

**SUMMER INDEPENDENT LEARNING**

<b>Subject/Group</b>	<b>BTEC Diploma in Health and Social Care (Y12 – Y13)</b>
<b>Topic</b>	<b>Unit 4 - Enquiries into Current Research in Health and Social Care</b>
<b>Hours</b>	<b>14 hours</b>
<b>To be completed by</b>	<b>This work must be completed and handed in to your subject teacher on the first day of term.</b>

**Background/Context**

*There are many reasons why research is carried out into contemporary health and social care issues, for example to explore the effect of diet on health and wellbeing or the provision and impact of addiction centres in the local community.*

*As a health and social care professional you will need to understand the purpose of research, how it is carried out and the importance of research for improving the wellbeing of those using health and social care services.*

*This is an externally assessed unit made up of Part A, which is the controlled assessment, and Part B, which is the exam.*

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Unit 4 is found in the BTEC Health and Social Care Student Book 2.

**There are THREE parts to this SIL. ALL parts are mandatory.**

1. A variety of activities aimed at developing your understanding of enquiries into research.
2. Research document to read and analyse.
3. Metacognition work.

**PART ONE**

The purpose of research is to find out information or gain knowledge. Research is a systematic or orderly procedure that explores issues to establish facts or reach new conclusions.

**Activity 1**

There are FOUR key purposes of research in health and social care. **What are they?**

1	
2	
3	
4	

**Activity 2**

Using reputable websites, identify TWO examples of research that have been carried out in health and social care within the last five years.

	Name of research projects, the web links and a summary of the research conducted
Health	
Social Care	

### **Activity 3**

As part of your learning, you need to have a clear understanding of the key terms used within this Unit.

**Define the following key terms used in research.**

<b>Command verb/key terms</b>	<b>Definition/Explanation</b>
Article	
Issue	
Health and social care practice	
Research methods	
Qualitative research	
Quantitative research	
Primary research	
Secondary research	
Ethical issue	
Literature review	

#### **Activity 4**

Research involves the collection of data. Data can be numerical, or it can be descriptive. Numerical data can be statistically analysed whereas descriptive data cannot be measured. There are several methods used to collect the data. In the table below are examples of the commonly used research methods.

Select by ticking the methods that relate to **quantitative research** and those that relate to **qualitative research**.

<b>Research methods</b>	<b>Qualitative research method</b>	<b>Quantitative research method</b>
Observations		
Interviews		
Checklists		
Experiments		
Surveys		
Questionnaires		
Case studies		

#### **Activity 5**

There are advantages and disadvantages to different research methods. Mostly it depends of the type of research that is being carried out, the reason why the research is being undertaken and the kind of data that needs to be collected.

For each of the cases below:

- identify the type of research (quantitative or qualitative) it could be,
- the most suitable type of research method(s) to use,
- the least suitable type of research method (s) to use. Provide reasons for your choices.

#### **Case A**

<b><i>Identifying and evaluating mental health support in young people in the North of England.</i></b>	
Type of research	
Suitable research method(s) + explanation	
Unsuitable research method(s) + explanation	

Case B

<b><i>Low carb diets are an effective short-term option for people who are overweight and/or diagnosed with type 2 diabetes.</i></b>	
Type of research	
Suitable research method(s) + explanation	
Unsuitable research method(s) + explanation	

Case C

<b><i>An analysis into the effectiveness of Covid 19 vaccines.</i></b>	
Type of research	
Suitable research method(s) + explanation	
Unsuitable research method(s) + explanation	

Case D

<b><i>Adult smoking habits in the UK.</i></b>	
Type of research	
Suitable research method(s) + explanation	
Unsuitable research method(s) + explanation	

## **Activity 6**

**Read the article below and answer the questions.**

### ***Research that saved the lives of thousands***

*In the 19th century, it was commonly believed that cholera was caused by bad air, or a miasma. However, a researcher named John Snow, an obstetrician, was sceptical of this explanation. He believed that cholera was a water-borne disease, so he conducted a detailed analysis of cases of cholera in selected areas of London.*

*At the time when Snow was working and developing his ideas about cholera, houses had no running water and relied instead on communal water pumps. People also had cesspits under their houses, and sewage was regularly deposited in the Thames. A now-famous water pump, known as the Broad Street Pump, was at the centre of one particular cholera outbreak.*

