all sites – comparison between costs and outcomes

		Range	Average
Cost per person supported	Evidenced-based sites	£366 to £2,281	£1,170
	All sites	£165 to £10,000	£1,730
Costs per job outcome	Evidenced-based sites	£870 to £4,908	£2,818[a]
	All sites	£208 to £57,640[b]	£8,217
Job outcome rate	Evidenced-based sites	22% to 62%	43%
	All sites	0% to 100%[c]	38%

a. See footnote 3 about learning disability costs possibly being higher.

b. Additionally two services achieved no job outcomes and thus had an infinitely high average cost outcome.

c. The extreme high figures relate to atypical services (i.e small, only for people with learning disabilities and appearing to be focused solely on job retention).

outcomes for the different client groups. One critical caveat is that the data does not identify the type of job outcome secured so we may not be comparing like jobs between 'sectors'.

Costs per job outcome

We analysed the relationship between spend on employment support services and the number of people securing new jobs, actively retaining jobs or moving into self-employment – summarised as "cost per job outcome". We compared these for all sites and then for those sites that were specifically working to evidence-based models and found significant differences (Table 2).

We also explored other variables that might influence costs. Firstly, there was no evidence of benefit from economies of scale, with small services having similar costs and success in achieving a job outcome as large services[4]. Secondly, there appears to be no relationship between the complexity of disability[5] of those supported by the employment service and either cost or outcomes achieved. Using an appropriate proxy measure, we found no relationship between this and either the cost per person supported or the cost per job outcome. Finally we found no strong indication that it costs more to secure a new job than retain an existing job. While evidenced-based sites achieved good outcomes by focusing equally on retention and new jobs, non-evidence based sites that are achieving higher numbers are generally doing so by focusing more on retention.

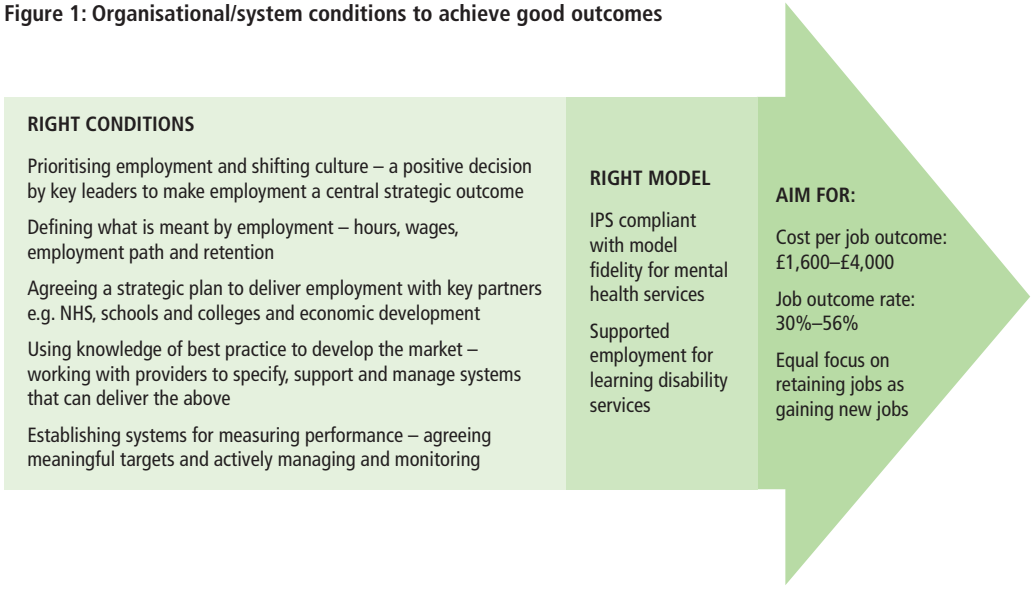
Approaches to implementation of local employment strategies

We identified five clear organisational/system 'conditions' that need to be in place to achieve good outcomes which, when set alongside the use of evidence-based models, should enable the achievement of job outcomes at a reasonable cost. The qualitative element of the study considered how local areas had approached implementing employment strategies and achieving positive outcomes. This clearly demonstrated differences in the approaches taken between areas that had, or had not, made significant progress. These factors are summarised in Figure 1.

