

Course Companion

for BTEC Tech Award L1/2 in Health & Social Care
Component 3: Health and Well-being

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Endorsed Edition v1.1, February 2024

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Course Companion for BTEC Tech Award (L1/2)

Health and Social Care: Component 3

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Teacher's Introduction

This is a Course Companion for Component 3: Health and Well-being, part of the BTEC Level 1 / Level 2 Tech Award in Health and Social Care (first teaching 2022). The aim of this resource is to guide students through the core content of this component, providing them with in-depth information that covers each of the specification points. This resource aims to build on the knowledge and skills learnt in components 1 and 2 and help them succeed in the assessment for this component, which includes demonstrating an understanding of health and well-being, and the ability to design a health and well-being improvement plan.

For clarity and ease of use, the content of this Course Companion matches the order of the specification. The content is structured as follows against the component's learning outcomes:

- Learning outcome A: Students should understand the factors that affect health and well-being, and how they can be improved. (A1 split into three parts)
- Learning outcome B: Students should be able to understand and interpret physiological and psychological factors that affect health and how lifestyle factors can determine physical health.
- Learning outcome C: Students should understand a person-centred approach to improving health and well-being, and be able to explore and evaluate interventions and actions aimed at improving health and well-being, and the factors that influence the success of these actions when following recommendations.

Throughout the resource there are key features to keep an eye out for:

Keywords – used to draw students' attention to different keywords of the unit.

Did you know?
Important: students do not need to learn this content. It is provided as further information and additional content to interest students.

Case studies

Help students to apply the issues identified in the resource to real-world scenarios.

Research activities inspire further research and stretch and challenge higher-ability students.

Applied activities apply knowledge to the real world scenarios in the health and social care sector.

Some of the activities can be completed using either computers, mobile phones or tablets. Some activities can be completed outside the classroom as homework.

There is also a set of questions provided at the end of each section (with answers included). 'Checking your understanding' questions should help students recap their knowledge throughout the resource. 'End of unit' questions should help students recap their knowledge at the end of the unit. They are not intended to be exam-style.

This publication is designed to supplement teaching only. Practice questions may be designed to test understanding of the specification and may also attempt to prepare students for the type of questions they will encounter in the examination. ZigZag Education do not make any claim to predict future examination questions, or as to the accuracy, reliability or content of the examination.

A web page containing all the links listed in this resource is conveniently located at www.zigzageducation.co.uk/12027

It is recommended that you use this helpful for accessing the websites rather than typing the addresses into a browser.

Endorsed edition, update v1.1, February 2024:

- Clarified in the Teacher's Introduction that 'checking your understanding' questions are not meant to be used for assessment.
- Added content beyond the scope of the spec to 'Did you know?' boxes on pp. 4–5 (causes of genetic conditions), p. 16 (aerobic/anaerobic respiration), p. 18 (illegal drug use table), pp. 35–37 (types of abuse table). Also clarified in Teacher's Introduction that students do not need to learn this content.
- Removed information beyond the scope of the spec on pp. 4–5 (causes of genetic conditions) and p. 8 (causes of mental health problems).
- Added summaries to highlight the impact of lifestyle factors on health and well-being on p. 11 (physical health) and p. 12 (mental health).
- Introduced cross references (pp. 51, 52, 54, 56) to link back to published guidelines covered in Chapter A1.

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A1 Factors affecting health and well-being

What is health and well-being?

The terms 'health' and 'well-being' have been defined in many different ways. What contributes to a sense of health and well-being? Generally, if someone is said to be in good health, we mean they are in a good physical and mental condition, without suffering from an illness or injury. The World Health Organization (WHO) defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity'.



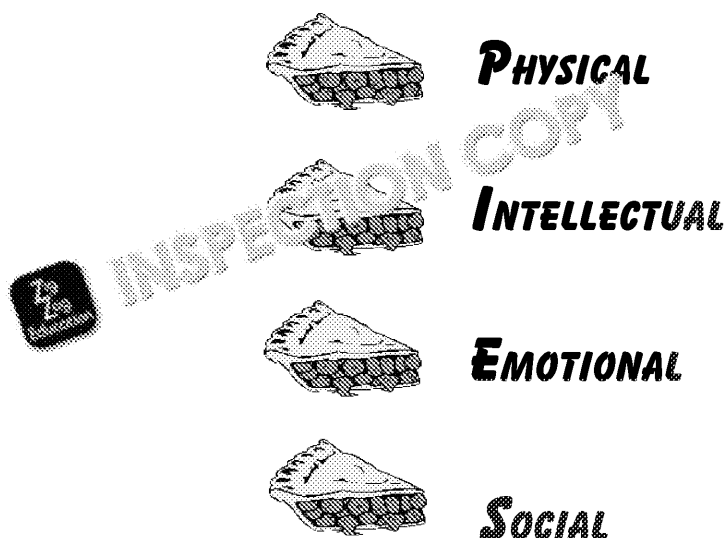
The term 'well-being' covers a wide range of aspects of the human experience. Well-being refers to how content, satisfied and happy we are – are they doing well physically, emotionally, socially and personally? Are their needs being met? Are they flourishing and functioning?

Therefore, considering health and well-being goes beyond just the physical body. There is also a need to look at someone's mental and emotional state. Being in a state of health is not just the absence of disease.

It is important to look at the factors which can have an impact on health and well-being – what can improve it? What can make it worse? With knowledge of these factors, we are more likely to provide quality support and care to someone trying to improve their health and well-being.

In health and social care, the acronym 'PIES' is often used to capture the different elements that contribute towards someone's development. This acronym is really useful for keeping the holistic nature of health and well-being in mind. Throughout this resource, we will consider the physical, intellectual, emotional and social aspects of health and well-being.

i Positive aspects of health and well-being that allow someone to thrive. What are the different fields called?



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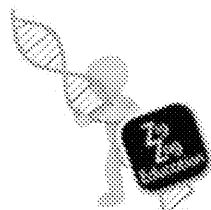
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Physical factors

There may be some aspects of your physical circumstances which impact positively or negatively on your health and well-being. The genes that you are born with, as well as the presence or absence of a health condition, will impact your overall well-being.

Genetic inheritance

Some health conditions are caused by or impacted by the genes that we have. Genes are made up of sequences of **DNA**. Cells in the body contain 23 pairs of **chromosomes**, and each pair carries two copies of a particular gene (an **allele**). One of these alleles is inherited from your mother, and the other comes from your father.



Depending on the information contained in the genes that your parents pass down to you, you might inherit a particular health condition. If one or more of your parents has a 'faulty' gene, you may be born with or develop a particular condition.



Your information are in your body of people will be. Discover shapes in 19



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Research activity: Below is a list of genetic terms and possible definitions for these term to its definition? Look them up on the Internet or discuss with a partner if you

Allele	Alteration in the DNA sequence of a gene
Chromosome	Different variants or forms of a gene
Dominant	Has a recessive allele, but does not have the condition
Recessive	Code for a trait that only appears if two copies recessive
Carrier	Come in pairs; each pair carries two copies of a gene
Mutation	Code for a trait that will appear even if only one copy

Depending on the inherited condition, whether the gene is **dominant** or **recessive**, may determine whether the person gets the condition. The two diagrams on the following page illustrate the various outcomes of a parent carrying a faulty gene. If the gene is dominant, you only need to inherit one faulty copy of a gene from one parent to develop the associated disorder. Autosomal inheritance refers to passing genes on chromosomes that are not sex chromosomes (the chromosome's that determine whether a baby is born male or female).

Dominant gene – dominant gene for person. Examples of freckles or dimples.

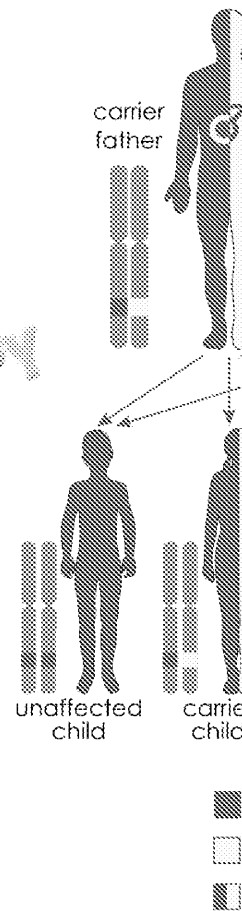
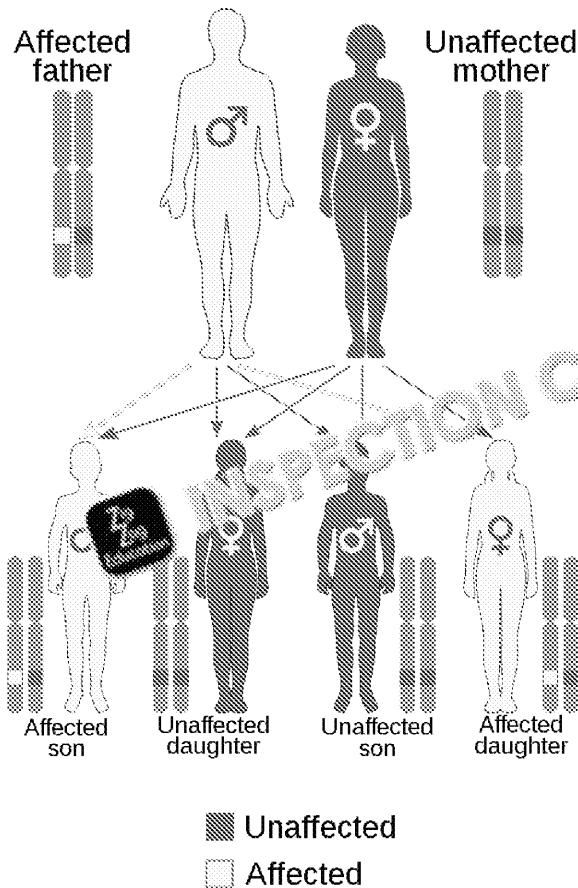
Recessive gene – for someone must inherit two faulty copies. An example of a recessive gene is your tongue.

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Autosomal dominant

Autosomal recessive



If the gene is recessive, both parents must pass on a copy of the faulty gene in one condition. An example of this is **cystic fibrosis** (see the table on the following for conditions). If the gene is recessive, and you receive only one copy of the faulty gene but not have the condition yourself.

Genetic conditions can also be caused by **mutations** in genetic information, as we get from your parents. These genetic mutations can happen randomly, or because of radiation in the environment. Genetic disorders also exist that are caused by chromosomal abnormalities, such as **Down's syndrome**.

Examples of genetic conditions

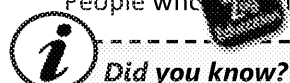
Condition	Description	
Cystic fibrosis <p>Normal airway</p> <p>Airway wall</p> <p>Airway lined with a thin layer of mucus</p> <p>Airway in cross-section</p> <p>Airway with cystic fibrosis</p> <p>Thick, sticky mucus blocks airway</p> <p>Widened airway</p> <p>Blood in mucus</p> <p>Bacterial infection</p>	<p>Causes a build-up of mucus in the lungs and digestive system. This results in breathing difficulties and problems absorbing food effectively, which can then cause malnutrition.</p>	<p>Faulty gene from both parents</p>

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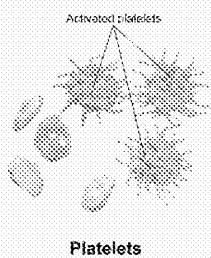

Condition	Description	i
Sickle cell disease	Causes red blood cells to change from smooth, flexible and disc-shaped to sticky, stiff, inflexible and sickle-shaped (crescent shaped). This causes them to stick and block blood vessels, and the haemoglobin in the red blood cells which is needed to carry oxygen around the body does not function properly. In addition to this, they also break down and expire more quickly than normal red blood cells, leaving the individual with less than required.	Faulty part red mu

Some inherited diseases are more commonly seen in some ethnicities than others. For example, sickle cell disease is more likely to be inherited by people whose heritage originates from countries with a high prevalence of malaria. People who have the sickle cell trait are less likely to be infected by malaria as it is



Did you know?

Other inherited conditions include:

Condition	Description	
Tuberous sclerosis	This condition causes non-cancerous tumours to appear in different parts of the body (most commonly the brain and other vital organs such as the lungs, heart and kidneys), and, therefore, affects each sufferer differently. Other health problems can result due to the location of the tumours, such as breathing problems or seizures.	Occur or T cell resu som con gene
Haemophilia 	A disorder of the blood which makes it difficult for the blood to form clots. In people without haemophilia, clotting factors (a type of protein) and platelets work together to clot the blood and, therefore, stop the bleeding following damage to blood vessels. People with haemophilia have a limited amount of clotting factor, which leads to excess bleeding following injury or greater bruising and joint stiffness (in the case of internal bleeding).	Mut both pro blo are This hae inhe A fe cop dev each
Down's syndrome 	Characteristic facial appearance, and sometimes weakened muscle tone. Usually affects ability, often to a mild to moderate degree. A person with Down's syndrome has a higher likelihood of developing physical health issues such as heart problems. There are also delays to physical growth and the development of motor skills.	Rec chr abn

* Causes of genetic conditions are not required knowledge of the BTEC Tech Award specification but understanding of the descriptions by providing a broader context and to promote an awareness of the condition. This will not be needed for the Component 3 exam.