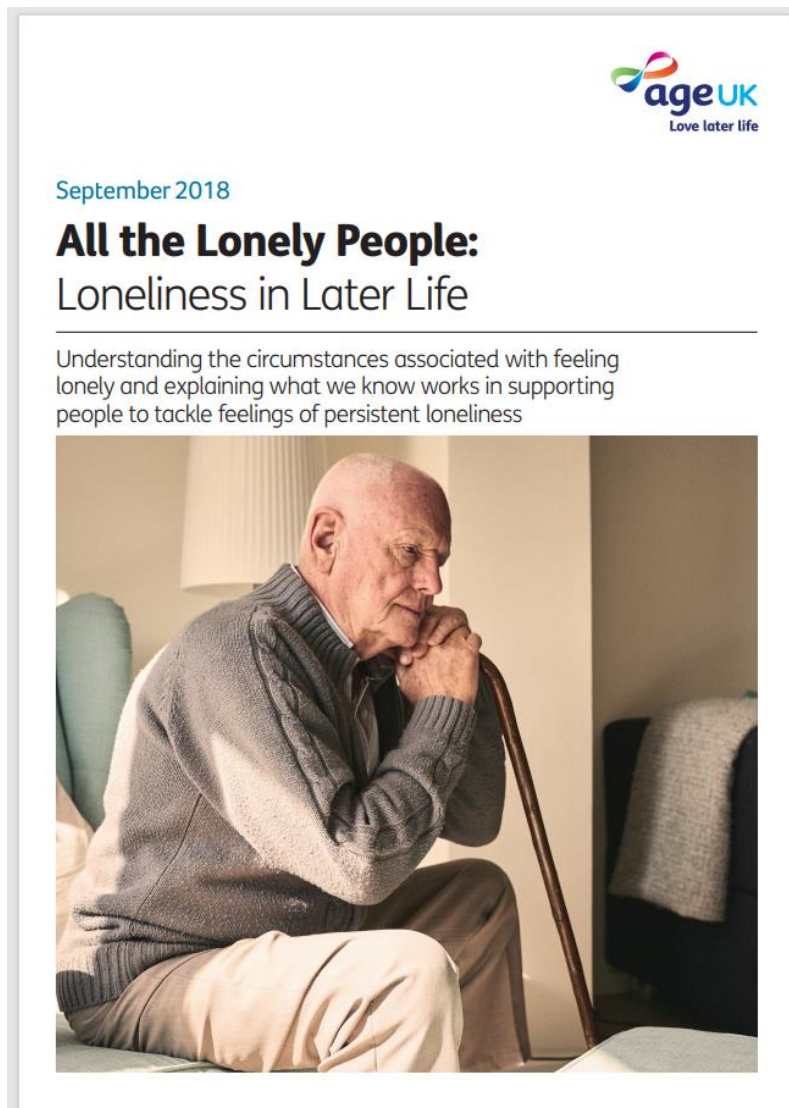
*Snow used a map of the surrounding area and identified people who had died from the disease. In all cases, they had used water from the pump and Snow saw this as proof that the contaminated water from the pump was the source of the cholera outbreak. He also tracked hundreds of other cases of cholera to nearby restaurants, bars, schools and businesses, which had used water from the contaminated pump. He published a paper in 1849 entitled *On the Mode of Communication of Cholera*.*

1. What was the purpose of John Snow's research?
2. How many of the four reasons for carrying out research (see activity 1) are illustrated here? Which ones are they?
3. Do you think research into important government health matters such as this should be carried out by a pioneering individual such as John Snow or by a government body? Give reasons for your choice.
4. What current issues in research are you aware of that relate to people's health in the UK?

**Instructions**

[loneliness-report\\_final\\_2409.pdf \(ageuk.org.uk\)](#)

- Download and read the report on “Loneliness in Later Life” by Age UK.
  - Highlight key areas of the report that relate to the questions below.
  - Answer the following questions as they relate to this report on a separate piece of paper.
1. Identify the type of research this article has used.
  2. State the research methods used and referred to in this article.
  3. Explain the effectiveness of each research method in providing data to help understand the circumstances associated with feeling lonely.
  4. Evaluate the impact of loneliness in later life on health and social care service provision.



# All the Lonely People: Loneliness in Later Life

## Introduction

Loneliness is a negative feeling people experience when the relationships they have do not match up to those they would like to have. Loneliness is about how meaningful the conversations and interactions that people have are, and not necessarily about the number of people they have contact with. Being lonely is not the same as being isolated. A person can be isolated but not lonely, or can feel lonely yet be surrounded by people.

Loneliness is a common human emotion. For the majority of people the feeling of loneliness passes, yet for some it can persist, impacting negatively on well-being and quality of life. Recognising the causes and consequences of loneliness helps us to understand the importance of supporting people to cope with and overcome persistent feelings of being lonely.