4. This relates to the cost/size of the local service and not necessarily overall organisational size.

5. Please note that given difficulty in obtaining this measure for mental health services, this finding relates solely to learning disability employment support services.

Figure 1: Organisational/system conditions to achieve good outcomes



IMPLICATIONS FOR PRACTICE

This study has identified a significant variability in the cost of employment support services and costs per job outcome achieved that cannot be explained by factors such as complexity of people's disability or size of service. The study therefore concludes that variable cost and outcomes is primarily explained by one or both of: (1) service model being used (right model); and (2) organisational/strategic actions taken (right conditions).

The capacity of local authority and NHS commissioners to apply the right model in the right conditions is significantly being undermined by commissioners not having and/or using the necessary data and by a lack of understanding of the evidence about what works in employment support.

In a time of tight public finances, this study shows existing investment in employment support could be used to deliver much higher numbers of new or retained jobs for disabled people at significantly lower average costs than is presently being achieved. This could be done by working to evidence-based models as described by this study.

Detailed information on both the phase 1 data and the full research is available at www.ndti.org.uk.

ABOUT THE STUDY

This national study was conducted between October 2011 and November 2013 by researchers at the National Development Team for Inclusion (NDTi). Using a mix of methods to investigate the relationship between health and social services investment in employment support for disabled people and the resulting outcomes (i.e. people getting or retaining paid work), the study entailed:

- Collecting national data on investment in employment support and breakdown of type of support purchased and outcomes generated via electronic questionnaire from 99 services in 83 local authority (LA) areas between January and November 2012;
- Collecting further local in-depth data from 70 services in 43 LA areas between November 2012 and July 2013. Sites were contacted via those completing national data returns, fieldwork sites, NDTi contacts and the External Advisory Group;
- Fieldwork visits to six sites to understand strategy implementation and outcomes for people between January and March 2013.
- Learning Networks (in conjunction with ADASS) for commissioners of employment support in three parts of the country to share the learning from this research, between May and October 2013.

Approval for the fieldwork component was granted by the Social Care Research Ethics Committee.

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Acknowledgments:

'NIHR School for Social Care Research'

Unit 4: Enquiries into Current Research in Health and Social Care – sample mark grid

General marking guidance

- All learners must receive the same treatment. Examiners must mark the first learner in exactly the same way as they mark the last.
- Mark grids should be applied positively. Learners must be rewarded for what they have shown they can do rather than be penalised for omissions.
- Examiners should mark according to the marking grid, not according to their perception of where the grade boundaries may lie.
- All marks on the mark grid should be used appropriately.
- All the marks on the mark grid are designed to be awarded. Examiners should always award full marks if deserved. Examiners should also be prepared to award zero marks if the learner's response is not rewardable according to the mark grid.
- Where judgement is required, a mark grid will provide the principles by which marks will be awarded.
- When examiners are in doubt regarding the application of the mark grid to a learner's response, a senior examiner should be consulted.

Specific marking guidance

The mark grids have been designed to assess learner's work holistically.

Rows in the grids identify the assessment focus/outcome being targeted. When using a marking grid, the 'best fit' approach should be used.

- Examiners should first make a holistic judgement on which band most closely matches the learner's response and place it within that band. Learners will be placed in the band that best describes their answer.
- The mark awarded within the band will be decided based on the quality of the answer in response to the assessment focus/outcome and will be modified according to how securely all bullet points are displayed at that band.
- Marks will be awarded towards the top or bottom of that band depending on how they have evidenced each of the descriptor bullet points.

Activity 1

Assessment focus 1	Band 0	Band 1	Band 2	Band 3	Band 4
Understanding research methods, validity and reliability of results of research	0	1–4	5–8	9–12	13–15
	Level of response not worthy of credit.	• Basic description of research methods referred to in the article, with some reference to data usage/extraction. • Conclusions may be offered but are not supported.	• Research methods referred to in the article are described, demonstrating a basic understanding of data usage; response may include unsupported evaluative judgements on suitability. • Conclusions on suitability of research methods are offered but not always supported and demonstrate a grasp of the concept in the context of the methods used.	• Research methods referred to in the article are explained, demonstrating an understanding of data usage; response likely to include some supported evaluative judgements on suitability. • Conclusions on suitability of research methods are offered and supported, demonstrating understanding of the concept in the context of the methods used.	• Research methods referred to in the article are explained, demonstrating a thorough understanding of data usage; response includes fully supported evaluative judgements on suitability. • Conclusions on suitability of research methods are offered and fully supported, demonstrating a thorough understanding of the concept in the context of the methods used.