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There is also the chance that by inheriting a particular gene, or a particular combination of genes, you will be more likely to develop a particular condition. This does not mean you will just now more likely to. Your likelihood will also depend on your exposure to other environmental or lifestyle factors. For example, certain genes increase your susceptibility to cancer, but other factors may play a role in whether or not you do develop it (such as being a smoker).



Did you know?

Genetic mutations can be beneficial, and they do not always lead to illness or disability. For example, immunity to HIV has been found in some people. It looks like this is a result of a mutation on the CCR5-Delta 32 gene.¹

HIV – stands for ‘human immunodeficiency virus’, which weakens your immune system by damaging the cells involved in fighting infection. HIV can be caught by exposure to certain bodily fluids of an infected person.

Research activity: Choose one of the genetic conditions – sickle cell disease or cystic fibrosis – and research its effects of this condition and organise your findings using PIES – write about the physical and social effects of the condition.

Physical ill health

The presence of an acute illness or a chronic illness will affect someone’s overall well-being.

An **acute illness** is short-term, i.e., does not last long. Acute ill health often has a sudden onset and can be severe (as in the case of a heart attack) or mild as in the case of breaking your little finger.

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On the other hand, a **chronic illness** lasts for a considerable time – it can even be long-term care, treatment and/or lifestyle changes to manage their effects and maintain broader well-being. A chronic illness may also show a gradual worsening over time. Identify and measure the impact of ill health on someone’s well-being. For example, a person with a chronic illness might experience the following:

- **Physical impact:** pain, discomfort, swelling, reduced mobility, nausea
- **Intellectual impact:** reduced concentration, missing out on attending educational activities
- **Emotional impact:** a loss of sense of control over one’s life, anxiety, depression
- **Social impact:** becoming withdrawn and/or isolated, finding it hard to go out and maintain relationships

Look at the activity below for some examples of chronic diseases.

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Applied activity: Below is a list of illnesses. Categorise each illness as being either acute or chronic. Write your rationale for each. Research each illness if you need to. Discuss your answers with your group.

Illness	Acute (✓)
Chronic obstructive pulmonary disease*	
Multiple sclerosis*	
Common cold*	
Bladder infection*	
Cardiovascular disease	
Crohn’s disease*	
Type 2 diabetes	
Arthritis*	

* Some of these illnesses are not mentioned on the spec, but it is good to have knowledge of them.

¹ <https://www.livescience.com/9983-immune-hiv.html>

Cardiovascular disease

Cardiovascular diseases are usually caused by unhealthy lifestyle choices and cause damage to the heart and blood vessels. When the heart or blood vessels become damaged or blocked it can lead to a range of issues around the body so there are several different types of cardiovascular disease such as:

- Coronary heart disease
- Strokes and transient ischaemic attack (mini strokes)
- Peripheral arterial disease (narrowed blood flow to arms and legs)
- Aortic disease

Poor lifestyle choices such as eating too much saturated fat (found within animal dairy) can cause arteries (large blood vessels that carry blood away from the heart) to deposit. This prevents the flow of oxygen around the body and can cause a restriction of blood flow to the brain which damages it (this is called a stroke).

Smoking, being overweight, having too much salt in the diet can all cause high blood pressure (the largest blood vessel and main blood vessel that pumps blood from the heart and around the body). There may also be restricted blood flow to the arms and legs, causing tissue damage (peripheral arterial disease).

Research activity: Research the symptoms of a stroke and explain the acronym FAST. Describe the potential long term effects of a stroke.

Obesity and type 2 diabetes

There are two types of diabetes, type 1 and type 2, and both types cause a problem with insulin. Insulin is a hormone created by the pancreas and is required to ensure that the blood sugar (glucose) in the bloodstream. In type 2 diabetes the pancreas is unable to produce enough insulin or the cells become resistant to insulin, which prevents them from taking the glucose from the blood.

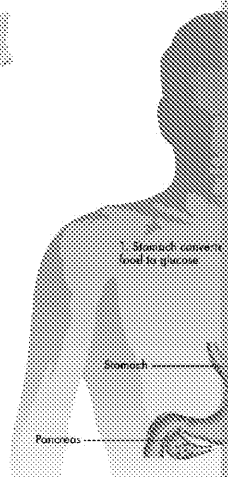
Type 1 diabetes is a genetic condition and affects only a small percentage of the population (it cannot be prevented), but type 2 diabetes is the most common type. It is not known exactly why someone develops type 2 diabetes, but it is known that genetics and environmental factors, such as being overweight (from living a sedentary lifestyle and having a poor diet) can increase the risk of developing the condition.

The best ways to prevent type 2 diabetes are increasing the amount of physical activity and eating a healthy, balanced diet. Being obese (consuming more calories than required) increases the risk of an individual becoming diabetic. Having a lot of visceral fat around the organs in the abdomen increases the risk of developing the disorder.

Some of the symptoms of type 2 diabetes include:

- increased thirst
- increased urination
- increased hunger
- fatigue
- blurred vision
- slow healing of cuts
- unexpected loss of weight

While these symptoms do not seem serious, type 2 diabetes can lead to serious problems such as vision loss and blindness, and kidney and nerve damage, if not controlled.



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² <https://www.bhf.org.uk/what-we-do/news-from-the-bhf/contact-the-press-office/facts-and-figures>

Mental ill health

Mental ill health or mental disorders are changes or disturbances in an individual's emotion, thinking (cognition) and/or behaviour. It can have a negative impact on daily functioning and is often associated with distress. Just like physical ill health, mental ill health can be both acute and chronic and there is a range of different types of mental illness such as anxiety disorders, depression, eating disorders, post-traumatic stress disorder (PTSD) and schizophrenia.

Mental illness is diagnosed by a GP, who will listen to the patient describe their symptoms, ask for information about their family history, and check their medical records. They will try to match the information to provide an accurate diagnosis of the type of mental illness they believe the patient may have. They might then refer the patient to a mental health expert (e.g. a psychologist) who can provide a range of effective education and treatment options. However, in many areas, access to effective care is hindered up on long waiting lists for therapy.

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Did you know?

Treatments for mental health disorders can include medication, but some of the most effective are using psychological theories to help amend the thought processes of the patient. Psychotherapists can be individual or group and can include:

- **Cognitive behavioural therapy**, which aims to change negative thought and behaviour
- **Psychodynamic therapy**, which aims to discover the hidden unconscious mind and how it affects the disorder in order to work out a way to deal with them
- **Systematic desensitisation therapy**, which is used to help people overcome phobias
- **Aversion therapy** for individuals who may have addictions
- **Humanistic therapies**, which aim to help the patient improve their individuality and unique experiences and perspectives

Medication alone is not generally the best way to provide effective treatment for a mental health disorder because it does not always treat the underlying cause, which may often be linked to life experiences. Often it requires a combination of therapy and medication to provide the best outcome for the patient.

Unfortunately, the treatment and potential recovery of people who have mental health issues can be negatively affected by **stigma** and **discrimination**. Many people are unwilling to seek help because they fear negative **stereotypes** may be applied to them. This can exacerbate the problems they already have.

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Research activity: Use the following resources to research mental health campaigns that challenge discrimination and stereotypes associated with mental ill health. Make a list of the most effective anti-discrimination campaigns.

Anxiety

Feeling anxious is a very normal reaction that we all have at different points in our lives. For example, when we have an exam, when we have a job interview, or when we are doing something that we are not confident about. Anxiety is an important process because it is the body's way of dealing with threat quickly, called the 'fight or flight response'. However, if we begin to experience anxiety we may begin to worry about things unnecessarily, then we may struggle to relax and we may find it difficult to cope with normal everyday situations. Anxiety can lead to an individual feeling constantly nervous and may have problems concentrating or sleeping, which can have a negative effect on their physical, emotional and social health and well-being (PIES)³.

Physical effects of anxiety

- Rapid heart rate
- Palpitations
- Sweating
- Fast breathing
- Dizziness
- Headaches

Intellectual effects of anxiety

- Poor concentration
- Difficulty processing information
- Loss of interest in sex
- Negative/suicidal thoughts
- Racing thoughts and overthinking

Emotional effects of anxiety

- Having a sense of dread
- Feeling of fear, panic and doom
- Irritability
- Feeling like a failure

Social effects of anxiety

- Problems interacting with others
- Isolating oneself
- Agoraphobia (fear of being in situations outside of one's comfort zone, such as leaving one's own home)

Stress

Everybody feels stressed from time to time. However, stress affects different people in different ways depending on the situation and that person's individual attitudes and coping mechanisms. Some people may choose to avoid **stressors** – this may be beneficial in the short term, but often leads to negative consequences in the long term. Alternatively, some people may tackle a stressful situation by breaking down the problem into more manageable chunks, or by talking to a trusted peer about it.

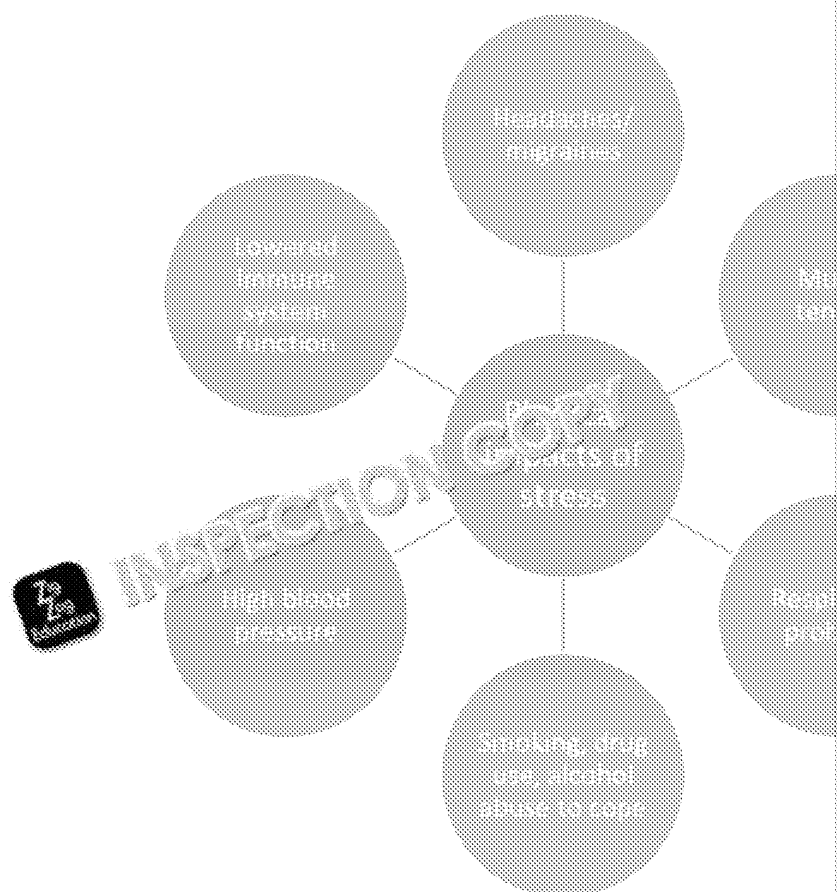
The stress response is part of a set of physiological mechanisms that humans evolved a long time ago in order to survive in a dangerous environment. When confronted with a dangerous scenario, such as a predator (or a stressor), the human body gets ready to respond in one of two ways – fight or flight. Do you stay to fight the predator, or do you 'take flight' and run away? To get the body ready for this, a hormonal response is triggered that provides the necessary extra energy to respond to the potential threat.

This is fine in the short term as it is an adaptive response that helps us to deal with threats coming our way. However, the stress response can be seriously detrimental to our health and well-being if stress levels remain chronically elevated. Have a look at the diagram on the next page to see the different effects that long-term stress can have on a person's physical health.

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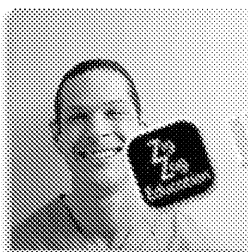
³ <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>



Stress also impacts:

- *Intellectual health* – stress can lead to problems with concentration, attention and focus
- *Emotional health* – stress can contribute towards mental health conditions such as depression and anxiety
- *Social health* – stress may lead to someone becoming more irritable, which could have an impact on their relationships

Applied activity: Think about a stressful situation you faced recently. How did you cope? What alternative coping strategy that would have been better?