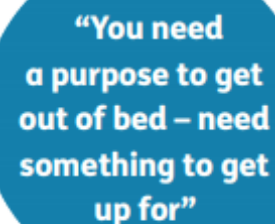
The Jo Cox Commission successfully highlighted that loneliness can be experienced across all ages and by all members of society. The cross-government strategy on loneliness promised by the Prime Minister has the potential to play a crucial role in helping to tackle persistent loneliness if based on what is collectively known about loneliness.

Addressing loneliness amongst older people has been an essential element of Age UK's work for many years. With the Campaign to End Loneliness we published *Promising Approaches to Reducing Loneliness and Social Isolation* which drew on conversations with experts and a review of existing projects aimed at tackling these issues to create a new framework for tackling loneliness. We followed this with an innovative test and learn

programme, *Testing Promising Approaches to Reducing Loneliness*, which piloted aspects of this new framework. Working with five of our local partners Age UK Barrow, Age UK North Craven, Age UK Oxfordshire, Age UK South Lakeland and Age UK Wirral, we explored how to develop the reach of services to find older people experiencing loneliness and then develop personalised support to help them reconnect.

In addition, Age UK Herefordshire and Worcestershire has led the Reconnections programme, an innovative approach to funding and evaluating programmes to ameliorate loneliness. Other local partners, including Age UK Bradford and District and Age UK Bamsley, have developed and adapted their approaches to loneliness among older people in partnership with local statutory, voluntary, and private sector organisations, as well as the wider community.

This report presents new evidence about what we at Age UK know about loneliness amongst people aged 50 and over, what increases the chances of people experiencing loneliness and how best to help those older people who are persistently lonely. Our focus throughout is on the need for approaches to reducing loneliness to be tailored to the circumstances of the individual.



**“You need  
a purpose to get  
out of bed – need  
something to get  
up for”**



# All the Lonely People: Loneliness in Later Life



## The percentage of older people experiencing loneliness has remained fairly consistent over time

In the last couple of years public awareness of loneliness and the impact that being persistently lonely can have on well-being and quality of life has grown with campaigns such as Age UK's No One Should Have No One, the work of the Jo Cox Commission and the Government's appointment of a Minister for Loneliness. This increase in awareness can lead to the view that the percentage of people experiencing loneliness is growing. In fact, the percentage of older people experiencing loneliness has remained fairly consistent over time. Figure 1 shows the proportions of people aged 50 and over living in England who reported feeling lonely in the decade since 2006/07. Two thirds of these people are hardly ever or never lonely, and a quarter are lonely some of the time. A substantial minority (one in twelve people) – currently representing around 1.4 million older people living in England – are often lonely.

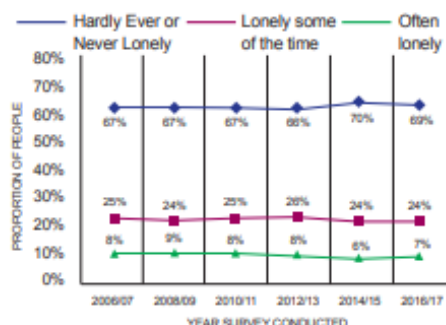
The proportion of older people who say they are often lonely has remained relatively constant since at least 2006/07. But the size of the older population is growing. As figure 2 shows, based on current population projections, the number of people aged 50 and over living in England who will often feel lonely will increase by half a million people by 2020/21 and reach 2 million people by 2025/26 unless we tackle it.

**Figure 2: Number of people aged 50 and over living in England projected to be feeling often lonely up to 2030/31**



Source: ONS and English Longitudinal Study of Ageing (see accompanying technical report)

**Figure 1: Proportion of people aged 50 and over living in England who felt lonely, between 2006/07 and 2016/17**



Source: English Longitudinal Study of Ageing (see accompanying technical report)

1 These estimates are based on the Office for National Statistics (ONS) principle population projects for England, published in 2017, and assumes that the proportion of people often lonely remains at the 10 year average (of 7.5%) observed between 2006/07 and 2016/17. The accompanying technical report provides further details on the analysis behind these estimates.

2 The accompanying technical report provides full details and results of the analysis behind these estimates

3 Only 1 in 5 invited participants completed the survey, and this was even lower amongst older people,

# All the Lonely People: Loneliness in Later Life

## Loneliness is driven by circumstance

The work of the Jo Cox Commission highlighted that loneliness can be experienced at any age and by any member of society. Characteristics such as age or gender, ethnic background or religious beliefs do not in themselves cause loneliness.

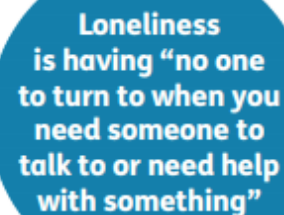
Feelings of loneliness occur when circumstances inhibit people's ability to have the relationships they desire. This can occur because of the loss of relationships through, for example, bereavement or retirement; or the loss of the opportunities to engage in meaningful ways through, for example, worsening health or mobility.