Activity 2

Assessment focus 2	Band 0	Band 1	Band 2	Band 3	Band 4
Understanding the importance of the issue being researched, why the research is being carried out, and how the article and own secondary research reinforces the importance of the issue	0 Level of response not worthy of credit.	1–4 • Basic description of the issue and conclusions on the issue's importance are superficial; limited examples of how the issue affects individuals and/or professionals and/or wider society given from wider research. • Basic description of secondary research findings with isolated links to the issue in the article.	5–8 • Describes the issue, leading to concluding statements about the issue's importance being offered. Provides some relevant examples of how the issue affects individuals and/or professionals and/or wider society that might be supported by research findings. • Secondary research findings are described and linked to the issue within the article; demonstrates a basic understanding of the relationship between the two·	9–12 • Explains the issue, leading to conclusions about the issue's importance. Provides relevant examples of how the issue affects individuals and/or professionals and/or wider society, which are supported by research findings. • Secondary research findings and their relationship to the issue in the article are explained; demonstrates a good understanding of the relationship between the two.	13–15 • Analyses the issue, leading to conclusions about the issue's importance. Provides relevant examples of how the issue affects individuals and/or professionals and/or the wider society, which are fully supported by research findings. • Secondary research findings and their relationship to the issue in the article are explained; demonstrates a thorough understanding of the relationship between the two.

Activity 3

Assessment focus 3	Band 0	Band 1	Band 2	Band 3	Band 4
Research implications for future provision and/or practice	0	1–5	6–10	11–15	16–20
	Level of response not worthy of credit.	• Basic description of implications of the research for provision/practice in the sector. • Implications referred to will be generic and not linked to the issue in the article and wider research. • Rationale for implications may be offered but are superficial and not supported.	• Implications of the research for provision/practice in the sector are described. • Implications referred to demonstrate an understanding of the issue and its context in the article and wider research. • Rationale for implications are offered but not always supported.	• Implications of the research for provision/practice in the sector are analysed and explained systematically. • Implications referred to demonstrate a good understanding of the issue and its context in the article and wider research; may include recommendations for change. • Rationale for implications are offered and supported.	• Implications of the research for provision/practice in the sector are analysed and explained systematically. • Implications referred to demonstrate a thorough understanding of the issue and its context in the article and wider research; likely to include recommendations for change which are justified. • Rationale for implications always offered and fully supported.

Activity 4

Assessment focus 4	Band 0	Band 1	Band 2	Band 3	Band 4
Planning and ethical consideration for further research	0	1–4	5–8	9–12	13–15
	Level of response not worthy of credit.	• Offers a basic consideration of suggested research methods demonstrating a limited understanding of their effectiveness/suitability. • Reference to planning considerations, ethical issues and necessary research skills required to explore the issue is superficial and descriptive. • Judgements on importance of considerations may be offered but are not supported.	• Considers the suggested research methods, making some suggestions for improvements/changes and demonstrating a basic understanding of their effectiveness/suitability. • Reference to planning considerations, ethical issues and necessary research skills required to explore the issue demonstrates a basic understanding of practical problems of conducting research in the context. • Judgements on importance of considerations may be offered but are not always supported.	• Provides rationalised consideration of suggested research methods and improvements/changes that could be made, demonstrating a good understanding of method effectiveness/suitability. • Response demonstrates analytical approach. Coverage of planning considerations, ethical issues and necessary research skills required to explore the issue demonstrates a good understanding of practical problems of conducting research in the context, addressed in a logical way. • Judgements on importance of considerations are supported.	• Provides rationalised consideration of suggested research methods and improvements/changes that could be made, demonstrating a thorough understanding of method effectiveness/suitability. • Response demonstrates thorough analytical approach. Coverage of planning considerations, ethical issues and necessary research skills required to explore the issue demonstrates a thorough understanding of practical problems of conducting research in the context, addressed in a logical sustained systematic way. • Judgements on importance of considerations are fully supported.

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