Case study

Graham, 35, is a newly qualified nurse. He enjoys interacting with patients but has recently felt overwhelmed. Due to understaffing, he has to work long hours. Additionally, he is required to complete lots of paperwork to demonstrate his competency in his new role. His partner has been struggling to sleep and is having headaches that are more frequent. Graham has decided to raise the issue with his manager next week to see whether there is any way of reorganising his work.

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Physical abilities

Most of us wouldn't consider that we are disabled if we wear glasses, but if you have a physical limitation or impairment that interferes with your ability to carry out normal daily tasks then under **the Equality Act 2010** and the WHO definition you might be classed as having a physical disability. This is the medical model of disability. To some extent, it might be quite the 'norm' to have some kind of impairment; for example, needing to wear glasses – without them we may be 'disabled' when it comes to reading, driving or watching television.

For this reason, disability activists argue that restrictions on ability are often caused by the environment rather than by any limitations of the human body. This perception of physical ability is called the social model.

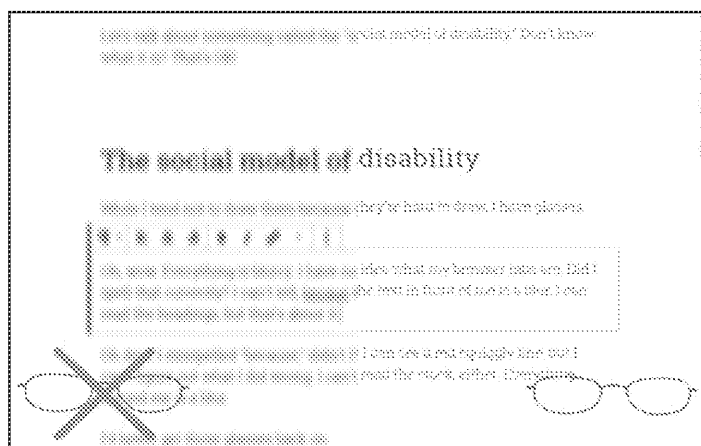
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The social model of disability demonstrates that it is the environment that disables someone, not the loss of function. The environment could be physically disabling, such as having steps instead of a ramp, or psychological or mental, such as not providing alternative means of communication, e.g. for individuals with hearing impairments.



Lacking some function, such as short- or long-sightedness, is not a disability as we can wear glasses. However, other impairments, such as not providing alternative means of communication, therefore, create a disabling environment.

Another misconception about physical ability is the stereotype that older people will develop mobility problems, hearing impairments or dementia, while younger people are healthy. It is important to remember that we are all different and some older people are healthy with few limitations to their physical ability.

Applied activity: Watch this video about a town of physically impaired people and how they challenge the medical model and the social model of disability.
<https://www.youtube.com/watch?v=...>
<https://www.bbc.com/news/health-2027-disability>

Physical disabilities can impact health and well-being in some of the following ways:

- **Physical:** fitness levels (e.g. balance, flexibility), motor skills, and cause pain/tiredness
- **Intellectual:** cognitive impacts affecting ability to learn, problem-solve and manage
- **Emotional:** living with physical disability can cause anxiety and depression, and
- **Social:** stigma and discrimination may lead to social isolation and impact employment

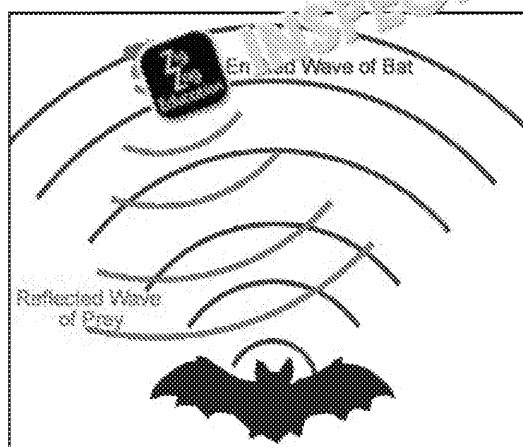
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Sensory impairments

We have five senses: sight, hearing, touch, smell and taste. All of our senses work about the world around us and send it to our brains. When one of the senses does not work properly, it is called sensory impairment. It does not require complete non-functioning to apply. There are different levels of impairment, and the impact of sensory impairment differs from person to person. Having a sensory impairment can cause a lot of stress, anxiety and distrust, and also making it difficult for someone to interact with their environment.

Assistive technology is any technology (for example, gadgets or physical adaptations) that helps someone with a disability to participate in daily living tasks. For example, hearing aids help someone with a hearing impairment to hear things they wouldn't be able to hear otherwise, and Braille (a form of written language that uses raised dots) can be used to enable people with sight impairments to read.



Research activity: Do some research on the meaning of 'echolocation' and how assistive technology with sight impairment supports the service user. Identify what support can be provided for people with sight impairments in daily tasks.

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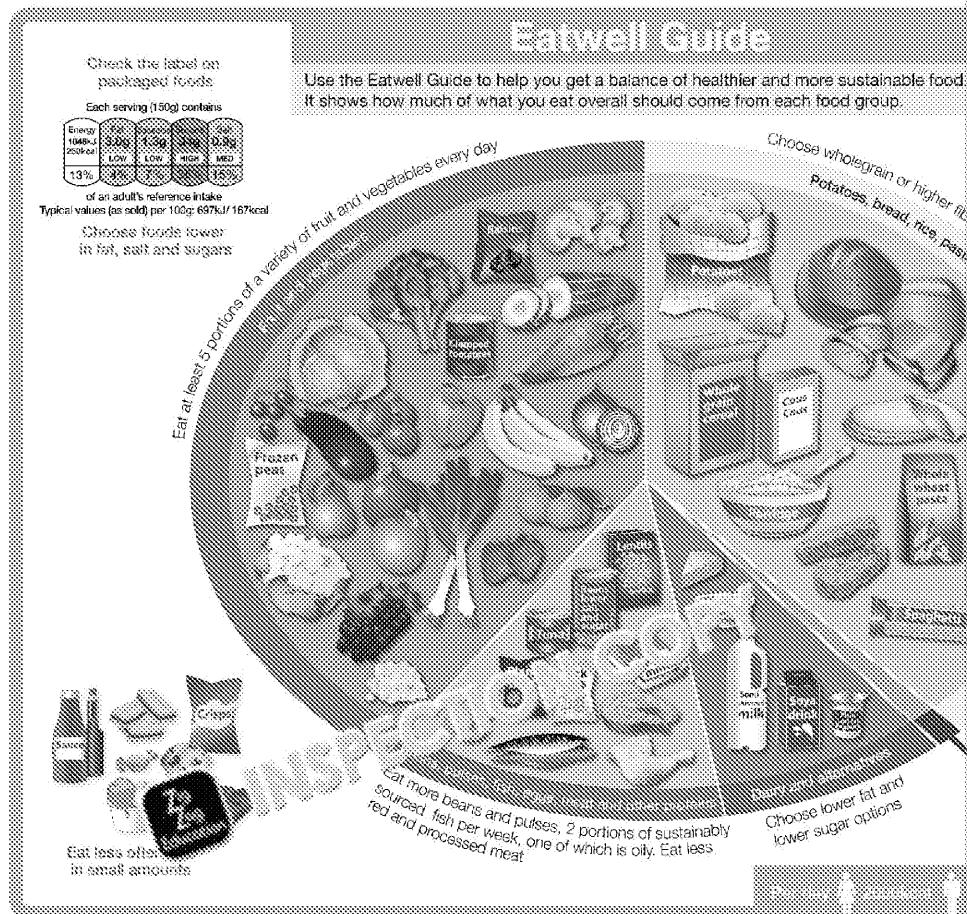
Lifestyle factors

Lifestyle factors (sometimes called 'behavioural' factors) concern key areas of the way you live your life that directly impact your physical health (most strongly) as well as your broader well-being. These are modifiable, meaning that you can decide whether to follow a healthy or an unhealthy diet, or whether to stop smoking, for example.

Nutrition

Recent research has shown that more than one in four adults in the UK is overweight.⁴ Given the health risks associated with obesity, considering the influence of diet on health and well-being is crucial. Having a healthy, balanced diet can have a major impact on your health and well-being.

So, what is meant by the phrase 'balanced diet'? A balanced diet means getting the right amount of the various food groups, as no one food or food group contains all the different nutrients needed to promote good health. Public Health England has produced a useful guide that illustrates the different food groups, and the proportion that each should make up in your diet. For example, starchy **carbohydrates** should make up each day. Have a look at the Eatwell Guide below to learn more about the recommendations set by the government.



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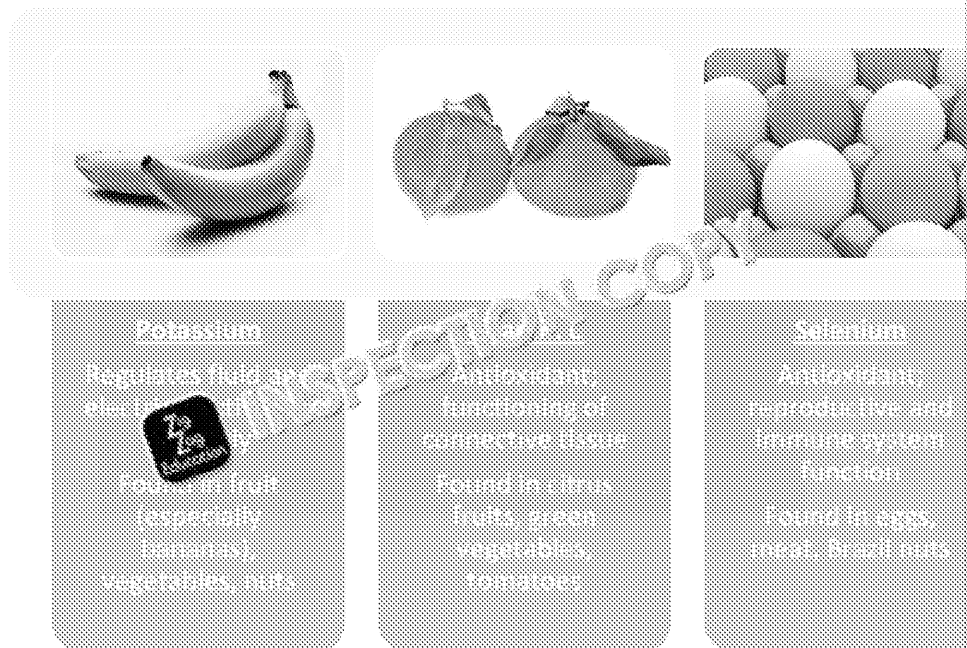
Applied activity: Write down all of the foods that you ate yesterday, and consider:

- How well did your diet meet the guidelines set by the Eatwell Guide?
- What changes could you make to your diet to be healthier?

⁴ <https://www.nhs.uk/conditions/obesity/>

The diagram below also contains information about some key vitamins, minerals and **trace elements** that are essential for promoting health and well-being. The diagram contains a few key sources that provide these nutrients in substantial amounts.

Trace elements are required to support the body's functions. Some of the trace elements that are included in the diet are:



Research activity: The diagram above lists only a few of the vitamins, minerals and trace elements that make up a healthy diet. Research some more – how do they support or improve health? Where are they found in?

The quality of food in your diet will also make a difference to your health and well-being. Foods that have been processed are often a lot less healthy than unprocessed foods. Processing is done in some way, usually so that it will last longer on the shelf. This can be done by the addition of salt, for example.



Frequent consumption of processed meats (such as sausages, ham, and salami) increases the risk of developing bowel cancer. Red meat consumption is also linked to an increased risk of heart disease. The NHS now recommends that you aim to reduce your intake of processed meats to a maximum of 70 g per day, or opt for alternatives.

The amount and type of food you consume impacts your health. We will look at this in more detail later in the course. For now, we will focus on your weight. To lose weight, you need to consume fewer calories than you burn. To gain weight, you need to consume more calories than you burn. To maintain your weight, you need to consume the same number of calories as you burn.

well-being. One commonly used method for keeping an eye on your food consumption is to track the number of **calories** you consume.

Your body burns calories throughout the day, and the amount burned sharply increases when you exercise or frequently moving around. If you consume more calories than you burn, these extra calories are stored as fat and you put on weight. Conversely, you lose weight when you consume fewer calories than you burn.