According to our latest analysis of the English Longitudinal Study of Ageing, older people aged 50 and over living in England are:

- **5.5 times** more likely to be often lonely if they don't have someone to open up to when they need to talk compared with older people who have someone
- **5.2 times** more likely to be often lonely if they are widowed compared with older people who are in a relationship
- **3.7 times** more likely to be often lonely if they are in poor health compared with older people who are in good or excellent health
- **3.0 times** more likely to be often lonely if they don't feel they belong to their neighbourhood

- **3.0 times** more likely to be often lonely if they feel they are never able to do the things they want
- **2.6 times** more likely to be often lonely if they have family circumstances that prevent them doing the things they want to do
- **2.3 times** more likely to be often lonely if they have money issues that prevent them doing the things they want to do than people who do not have money issues
- **1.6 times** more likely to be often lonely if they live alone than older people who live with somebody

These risk factors are independent of other factors, including age, gender and how often people meet with other people, which are not associated with whether people aged 50 and over in England often feel lonely.<sup>2</sup>



Loneliness is having "no one to turn to when you need someone to talk to or need help with something"

### People aged 50 and over are more likely to be often lonely if they:

- have no one to open up to when they need to talk
- are widowed
- are in poor health
- feel as if they do not belong in their neighbourhood
- are unable do what they want
- live alone

<sup>2</sup> The accompanying technical report provides full details and results of the analysis behind these estimates

# All the Lonely People: Loneliness in Later Life



## The risk of loneliness does not vary because of age

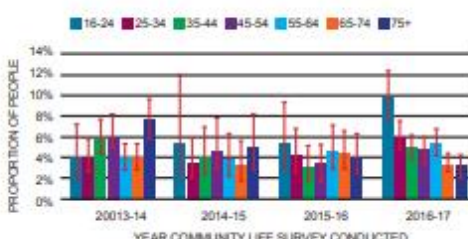
Age UK's analysis has shown that, when we look at all adults, there is no difference in how likely a person is to be lonely according to age: the triggers for loneliness differ by age, but younger and older people are similarly likely to be lonely.

Our findings give a different picture to those published in April 2018 by the Office for National Statistics (ONS), based on the 2016-17 Community Life Survey, concluding that younger people are more likely to be lonely than other age groups. When we reviewed the ONS research we noted that the survey was carried out primarily online with a low response rate, particularly amongst older people<sup>3</sup>.

Age UK have replicated the analysis the ONS undertook across the three previous waves of the Community Life Survey which collected data between 2013 and 2016 through face-to-face interviews, and which had much better response rates.<sup>4</sup>

Figure 3 shows how age was associated with often or always feeling lonely in these four waves of the Community Life Survey. It is only the final set of columns, labelled 2016-17, based on the online data used in the ONS report, that suggest that younger people are more likely than older people to be lonely. The first three sets of columns show the same analysis using the face-to-face data collected in 2013-14, 2014-15 and 2015-16. These demonstrate that there are no meaningful differences in loneliness between age groups.

**Figure 3: Proportion of people who say they often or always feel lonely by age**



Source: Community Life Survey (see accompanying technical report)

Note: red vertical lines represent confidence intervals, and indicate the bounds within which we can feel confident the true proportion of often or always lonely people in that age group fall.

Our analysis leads us to believe that the finding that age was associated with loneliness in the 2016-17 data is due to those completing the online survey being less likely to be representative of the general population. This is likely to be especially true for the older age group. The Office of Statistics Regulation has raised similar concerns about the online method used for the 2016-17 Community Life Survey<sup>5</sup>.

We conclude that being often lonely can occur at any age and the risk of loneliness is not driven by age but by people's circumstances which can differ by age. For example, leaving education is often a vulnerable time for younger people whereas the death of a loved one is more common among older people.

<sup>3</sup> Only 1 in 5 invited participants completed the survey, and this was even lower amongst older people, which means this survey did not provide information on how lonely 4 in 5 people were

<sup>4</sup> 3 in 5 invited participants completed the survey

**Metacognition Work**

Enquiries into current research in health and social care is a challenging unit. You will be expected to know and understand the different key terms and terminology. You will be expected to read several research documents and be able to analyse the information in them.

For this part of your SIL we would like you to reflect on your strengths and weaknesses in completing this unit. Identify your strengths and weaknesses.

Consider the following questions: How can your strengths support you in your studies? What can you do to ensure your weaknesses don't prevent you from getting a high grade in this unit? What can you do to ensure you overcome them? What kind of resources and support will you need to help you? How will you know you have successful at overcoming your weaknesses?

Write down your reflections, considering the above questions.