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Generally, men should aim to consume around 2,500 calories a day and women should aim for 2,000. However, the number of calories a person should consume each day will depend on a range of factors, including their:

- activity level
- height
- gender
- pregnancy status
- current weight

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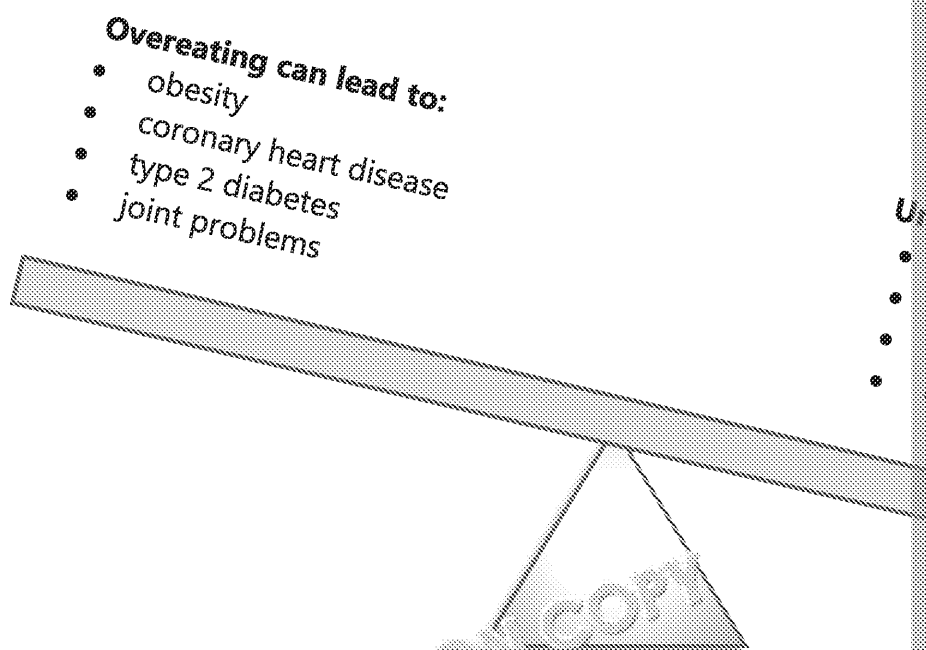
Case study

Yemi is a 35-year-old engineer. She has recently decided to set herself vegan for a month. She would like to eat more healthily and feels that achieve this goal. However, she usually consumes a lot of meat and dairy. These food groups provide her with nutrients such as iron, protein and some vitamins. She wants to find out ways of meeting her nutritional needs without



Research activity: Read the case study above. Look up vegan-friendly sources of iron that Yemi could try.

Have a look at the diagram below to see the possible effects of a long-term diet



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Physical activity

Getting the right amount of exercise is essential for optimal health and well-being. Energy that we take in from our food, i.e., we burn off calories when we exercise and lose much weight.



Did you know?

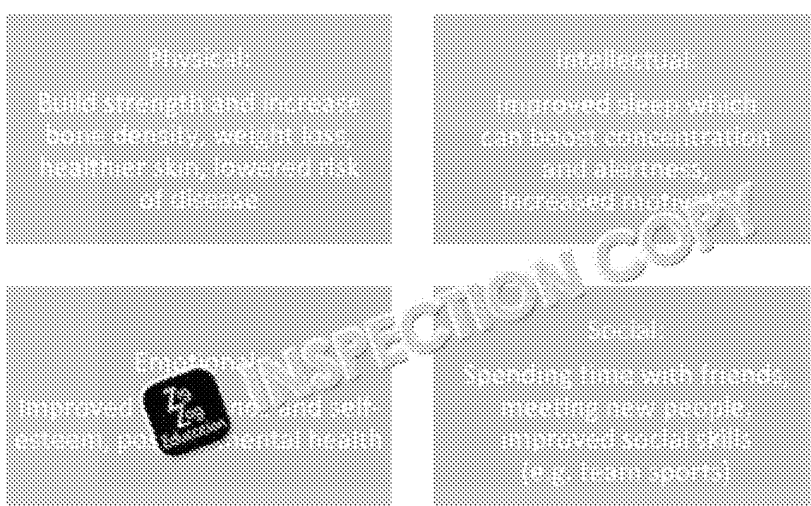
Undertaking **aerobic exercise** means that your pulse rate / heart rate increases. A high heart rate ensures that more oxygen is sent to the areas of the body that need it during exercise (muscles). This is because more blood (that contains oxygen) is being sent round the body. Aerobic exercise requires is undertaken at a low intensity and is also referred to as 'cardio', examples include cycling and jogging. It helps to keep you fit and healthy.

Anaerobic exercise involves high-intensity activities that are short bursts, such as lifting weights. These are strength-based exercises that build your muscle strength and bone density. Anaerobic exercises do not require oxygen. Weightlifting, resistance training, and press-ups are all examples of anaerobic exercise.

However, many of us do not get enough exercise. The UK government's Chief Medical Officer gives the following exercise recommendations for different age groups:

- **Children and young people (5–18):** should do a variety of activities to increase muscle strength, bone strength, and movement skills, and at least 60 minutes of moderate to vigorous activity per day (up to several hours).
- **Adults (19–64):** at least 150 minutes of exercise per week that should be done to a moderate intensity. Should also do muscle strengthening activities on at least 2 occasions per week.
- **Older adults (65+):** should do the same as adults, as well as exercises to improve/maintain balance and flexibility.
- **All age groups:** should avoid a long time being sedentary.

The positive effects of exercise can be seen throughout your whole body and across a range of well-being dimensions. Look at the diagram below to see the positive benefits of exercise, in terms of their impact on the PIES aspects of well-being:



Applied activity: The benefits of exercise are clear. Can you identify the physical, intellectual, emotional and social health consequences of not exercising regularly?

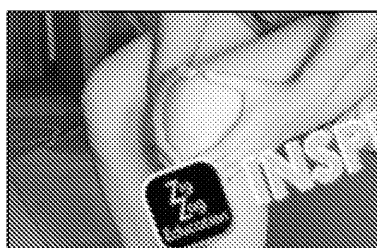
⁵ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4592762/>

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The social benefits of exercise will also impact your well-being. By doing a social sport – for example, a team support such as football, or by joining a running club – you can make new friends, encourage each other to keep going and feel a greater sense of belonging in your local community. As we will see later (in ‘Social, emotional and cultural factors’), high-quality social interactions are a key part of health and well-being.

It is also important to point out that there can be some negative impacts of exercise on your health and well-being, particularly if incorrect techniques are used. By exercising incorrectly (for example, by using the wrong technique to lift weights or by running in inappropriate footwear), you may end up with **sprains** or injuries such as muscle damage or fractured bones.



Over-exercise can lead to injury, becoming underweight (see the later section on B.M.I. for more details), fatigue and poor mental health. Exercising to excess can also be a feature of some **eating disorders** as they might involve over-exercising as a means of losing weight. Exercising while ill can

also make you even sicker. For instance, if you already have a fever, exercising is a bad idea since it will raise your body temperature further. Extremely high body temperatures have been linked to heart damage.

Smoking

Nicotine, which occurs naturally in the tobacco plant, is the active substance in cigarettes. It acts as both a stimulant and a relaxant. However, smoking cigarettes carries major impacts on your circulatory and respiratory systems, high blood pressure and cosmetic ageing of the skin – you will look older much more quickly if you smoke.

Smoking significantly damages the health of someone's heart and cardiovascular system

- The chemicals in cigarette smoke damage the lining of the arteries and increase the likelihood that clots will form in the blood.
- Combined with a narrowing of the arteries, the risk of having a stroke becomes significantly higher.
- Heart rate and blood pressure are increased in smokers, meaning that the heart has to work much harder than that of a non-smoker.
- Smokers are twice as likely as non-smokers to have a heart attack.⁷

What about the impact of smoking on the respiratory system?

The potential negative effects include:

- A heightened risk of cancer in the mouth, throat and lungs.
- An increased risk of developing pneumonia, which can be fatal.
- The development of chronic obstructive pulmonary disease (COPD) – the airways become narrowed and lung tissue is damaged, leading to difficulty breathing and a persistent, severe cough.

As a way of coping with smoking, some people look to other products which contain nicotine including products such as patches, nicotine chewing gum and e-cigarettes. These products reduce a smoker's dependence on cigarettes, as they have an alternative way of getting nicotine. However, studies suggest that these products are not entirely free from health risks. Some products can still affect the user's cardiovascular and reproductive systems, for example.

⁶ <http://www.bbc.co.uk/newsbeat/article/34307044/muscle-dysmorphia-one-in-10-men-in-gym>

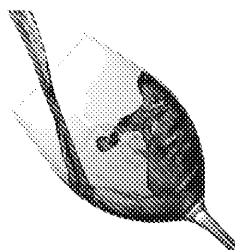
⁷ NHS (2018) – How smoking affects your body – <https://www.nhs.uk/smokefree/why-quit/smoking>

⁸ <https://www.who.int/news-room/fact-sheets/detail/tobacco>

⁹ Mishra et al. (2015) – Harmful effects of nicotine – <https://www.ncbi.nlm.nih.gov/pmc/articles/>

Alcohol

Alcohol is produced by fermenting ingredients such as grains and fruits, which produces an intoxicating effect when consumed. Common alcoholic beverages include wine, beer and spirits, such as vodka and rum (which are very strong). Some people consume alcohol socially, and in moderation or at low levels of consumption, alcohol carries very little health risk for many people. The Chief Medical Officer also provides recommendations on safe levels of alcohol consumption – for both men and women, alcohol consumption should not regularly exceed 14 units per week.



However, too many people abuse alcohol in some way which can be detrimental to their health and well-being. For example, drinking too much alcohol can cause liver disease. Liver disease is a very serious condition as your liver serves many functions in the body, including:

- filtering out various products and toxins
- fighting infections
- supporting digestion, converting food into energy

Drinking too much alcohol can cause a build-up of fat in the liver, and over the long term can result in cirrhosis – damage to the liver cells which results in inflammation and scarring, which may be permanent. However, liver damage is not the only effect of alcohol abuse. Note that Section B2, 'Lifestyle indicators', contains further information about the risks of alcohol consumption.

Substance misuse

Many people use substances such as illegal drugs and prescription medication. If used, they can cause harmful effects to someone's health and well-being.

There are many different types of illegal drug which can affect your health and well-being by many different 'street' names and slang, so it's hard to know what is what. Illegal drugs are often used for recreational purposes as their effects can be highly pleasurable, but many carry high risks.

There are also social and occupational risks to using illegal drugs, as you can be arrested for their possession. This may lead to a criminal record, preventing you from getting certain jobs or doing voluntary work, for example. The UK government classifies illegal drugs in the order of which they are considered to cause the most harm. Class A is the highest, with Class C at the lowest end of the classification system. The possession/distribution of drugs with a higher classification carries more severe penalties.

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Did you know?

Common illegal drugs

Drug name (class)	Also known as, or related terms	Some common effects	
Ecstasy (A)	E, MDMA, mandy, XTC, pills	Heightened energy, increased affection for people around you, increased heart rate, jaw clenching	Dehydration, mental health death
Heroin (A)	Smack, gear, brown	Heroin is an opioid – opioids are used as painkillers. Produce feelings of euphoria, sleepiness, dizziness, vomiting.	Heroin is highly addictive and can lead to death by respiratory system failure from injection, such as HIV, collapsed arteries/veins
Cannabis (B)	Marijuana, weed, pot, herb	Relaxation, hallucinations, anxiety, paranoia, laughter	Psychosis, lowered mobility. If smoked, health risks
Amphetamines (B)	Speed, whizz	Stimulates nervous system, resulting in feelings of alertness, being awake, high energy and agitation	Heart problems, comedown, sleep. If injected, risks of infection
Tranquillisers (C)	Roofies, Xanax, benzos, downers	Sedative effect, which produces feelings of relaxation, calmness and sleepiness. Can cause short-term memory loss.	Withdrawal, panic attacks, vulnerability to infection if injecting as
GHB (C)	Liquid ecstasy, geebs, date rape drug	Brings on sedative and anaesthetic effects, including sleepiness, euphoria, reduced inhibitions, and sociability	Can be fatal if mixed with other sedatives. If passed out, risk of asphyxiation or hallucinations



Research activity:

There are many more illegal drugs than those listed in the table above. Look up a few more, and find out about their impact on health and well-being.

Did you know?

Some countries have recently legalised cannabis. Canada and some states in the USA. The UK has also legalised it (for either recreational or medical use) particularly in the case of 12-year-old children. In 2018 – his severe epilepsy. A licence has since been granted for him to use cannabis oil, which was confiscated from him in 2017.

As you can see from the table on the previous page, the potential risks of using illegal drugs are wide-ranging and can go as far as death. The risk of mental health problems is also considerable, as many drugs produce hallucinations, can later increase your risk of schizophrenia and cause feelings of anxiety and/or depression. If you are injecting drugs, and sharing a needle with others to do so, your risk of contracting a **blood-borne virus** is also much higher.

Blood-borne viruses (BBVs) are viruses that can be passed through blood. They include HIV, hepatitis B and hepatitis C.

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Case study

Tony, 30, is currently training to become a physiotherapist. He has been off for a few years, but has recently started smoking it every night. He is currently on a work placement and needs to prepare for his upcoming exam. He has been able to get to sleep more easily, Tony has also noticed that he feels lethargic throughout the day. Sometimes, he also feels more confident. He has decided to reduce his cannabis usage as a way of improving his performance.

Misuse of prescribed drugs

Taking prescription medication for non-medical reasons is misuse of a prescription drug. When drugs are prescribed by a health professional for a particular condition, they are prescribed with a set of specific instructions. This means that the medication must be taken according to these instructions. For example, the medicine must be taken at a certain time of day, in a certain dosage, for a certain length of time – and by the person it has been prescribed to. Failure to follow prescription guidelines can result in prescription drug abuse.

Did you know?

There are many reasons why people misuse prescription drugs. Some people misuse drugs to cope with stress, anxiety, or depression. Others misuse drugs to get high or to feel better. Misuse of prescription drugs can lead to addiction, overdose, and even death.

People may abuse prescription drugs for recreational purposes (i.e. to get a 'high' or buzz) or due to addiction. If someone builds up a higher tolerance to a medication, this means they may need to take more and more of a drug to get the same effect. This applies also to illegal drugs.

Common prescription drugs which are abused are painkillers, stimulants and anti-anxiety drugs and antidepressants. They can be abused by taking too many, taking them when they have not been prescribed to you, which is very unsafe. If you are taking drugs, they should have checked that these are safe for you to take – for example, if you have any medical conditions or are not already on other medications that would make taking the drug dangerous. If someone takes the drug without having had this health assessment, they could be at risk of serious harm.

Case study



Jane, 40, is a chef, but she has been off work for a couple of months due to a car accident. She was prescribed strong painkillers as she was suffering back pain after the accident. She noticed that the painkillers were gradually having less effect, so she began to take a higher dose without first consulting her doctor. She continued to take the painkillers heavily to further lessen her back pain, while still taking the painkillers. When she went to renew her prescription, her GP noticed that she had run out of painkillers much earlier than expected. Jane admitted to her doctor that she had increased the dose, and that she had been taking them heavily. Her doctor was horrified. She warned Jane about the dangers of becoming addicted to painkillers, and told her that taking them with alcohol could kill her due to her breathing rate slowing down. Jane agreed to stop taking the painkillers and to attend her prescribed physiotherapy sessions to manage her back pain.

Substance misuse and misuse of prescribed drugs can have significant implications on a person's health and well-being. The following table summarises some of these effects:

- **Physical:** organ damage, gastrointestinal issues, dependency and tolerance
- **Intellectual:** cognitive impairment and memory issues
- **Emotional:** mood changes, stress and risk of emotional disorders
- **Social:** social withdrawal, social isolation and strained relationships

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¹⁰ <https://journals.sagepub.com/doi/abs/10.1177/0269881117711712>

A1 Checking my understanding (Part 1)

1. Define 'acute' illness and 'chronic' illness.
2. Explain what is meant by the term 'genetic predisposition' in relation to mental health and well-being.
3. Define 'stress'.
4. Explain **two** lifestyle factors that can have a positive impact on someone's mental health and well-being.
5. List **four** effects of smoking on health.
6. State why medication alone is not generally the best way of providing treatment for a person with a mental health disorder.
7. Give **two** examples of how public buildings can be changed to be more accessible and less disabling of individuals who use a wheelchair.
8. Give an example of how public buildings can be changed to be more accessible for individuals with:
 - a) a hearing impairment
 - b) a sight impairment
9. State **one** positive effect and **one** negative risk of misusing amphetamines.

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Social factors

Human beings are social creatures. We exist in a social world, and nearly everything we do has an impact on the interactions that we have with other people. Because of this, our social relationships have a significant influence on our health and well-being, both positively and negatively.

Social interactions and relationships

Research has shown that social relationships have many health benefits; individuals who have a low level of social interaction are more likely to die earlier than those who have a higher level of social involvement. Research has also shown that a low quantity or quality of social ties can lead to numerous health conditions, including the development and progression of cardiovascular disease, high blood pressure, cancer, and delayed cancer recovery, and slower wound healing.

Supportive and unsupportive relationships

An individual's social circle is made up of lots of different people, e.g. their immediate family, spouse, extended family, children, friends, neighbours and colleagues. Although there are likely to be health benefits from positive, supportive relationships, our social relationships can also be detrimental to our health and well-being. This section will explore the impact that our social relationships have on aspects of our well-being.

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Family

Family relationships have a huge influence on a person's health and well-being; they involve the people who are around an individual from birth and can change and develop throughout an individual's lifespan.



So how can family members be *supportive*? Encouragement can build self-esteem and confidence and can teach you socially acceptable behaviours. This will affect how you behave as an adult. Additionally, you learn behaviours from your family as you grow up around them, so you will follow a healthy diet or exercise more, for example.

However, your family may also be *unsupportive* for your health. Family dysfunction, the associated levels of stress and anxiety, can lead to health problems. If there are members of your family who smoke or drink, you are more likely to imitate that behaviour and begin to smoke or drink.

Similarly, if you have family members who use drugs, this may have a negative impact on your health. The same goes for the use of illegal substances; if you have family members who use drugs, this may influence a young person into believing drug-taking is the norm.

Friends

Your friends can have a huge impact on your health and well-being. Friends can be *supportive* by being encouraging and actively listening. Friends can also promote healthy behaviours and emotional stability; this could be because they are providing positive environments.

On the other hand, friends can be *unsupportive* because the desire to impress peer groups can cause stress and anxiety, which in turn can lead to giving in to peer pressure and partaking in activities that negatively affect health and well-being (e.g. drug-taking or increased alcohol consumption). Friends' norms surrounding dieting can also influence unhealthy weight control.

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Spouse/partner

What about the role of a *supportive* partner? Usually an intimate partner has a sense of responsibility and concern for their partner; this leads to an individual engaging in healthy behaviours that protect the health of their partner, as well as their own health. A supportive partner influences such things as eating healthily and partaking in a healthy lifestyle, and discourages habits such as binge drinking and smoking. Intimate relationships can also decrease stress and anxiety and increase self-esteem through positive support. A partner is well placed to provide emotional support because they know their partner well and can understand what their partner needs emotionally.

However, intimate relationships can also be *unsupportive* for health and well-being. This could be due to problems or conflict arising in the relationship, or even domestic violence occurring. Poor marital quality has been associated with compromised immune and endocrine function and depression. The stress associated with intimate relationships can also lead to psychological distress and increased blood pressure.

The effort to cope with stress and pressure can lead to people engaging in unhealthy behaviours such as poor food consumption, heavy drinking and smoking. A partner can be unsupportive of their partner's efforts to improve their health and well-being. For example, they may discourage the person from going to the gym as they would rather spend time with them. If a partner has malicious intent, it still means that the person's health and well-being is being impacted.

Did you know?

The Office for National Statistics estimates that 1.7 million women and 699,000 men experienced domestic abuse in the year ending March 2022.¹¹

Colleagues



Another key set of relationships in your life that have an impact on your well-being are those with the people you work with. Working with *supportive* colleagues ensures a high standard of work and a more easy-going, relaxed atmosphere in the workplace. This decreases levels of anxiety and stress as well as increasing confidence and self-esteem, promoting a healthier, happier working environment.

Did you know?

The 'therapeutic relationship' is a key concept in psychotherapy. There is evidence that having a high-quality, supportive relationship with your therapist makes it more likely that psychotherapy will be beneficial.

If there are *unsupportive* relationships in a workplace, there can be various negative effects, such as increased levels of stress, communication is disrupted and workload increases. An individual might feel isolated, and bullying can take place.

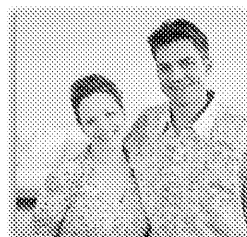
For example, if an individual's line manager is abusive in a very negative and overpowering way, it can be a stressful and bullying environment. Working with an individual who is not supportive can reduce your productivity and leave you feeling isolated. In the long term, this may actually cause you to leave the workplace.

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Applied activity: Choose one type of relationship outlined above (i.e. family, friend, colleague). Use the PIES framework to outline the different impacts that relationship has on holistic health and well-being.

¹¹ <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuse/november2021>



Case study

Magda and Arnold, both 34, have been married for four years. Magda decides to give up smoking as a New Year's resolution for her health and well-being. Arnold initially encourages Magda, or stopping smoking. However, Arnold continues to smoke in the house and often in front of Magda. He also offers her cigarettes when she is stressed. Magda manages to stick to her goal of quitting, as she also made a New Year's resolution to give up smoking.

Applied activity: Read Magda and Arnold's case study. Which of Arnold's actions are unsupportive? What could he do better? Discuss with your partner.

In general, supportive relationships are beneficial to our health and well-being. We can look out for each other's health, and warn our friends and family if we fear for their health. Supportive relationships also involve giving practical support where possible, such as attending a medical appointment or taking care of someone after a medical procedure.

Social inclusion and exclusion

Social integration means being part of your wider community, which is particularly important for newcomers to an area (for example, immigrants). Social integration can impact your health and well-being in several ways.

1. Being part of your community can help you find opportunities to maintain and promote your health and well-being. For example, you could join a local running club or start playing for your town's football team. *(Physical impact)*
2. Getting involved with activities such as local community initiatives can help to build new skills. *(Intellectual impact)*
3. Feeling connected to a community fosters a sense of belonging and working with organisations can boost self-esteem and give a sense of achievement. Both impact mental well-being. *(Emotional impact)*
4. Developing social ties in your community helps you to build a supportive network. *(Social impact)*

Social isolation also has a significant influence on health and well-being. The negative impact on mental health is particularly strong – the Mental Health Foundation has identified social isolation as a strong predictor of both suicidal feelings and attempts.¹² Without a network of supportive relationships in someone's life, that person is much more likely to experience low self-esteem and increased anxiety and depression.

The chronic stress caused by loneliness can also worsen your physical health, by increasing your blood pressure, for example. Additionally, there are fewer social support resources to draw upon when attempting to modify your health behaviours (such as stopping smoking) when you are socially isolated. Additionally, the loneliness of social isolation may increase the risk of someone turning to unhealthy behaviours as coping strategies, such as drinking alcohol or using drugs or overeating.

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¹² Mental Health Foundation (2016) – Relationships in the 21st century: The forgotten foundation of mental health. <https://www.mentalhealth.org.uk/sites/default/files/Relationships-in-21st-century-forgotten-foundation-may-2016.pdf>

Unfortunately, older people are particularly at risk from loneliness and social isolation. This can occur because their spouses die, they live a long way away from relatives and friends, or reduced mobility makes it harder for them to get out and about. The loss in motivation and decline in mental health as a result of loneliness may make it even less likely that an older person goes out or moves around. This contributes to a vicious circle of declining physical and mental health.

i Did you know? The chance of loneliness leading to negative mental health, well-being and even cigarette use is higher for older people.

Some organisations offer 'befriending' schemes to older adults as a way of reducing loneliness. An older adult is 'matched' with a volunteer who visits them regularly to provide social contact.

Applied activity: Imagine you have just moved to a new city and do not know anyone. If you are single and do not have a partner, try to come up with five activities you could take to work towards social inclusion.

Bullying

Bullying is not only a conflict between two or more people. For behaviour to be bullying, it has to involve a power imbalance and repeated behaviour over time, and it has to be intentional. The power imbalance isn't always about strength or size, e.g. one person exerting physical strength over another. It can be having social or emotional power over another. It can involve one person against another, or groups of people who bully or groups of people who are bullied.

Some examples of different types of bullying are:

- **Physical bullying** – intentionally causing repeated harm to someone's body, e.g. hitting or pushing.
- **Verbal bullying** – intentionally causing emotional harm by shouting, name-calling or teasing.
- **Social bullying** – intentionally making someone feel isolated through exclusion or spreading rumours about them (This is also sometimes called relational bullying)

Another type of bullying that is becoming more common is **cyberbullying**. This is when social media sites such as Facebook, Snapchat and TikTok, or other electronic means, such as mobile phones and email, are used to bully someone. This can involve things like sharing or sending negative images or comments.

And it's not only children that experience bullying; adults can experience bullying in the workplace and online too. A survey carried out by the trade union UNISON found that 80% of workers had experienced some form of cyberbullying. It also showed that nearly one in five people faces cyber abuse at least once a week.¹⁴

i Did you know? According to a 2016 survey by the National Cyber Security Centre, 80% of people who have experienced cyberbullying have experienced it more than once.

Applied activity: Imagine you have just witnessed the bullying of a student at school. Describe the potential impact on the different areas of their lives (PIES).

¹³ <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/onlinebullying/yearendingmarch2020>

¹⁴ <https://www.agencycentral.co.uk/articles/2016-05/uk-workplace-bullying-problem.htm>

Discrimination

Discrimination is when someone is treated unfairly because of a particular characteristic they have. For example, some of the most common characteristics that cause someone to be treated unfairly could be their gender, race, religion or disability. UK law has identified nine characteristics that are protected by law under **the Equality Act 2010**. This means that you can go to the police or take someone to court if they are found to be treating you unfairly based on one or more of the following characteristics:

- age
- disability
- gender reassignment
- marriage or civil partnership (in employment only)
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

Stereotype
a group of
Prejudice
about some
stereotypes
Discrimination
or a group
particular
age, disability

related to
sex
disability
religion
sexual orientation
color

The Act states that no one should be disadvantaged because they have one or more of the above characteristics. They should not receive a lower standard of care or education or be unable to get work due to one of the characteristics.

Direct discrimination

This is discrimination where it is obvious that an individual has been treated unfairly based on a protected characteristic.

Indirect discrimination

When an employer or a service provider applies a policy but because of a protected characteristic and group is more disadvantaged by this.

Applied activity: Below is a list of examples of three different types of discrimination as being either 'direct' or 'indirect', or 'by association'. Identify the protected characteristic. Then, use this link to find out what is meant by 'objective justification':

<https://www.equality-act.org.uk/12027-discrimination>

Discrimination	Direct (✓)	Indirect
You are in a bar with a learning-disabled friend and the staff refuse to serve him or her.		
An employer requires all employees to be six feet tall.		
A hotel tells a black person that they are fully booked but tells a white person that they are not.		
People who have an Asian-sounding name on their CV are not given the opportunity of a job interview.		
A taxi company has a policy that no dogs are allowed in the cars so refuses to provide a service to Shaun and his seeing eye dog.		

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Cultural factors

Although someone might be facing a problem with their health and well-being, they may not be willing to access healthcare services or ask for help. Depending on their circumstances, there may be barriers in their way to receiving the support they need.

Culture

The culture you belong to is made up of different factors, including typical customs and traditions, behavioural norms, religious beliefs and language. Aspects of your culture may alter your likelihood of accessing health and social care services, which will then indirectly impact your health and well-being.

One aspect of culture is your religious belief (or lack thereof). For example, Jehovah's Witnesses believe that you should not take blood and so we should refuse blood transfusions. This can be a major life risk; if an individual is involved in a car accident or one in which they lose a significant amount of blood, as a Jehovah's Witness he/she would have to accept the possibility of death because of not being able to accept a blood transfusion.

Religion

Religious or spiritual beliefs may also influence whether or not someone seeks medical help. For instance, some cultures view hallucinations as significant religious experiences, rather than a worrying mental health problem. As a result, they may not seek psychiatric treatment or discuss the causes of the experience.

On the other hand, religion can have many positive influences on health and well-being. For example:

- Many religious practices use meditation or prayer; these are relaxation responses and can actually reduce blood pressure and reduce muscle tension.
- Many religions also disapprove of alcohol, smoking and drug use; this reduces the believer's intake of these substances.
- Many religions also build a community of people and provide extensive social support networks.
- Religion also gives life a meaning; this in turn gives individuals the drive to be a better and more productive person in society.
- Religiosity has been associated with higher self-esteem, and less anxiety and depression. It may also slow down or stop the effects of stress on the body.
- Religion can also in a sense protect an individual against fear and anger and promote positive emotional states, such as love and compassion.
- Religious traditions also promote a selfless service to others, and altruism can reduce excessive self-focus.

There may also be language barriers that impact someone's ability to access healthcare services, especially if the person is new to the country and has a limited ability to speak and understand English. Additionally, some cultures require that certain medical procedures be carried out only by female practitioners on female patients.

Altruism
the benefit of others
negatively

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Gender roles and expectations

Gender can impact an individual's willingness or ability to seek help, for several reasons. For example, there is some evidence suggesting that men suffer from worse health outcomes than women, which might have something to do with their likelihood of accessing healthcare services. The charity Men's Health Forum has published a summary of statistics about men and their accessing of healthcare services;¹⁵ for example:

- Men are not as likely as women to visit a pharmacy or their doctor.
- Men, on average, take longer to seek help for some health conditions; for example, for prostate cancer.
- Although men are more at risk of developing bowel cancer, they are not as likely to take part in screening programmes.

Men's Health Forum offers several reasons for this, many of which concern gender attitudes towards health. For instance, stoicism might be seen by some men as a key part of masculinity, and worrying about your health might be viewed as a more 'feminine' trait.

Furthermore, certain conditions may be stigmatised differently for men and women. For example, **gender expectations** might affect service access. For example, eating disorders are often viewed as a women's health issue, as they are more likely to affect women.

Gender expectations are the behaviours, attitudes and expectations that are expected of people based on their sex in a particular society.

However, there is a significant number of men who struggle with unhealthy attitudes towards health. Gender expectations could impact a man's willingness to seek help, because men may be at risk of stigmatisation and discrimination by admitting to an eating disorder as a 'woman's problem'. This will then have a strong impact on their health and the treatment of an eating disorder might be severely delayed (if it is received at all).



Case study

Anna, 21, grew up in a very conservative religious household. She has recently entered into a relationship, and is not sure if she is ready for sex. There is a sexual health clinic near where she lives, and she wants to go to obtain advice about contraception.

However, she is worried that someone she knows will see her if she goes. She is scared that she will be judged as being promiscuous, or for having sex outside marriage – particularly for women. Because of this, she is reluctant to attend the clinic.

Gender identity

Applied activity: Read Anna's case study. What health risks is she exposing herself to by not attending the clinic? Write a paragraph explaining how culture and gender are influencing her decision.

When a baby is born, the reproductive organs (penis or vagina) will determine whether they are a boy or a girl, male or female. However, someone born with a penis may not feel or perceive themselves as male. The way they feel inside, their personal characteristics, dreams and aspirations may mean that they identify as being female. Likewise, an individual born with female primary sexual characteristics may identify as male. In fact, there are more types of gender identity than just male or female. Someone may identify as being a mixture of both (androgynous) or as being on a spectrum of identities that can be called **non-binary**, or someone may feel that they don't fit with any gender (agender). When your gender identity does not match the primary sexual characteristics that you are born with, life can feel confusing and difficult. Puberty can be a particularly challenging time as the development of secondary sexual characteristics may mean that the individual struggles to meet the gender role expectations that match these characteristics.

¹⁵ Men's Health Forum – Key data: understanding of health and access to services – <https://www.menshealthforum.org.uk/key-data-understanding-health-and-access-services>

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Sexual orientation

Sexual orientation means your physical and emotional attraction to another person. The majority of people are attracted to the opposite sex and, therefore, are **heterosexual**. But just like gender identity, there is more than one type of sexual orientation, including gay, lesbian, bisexual and asexual as well as heterosexual. Sexual orientation is now a protected characteristic of the Equality Act 2010 because, unfortunately, non-heterosexual people may experience discrimination as they are still misunderstood or considered by some individuals or religious groups to be 'unnatural' and 'immoral'.

There may be many situations in which people with alternative sexual orientations may not feel accepted, and this can have a negative impact on their PIES.

To help tackle discrimination and raise awareness of the challenges that non-heterosexual people face, they have created their own community, called LGBTQ+. This acronym stands for lesbian, gay, bisexual, transgender and queer, plus any other orientation. One example of how the LGBTQ+ community raises awareness is through its Pride festivals, which are a celebration of diversity in different towns and cities around the world.

Community participation

A community participation approach to health and social care means to encourage individuals and their whole community to be involved in designing health and social care services and implementing and evaluating them. This helps individuals because they become more aware of their own needs and the needs of others. In addition to this, as they have invested in those services, they are likely to be more committed to maintaining them and develop an objective view of them. It encourages each individual to be responsible for maintaining their own health. Community participation may help to improve the standards of services that the community can offer. For example, individuals within the community may have a lot of talents, expertise or assets they can share with everyone else. Volunteering can also have a positive effect on mental health and life satisfaction.

Did you know?

Until the Sex Discrimination Act was introduced in 1975, homosexuality was not a protected characteristic. In 1997, the House of Lords found that discrimination on the basis of sexual orientation was unlawful.

A health report from 2018 found that LGBTQ+ communities are more likely to experience mental health problems.

- It is quite common for LGBTQ+ people to experience mental health problems, such as depression and anxiety, due to discrimination and stigma.
- Such discrimination can lead to mental health problems, which in turn can lead to physical health problems.

Applied activity

the Stonewall website provides information on other types of community participation. Visit the LGBTQ+ community page on the Stonewall website (<https://www.stonewall.org.uk/lgbt-britain-health>) to find out more.

Applied activity: Identify one community participation project in your own community based on improving the local environment and describe how it might have a positive impact on PIES.

Did you know?

An individual's level of education can also affect the way they access healthcare services. People who have greater levels of education are more able to understand health information and follow prescription instructions. They may also find it easier to navigate their way through the healthcare system.

More educated people are also less likely to partake in some risky health behaviours, which can reduce their need to access healthcare services in the first place.

Furthermore, education, occupation and social class are closely linked; an individual who pursues a professional occupation and, therefore, has a higher social status. Individuals with a higher social status usually have a higher income and are able to access private healthcare, and are less likely to experience health problems or anxiety. This makes it more likely that someone educated will access healthcare services. The impact of education on their health and well-being. The benefits of a higher income / better financial situation on their health and well-being are explored in detail in the next part of this learning outcome (Economic and financial well-being).

¹⁶ 'LGBT in Britain - Health'. Stonewall, 7 Nov. 2018, <https://www.stonewall.org.uk/lgbt-britain-health>

A1 Checking my understanding (Part 2)

1. Describe **two** ways that supportive relationships can impact a person's and well-being.
2. Explain how social exclusion can negatively affect a person's health.
3. Describe **one** typical gender expectation of:
 - a) men
 - b) women
4. Explain the difference between sex and gender.
5. List five types of sexual orientation.
6. Give an example of direct discrimination.
7. State **one** of the community that celebrates the Pride festival and of the festival is.
8. Describe **two** ways that someone's culture might affect their willingness to use healthcare services.

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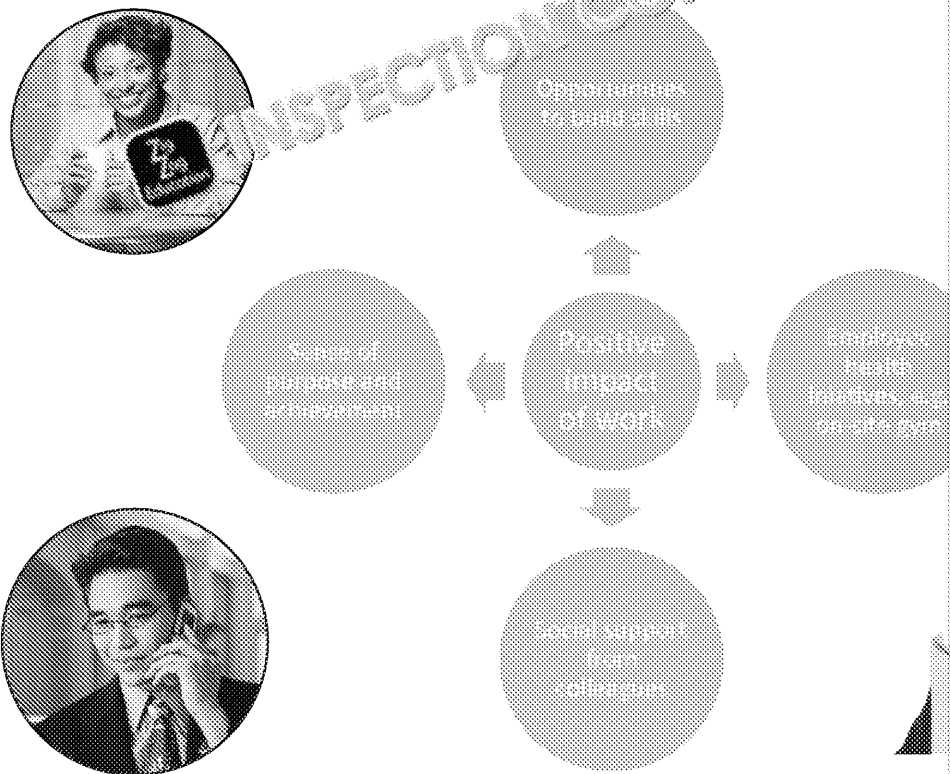
Economic factors

Economic factors such as our financial situation can have a major role to play in our health and well-being.

Employment status

The relationship between employment and health and well-being is not straightforward. Unemployment on one's health has been well documented because of the chronic stress that may arise because of money worries over a lack of – or reduced – income. However, seeking employment can also have a positive impact on health and well-being.

However, it is not just whether or not you have a job that matters. Your experience of work also matters. Do you like your job? Have a look at the diagram below to see some positive impacts of work.



On the other hand, your job could be **detrimental** to your health and well-being. If your job is stressful, you may end up suffering from the health impacts of chronic stress.

Financial resources

Income refers to how much money an individual brings into a household. The financial resources that someone has will impact their health and well-being in numerous ways.

One of the most obvious ways is that someone with money can afford to pay for things such as gym membership and healthy, nutritious food that promotes positive health and well-being. There has been evidence showing that low-income groups consume unbalanced diets, with fewer fruit and vegetables being eaten.

Income

Higher-income families have less worry surrounding the cost of food and, therefore, have more freedom to purchase fresh produce at a higher price. Increasing the income available to the families who earn less would not necessarily mean that the individuals within that family would change their diet to a healthier, balanced, more varied one. The other family members might not agree with the dietary changes, which could lead to the wasting of foods which are rejected, and discourage the adoption of a healthy, balanced diet.

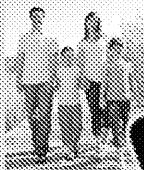
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Someone of a higher **socio-economic status** might even be able to afford **private** shorter waiting lists and sometimes a greater range of treatments available than public healthcare services. Therefore, people receiving private treatment may access a better quality of care which in turn **positively influences** their health and well-being.

Individuals who are wealthier can afford to go on holiday and eat healthily, meaning they are less stressed and anxious. The chronic stress of having a low income (worrying about car repairs, etc.) will affect your health and well-being. As we saw in the previous section, financial issues can have a serious impact on an individual's health and well-being. Furthermore, having a good income allows people to live in better housing conditions. The impact of housing on health and well-being is covered in the 'Environmental factors' section.



Applied activity: Imagine a family with a monthly income of £1,500 per month. If you account the money needed for rent, bills and food, there is only £250 left for recreational activities for the whole family.

Discuss with a partner – how can the family find affordable ways of staying active and exercising, without the expense of joining a gym?


Inheritance

To inherit means to receive something from another individual (in many cases a relative). It could be anything from money, property/premises, a business, debt or title (or combination of these).

To inherit something is usually considered to be a positive thing. Clearly if we inherit money, it has a **positive impact** on health and well-being as it lightens any financial burdens or cares we may have. On the other hand, inheriting someone else's debts can cause stress and add to a financial burden. You might also consider that inheriting property, a business or a title, again this can come with a huge responsibility and time commitment as well as pressure to honour the memory of the deceased person. Therefore, it is possible that such an inheritance can have a **negative impact** on an individual's health and well-being.

Savings

Having the financial skills needed to manage household bills and have some money put by is **positive**, but to be able to put by at least a small amount of money for a rainy day in the bank to fall back on can give an individual a sense of security and confidence to deal with unexpected expenses. The only potential **negative** of savings is ensuring the investment chosen provides a good rate of interest or rate of return.



Case study

Gerry is wealthy. He retired a year ago and has been living off his savings. He has a problem with his knee; he has enough money to go to a private practitioner and pay for the operation he needs. However, his father damaged his knee over a year ago and has been living off benefits for a long time. He is on the NHS waiting list for the operation on his knee. The pain his knee causes him and relies on his father for help, is increasingly depressed and stresses constantly.

Applied activity:

Read the case study above and think about the following questions:

- What kind of impact could her father's condition have on Cassy?
- In what other ways could Cassy's family's financial situation impact their health and well-being?

Discuss with a partner.

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Environmental factors

The conditions you live in have a huge impact on your physical and mental well-being. A good environment can promote health but can also pose considerable risks.

Housing needs

Factors relating to your individual home or living situation will also affect your health. The conditions of your house and the amenities in your locality.

Housing needs

The type of house or home also needs to suit your needs. For example, For example, a person who uses a wheelchair or who has mobility issues to live in a single-floored flat, as they can easily access the property and do not require additional equipment. A large family living in a very small space may find it has a negative impact on the health of the family.

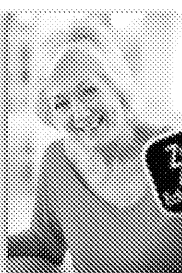
Housing conditions

The conditions of your home in terms of hygiene and safety are critical. Having a home that is safe and comfortable for you in many ways. For example, having a clean and hygienic space in which to live and/or your home being safe helps to promote good physical health. Additionally, having a good night's sleep will allow for getting a good night's sleep, which positively affects physical health.

Good accommodation is expensive, meaning people on a low income might end up in a home that is damp, cold and dirty; this can have serious implications for an individual's health. Conditions such as asthma, nausea, vomiting and lung cancer, among others. Look at the table below for some examples of what can be wrong with the conditions of a home, and how they impact health.

Housing condition issue	Health and safety impact
Damp and mould, results from too much moisture in the home environment	Respiratory problems for people with existing conditions such as asthma and allergies. Eye and skin irritation.
Insufficient heating – for example, the resident cannot afford to heat their home, or the heating system is not working	Exposure to the cold can lead to health problems. Conditions such as respiratory infections and arthritis are worsened by the cold. Babies and the elderly are most at risk.
Trip hazards – for example, unsafe stairs and walkways	Injury, including bruises and fractures. A high risk for older adults or people with mobility issues. They suffer worse outcomes if they fall.

Poor housing does not only impact your physical health – there are also effects on your mental health. A home should be a safe and comfortable space for you to return to. If this is not the case, you may suffer from a low mood and anxiety, as you are less able to relax and enjoy recreation.



Case study
Catrin, 65, lives alone in a small flat. She is on a low income, and is struggling to pay her heating bills. As the winter months begin, she cannot afford to turn the heating on. She feels cold and develops a cough that will not go away. She is hanging her clothes on a drying rack rather than in the tumble drier. However, the room is very damp and moist in the air. Catrin cannot open the windows to let the air out, as the flat even colder. This moisture clings to the walls of the property. Catrin becomes very worried and finally decides to let a friend know. A friend recommends that Catrin contacts her local council, who can help her. Catrin also contacts her energy supplier to discuss her options.

Applied activity: Imagine that you are a support worker for Catrin, and you are concerned about her housing and the impact on her health. Write a letter to Catrin's landlord outlining the problems and asking them to consider making improvements to the property.

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Location

Where someone lives also acts as an influencing factor on their health and well-being. If someone lives somewhere with lots of green or natural spaces (for example, parks, fields, the coast), they breathe in much fresher air, reducing their risk of developing respiratory problems. (Note that this links to the earlier 'Air pollution' section, as those living in inner-city areas are more likely to be affected by pollution.) Factors which influence health and well-being often interact with one another to alter someone's risk levels.

Living near a green space makes it easier to exercise in pleasant settings at a lower cost or for free. For example, someone could go for a run in the fields near their house, rather than paying for a gym membership and using the treadmill. In addition, people living in rural areas might be more likely to access fresh and locally grown produce, perhaps because they live near a farm shop or have the outdoor space on their property to grow their own fruit and vegetables. This helps people to maintain a healthy and balanced diet. However, if you live in a rural area your choice of food products may be limited.

Additionally, the quality of the water supplied to a particular area will impact the health and well-being of the citizens who live there. If the water supply is contaminated, citizens are at risk of contracting diseases such as cholera, typhoid and polio. However, poor water quality is not just a problem that occurs in poorer or developing countries. See the case study to the right for a real-life example of poor water quality affecting a town in a developed country.

The country you live in is also important here, as the effects of its economic position will trickle down and impact each of its citizens. There is enough food in the world today to feed everyone, but this food is not distributed evenly. Wealthy countries are able to import food from different areas of the world, whereas poorer countries are struggling to grow crops and create their own produce. This has created a huge variation in diets and nutritional health across the world.

Developing and poorer countries face the following issues with the production and distribution of food:

- Farmers in poorer regions of the world may have to grow their crops in poor soil, meaning the food that is grown is not of the best quality and the individuals may not get the nutrition they need.
- Within developing countries / poorer countries there is a higher risk of harvests being affected by drought.
- There is usually a limited supply of low-quality foods, and these are usually carbohydrates and too little protein and fats leads to poor nutrition in these poorer countries. In developed and wealthy countries are not immune to difficulties with the distribution of nutritious food. For example:
 - Even if you live in a country where food is never scarce, there are still many factors that can have an impact on diets; for example, how close you live to a shop or supermarket and the cost of transport to the supermarket.
 - Older people who live in rural areas can find it difficult going out of town to access shops. As going to these larger supermarkets is usually cheaper, the elderly, and those who struggle to afford high-quality foods if they cannot access these larger shops.
 - Having access to a wide variety of foods from different regions of the world is a good thing as it has the potential to lead to overnutrition.

Lastly, the area you live in might be at risk from natural disasters, such as flooding or earthquakes. This is death and injury, but there are also long-term impacts. For example, mental health issues, the trauma of going through such an event, as well as from dealing with the stress of having to rebuild or move.

The US state of California has suffered from a long-term drought, causing water shortages and affecting the state's economy. The state's water supply is heavily dependent on snowmelt from the Sierra Nevada mountains, and the drought has led to a significant reduction in the amount of water available for agriculture and industry.

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Home environment

A positive home environment involves the emotional warmth demonstrated by parents with children. This can include reducing exposure to stresses, keeping children safe and providing learning experiences. However, the social and physical contexts children experience at home mean that not all children will have a positive experience; some children will experience parental neglect and abuse.

Parental conflict

It can be extremely distressing for children if their parents are constantly arguing and this can have a **negative impact** on their mental health and well-being and lead to anxiety, depression and behavioural problems in the children. They may feel confused about their loyalty to each parent and the developing relationships of their own, and the child may blame themselves for the problems. It is often better for the parents to separate than to continue in a relationship that is damaging to the child(ren). However, conflict between the parents often continues for a while after separation and the child may then be torn between two households. Sometimes the conflict between the parents is so intense that it is more important that parents understand and manage the detrimental impact this can have on a child and work together to reduce the conflict. If parental conflict includes domestic violence, the child may experience trauma and other negative experiences.

Parental conflict can have a negative impact on a child **physically**; they may self-harm or be injured if they intervene and get harmed during episodes of domestic violence, lose their appetite and have higher cortisone levels. It may affect them **intellectually** as they may find it difficult to concentrate, which may start to affect their grades at school. Children who experience parental conflict at home can become prone to **emotional** outbursts, crying, tantrums and negative behaviours towards people around them. This could then lead to **social** problems as a child may begin to mirror the behaviours of the parents and they may find it difficult to build relationships and trust in themselves.

Applied activity: It is clear that parental conflict can have a negative impact on a child. But are there any positives to a child experiencing parental conflict? Investigate this in your next paragraph in answer to this question.

Abuse and neglect

Abuse is when someone is harmed by something someone else has said or done repeatedly over a short or even long time. In many cases the abuse is intentional, but it can also be something that you are expected to do – and thereby harming someone (**an act of omission**).



Did you know?

There are eight different types of abuse, including neglect. Each one has its own effects on the individual. Health and social care professionals can be trained to recognise the indicators of each type of abuse.

Look at the eight types of abuse in the table over the next two pages...

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Did you know? (Continued) - Eight types of abuse

Type of abuse	Definition	Examples	Indicators
Neglect and acts of omission	Failing to care for an individual as is needed or expected, or provide good health and well-being.	<p>This can be failing to meet the individual's physical, intellectual, social or emotional needs and includes the following examples:</p> <ul style="list-style-type: none"> Failing to provide adequate nutrition; failing to treat bed sores, or leaving the individual in soiled underwear or clothing; failing to ensure medical care is received (physical neglect) Failing to ensure a child goes to school / has an education; not allowing someone to read, or to watch their favourite programme; failing to teach an individual to communicate (intellectual neglect) Failing to react to an individual's emotional needs; failing to teach rules and boundaries; failing to notice and respond to negative feelings; failing to listen to problems and offer support (emotional neglect) Ignoring and isolating a person; denying a person opportunities to make friends or have relationships; limiting communication with others (social neglect) 	<ul style="list-style-type: none"> Bed sores, soiled underwear Not attending appointments Not attending school Clothing not appropriate for weather (when children or learning-disabled people are left to dress themselves with no guidance when needed) Malnutrition Poor speech/communication Poor social skills Unaddressed poor behaviour
Physical abuse	Using body contact to intentionally injure or cause trauma to another.	<p>Examples include:</p> <ul style="list-style-type: none"> Slapping Smacking Punching Punching Biting Burning Cutting Hair pulling Hitting with a weapon 	<ul style="list-style-type: none"> Frequent injuries Unexplained falls Burn marks Bite marks Bruises that look like grab/finger marks, and bruising of different colours
Psychological abuse	Often also called mental or emotional	<p>Examples include:</p> <ul style="list-style-type: none"> Name-calling Ridiculing and humiliating 	<ul style="list-style-type: none"> Being scared, nervous, timid or agitated Rocking back and forth Being withdrawn and not wanting to

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Type of abuse	Definition	Examples	Indicators
Financial abuse	This is when a vulnerable person has money, valuables, assets or property stolen or defrauded from them.	Examples include: <ul style="list-style-type: none"> Borrowing money and not returning it Forcing an individual to sell their assets without consent Tricking individuals into making bad financial choices 	<ul style="list-style-type: none"> Not having enough money or cash to meet basic needs Confusion about location of valuables, money or assets
Abuse by discrimination	Treating someone unfairly due to a protected characteristic (see p. 26 for more info).	It can be: <ul style="list-style-type: none"> Abusing someone / treating someone unfairly based on any of the protected characteristics of the Equality Act 2010 Direct discrimination Indirect discrimination Discrimination by association 	<ul style="list-style-type: none"> Hiding religious beliefs or identity (racism) Gender pay gap (gender) Hiding pregnancy from an employer or being afraid to go for prenatal appointments during work time
Domestic abuse	An incident or a pattern of incidents of controlling, coercive, threatening or violent behaviour between two people in a relationship.	It can be: <ul style="list-style-type: none"> Physical, e.g. violent behaviour such as hitting Psychological/gaslighting, e.g. threats, pressure tactics Coercion – controlling, scaring, threatening a person with violence, persuading a person to do something they don't want to do <div style="border: 1px dashed black; padding: 5px; margin-top: 10px;"> <p>Coercion – using force or intimidation to persuade someone to do something they do not want to do.</p> </div>	<ul style="list-style-type: none"> Low self-esteem Depression Physical injuries and bruises
Institutional	The	Examples include:	<ul style="list-style-type: none"> Poor standards of care

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Exposure to pollution

Environmental conditions can refer to how clean or dirty the surrounding air is, and

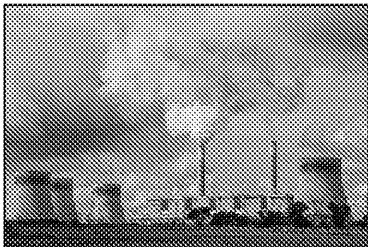
Air pollution

Firstly, air pollution is a serious problem for many areas, particularly major cities. The biggest cause of pollution is emissions from road traffic. Toxic substances such as nitrogen dioxide and sulfur dioxide are released into the atmosphere, which are very unhealthy for people to breathe in. Sometimes this pollution is visible – perhaps you can see smog in the air, which causes the air to look dark, cloudy and dusty. However, pollution is often not easily visible, which means people might not even realise they are at risk.

The following conditions have been linked to air pollution:

- lung cancer
- stroke
- heart disease
- chronic obstructive pulmonary disease
- low birth weight

Governments are concerned about the impact that air pollution is having on citizens' health, and are under pressure to come up with ideas for reducing air pollution. Using **renewable energy** has been suggested as an alternative to current approaches to energy provision, as these energy sources are more easily found or produced in nature. Additionally, cars are being designed to be more energy efficient, which reduces the emissions released into the air. Initiatives to promote public transport and recycling are also ways of reducing air pollution.



Applied activity: Imagine that you are a resident of a city that has been asked to come up with some ideas to reduce air pollution and improve residents' health. Write a short report explaining your ideas.

Noise

The noise level where you live will have an effect on your health and well-being. Many people live near some element of the environment that is particularly loud, such as a busy road or an airport.

The effects of excessive noise are wide-ranging, particularly when the noise impacts on sleep. This can cause the following problems:

- fatigue
- cognitive decline and impaired cognitive performance
- shorter life expectancy
- poorer mental health
- higher risk of physical conditions such as obesity and diabetes

¹⁷ <http://www.who.int/airpollution/ambient/health-impacts/en/>

¹⁸ https://www.who.int/europe/health-topics/noise#tab=tab_1

Repeated exposure to excessive noise can also cause chronic stress, which impacts on health and well-being as described above. There is also the risk of hearing damage if the noise you are exposed to is very loud, as **tinnitus** or permanent hearing loss can be caused. Your risk is significant if you are regularly exposed to sounds of 85 decibels or more. Extended exposure to noise from busy traffic and even attending music concerts puts you at high risk of hearing damage.

Tinnitus
persistent
10% of
sounds
a common
in young

Light

An excessive amount of artificial light in an environment can have a detrimental effect on an individual's natural body cycles and rhythms, such as sleep patterns and hormone production. This can lead to mood disorders and even obesity, diabetes and cancer. Not getting enough sleep, and the disruption of normal hormone patterns, can also lead to mood disorders.

Light waves consist of different colours, and blue light waves are the ones that need to be avoided at night-time as they can have the most detrimental effect on health. Smartphones and tablets (and other screens) in particular are most responsible for this in people's homes. Since scientists have discovered this, many devices now have a blue light level that can be turned down very low at night.

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The impact of life events

Throughout your life, changes to your circumstances and significant events are bound to happen. Some will be good, some bad. Your life will change, and these changes are likely to influence your health and well-being. This section covers some common significant life events that many of us may face at some point in our lives, and the impact on our relationships and life circumstances.

Physical events

There are clearly some expected (or likely) physical changes or events that occur throughout life, such as puberty, pregnancy and childbirth, and, of course, death. However, there are some events that can have a significant and even devastating effect on an individual's life, such as accident or illness.

If someone has an accident or an injury it may change the way they have to live. If someone is disabled or paralysed you may find that you are unable to carry out daily living tasks, you may no longer be able to do the job you used to do, and you may need to move home or to a different place to suit your needs. It is also possible that you may experience an unexpected illness such as a stroke or are diagnosed with a chronic condition preventing you from having a normal life. Receiving such news can have a **negative impact** on an individual's physical and social relationships. They may face their own morbidity and even mortality. Treatment can have a toll on physical health, and concern for the potential impact on family members may also be a factor.

Relationship changes

In the section 'Social interactions', we explored some of the impacts of social relationships on health and well-being, and the benefits that having positive, supportive relationships can bring. In this section, we will look at what effect a major change to the structure of a person's social relationships can have.

The first is marriage (see 'Spouse/partner'). As a quick recap, getting married or being in a stable relationship can have a positive impact on your health and well-being. For example, a supportive partner can provide emotional support (resulting in decreased stress, anxiety and/or depression), or encourage you to participate in healthy behaviours. However, the process of getting married can also be extremely stressful, as organising a wedding takes a considerable degree of effort, time and money for most couples. In this way, getting married can also negatively impact someone's well-being – at least temporarily.

Unfortunately, not every marriage works out, and nearly half of marriages will end in divorce.¹⁹ Divorce can be extremely stressful, but it affects everyone differently. Many people cope well with divorce, particularly if it represents the end of a very stressful, unhealthy relationship. Some people are better able to handle the stresses and challenges that arise after divorce. However, some people find it extremely difficult and suffer bad health impacts.

This is shown quite shockingly by research that found that separated or divorced people have died more than married people in the study's follow-up period – particularly men.²⁰ Some of the emotional problems that divorced individuals include:

- being lonely
- being more vulnerable to depression; higher levels of psychological stress, lower psychological well-being and lower self-esteem
- illness – divorced individuals are more likely to suffer from a serious illness at some point in their lives
- alcoholism – divorced adults are more likely to drink alcohol and become dependent on it



The study was conducted in 1995 and followed up 43,000 people, adding events to a scale of 1 to 10, with 10 being the most stressful.

Research
Read the research and think about the scale. Look at the right-hand side of your scale.

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¹⁹ Office for National Statistics (2017) – Divorces in England and Wales: 2015 –

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/divorce/bulletins>

²⁰ Sbarra (2016) – Divorce and Health: Current Trends and Future Directions – <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4888888/>

The emotional impact of divorce can be severe and cause chronic stress, particularly if the divorce is amicable and involves a lot of conflict or is very prolonged. The practical concerns from divorce can cause considerable stress to those involved. For example, there may be a loss of accommodation, financial resources may be stretched, relationships with friends and family may be affected, and individuals may suffer disturbed sleep, a poor diet and reduced exercise; together these can lead to an unhealthy lifestyle.



Did you know?

Postnatal depression is common in the first year after the baby's birth. It affects more than one in 10 women, and, less commonly, fathers and partners. It can make bonding with the baby difficult, impact the relationship between the parents / with other people, and impact the parent's health in other ways.

Another relationship change that impacts health is having a new addition to the family, such as a baby. Having a baby, particularly the first time, hugely changes the life of the parents. Being a new parent is a special experience, providing lots of opportunities for enjoyment and a sense of purpose, and is often described by many people as the best thing that has happened to them.

However, there can also be a lot of stress in the role as a parent, with all the responsibilities of caring for an infant. New parents often suffer from postnatal depression, and find it difficult to take part in physical activity. Postnatal depression (especially following a traumatic or complicated birth) is also common.

Another significant change to someone's relationship circumstances is bereavement (the death of a close friend or relative). Every person experiences bereavement in their own way, following its own unique process. There are many feelings that can be involved in bereavement: denial, anger, sadness, fear and guilt. There are also many physical effects of bereavement, such as weight loss, lack of concentration and disturbed sleep. When bereaved, an individual could experience memory loss and lowered self-esteem. Bereavement can be complicated, and individuals can suffer for a long time if they are unable to deal with their feelings of loss.



Case study

Liisi, 31, and Kyle, 30, have been married for six years and six months ago. They have been arguing a lot recently, and Kyle has been spending a lot of time out with other people. Kyle has just told Liisi that he will be moving out soon. Liisi really enjoys being a mother, and she will cope with the role with less input from Kyle.

Applied activity: Read Liisi and Kyle's case study above. What are the possible impacts on her health and well-being? Discuss it with a partner.

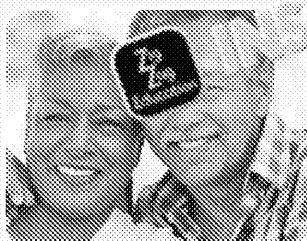
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Changes in life circumstances

Aside from relationships, other changes can occur to other aspects of a person's life (e.g. their role or position in society and the responsibilities that they have). The diagram below shows some of these changes, and information about how these can impact an individual's health and well-being (both positively and negatively). Remember, not all of these life circumstances will affect everyone in the same way. For some people, these experiences will be positive, for others they will be negative, and for many people in between.

One example of this may be redundancy. Redundancy is when someone loses their job, not because they have done anything wrong but because the company that employs them has changed (e.g. no longer a need for that job role, or because the company is closing for financial reasons). Redundancy can cause many difficulties, whatever the reason may be. It can cause financial difficulties, particularly if the job role was a large part of your life and who you are.



Becoming a carer

Stress and anxiety due to increased responsibility

Social impact – may have to give up work or other commitments

Sense of purpose and achievement by caring for someone

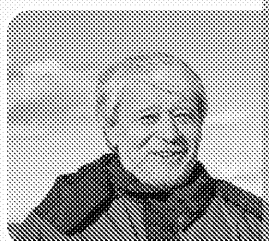


Moving home

Stress involved in finding a place, moving all belongings, etc.

New area may have more/fewer opportunities for physical activity, different air quality and/or noise levels

Social isolation



Retirement

Social isolation and loneliness

More time for recreational activities

Change in physical activity and mobility

Poorer mental health

Applied activity: The diagram above contains only a few different life circumstances that can affect health and well-being – can you think of any more?

Have you, or anyone you know, ever been through any of these circumstances? Did it affect your health and well-being? If so, how?

Discuss your answers with a partner, or write them down.



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A1 Checking my understanding (Part 3)

1. Explain **two** ways in which economic factors can impact a person's health and well-being.
2. Identify **two** health conditions that can be caused by damp in the home.
3. Describe **two** effects of noise on health and well-being.
4. Ravi's parents are going through a divorce. He has witnessed physical arguments between them. Suggest **one** way how seeing this may affect Ravi physically and mentally.
5. Explain **two** ways in which dealing with bereavement could impact a person's health and well-being.
6. Case study – covering **Section A** content.

Pete, 35, recently got married. Unfortunately, not long afterwards, he lost his job. He lives in a small town where he is unlikely to find another job on the same income. He may need to move house. His wife has just told him that she is pregnant with their first child. Pete feels additional anxiety as she will also have a reduced income when the baby is born. Pete's friend recommends that he visits his GP to talk about his current stress levels, but he is not sure if this is a 'manly' thing to do. He also feels he has lost part of his 'identity' as he was proud of his job and gave him in the local community.

Explain **three** factors that could have a positive impact on Pete's health and well-being. Use information from the case study to help you answer the question.

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B1 Physiological indicators

Our body can give us many clues about how well it is working. By looking at small changes in physiology, we can assess how well different areas of our body are functioning. These changes can also act as evidence of serious health problems.

Pulse

Your **pulse rate** is one key physiological indicator of your health status. Your pulse is felt as a throbbing sensation in your arteries, as your heart works to pump blood around the body as part of the **cardiovascular system**. Your pulse is in time with the beating of your heart, and, therefore, shows the speed of your heartbeat.



You can feel for your pulse yourself. It is easier to feel for it in larger arteries, such as those in the wrist (radial artery) and neck (carotid artery). You then measure your heart rate manually, by counting the number of pulses that occur in a minute. Look at the 'Applied activity' box for guidance, and try it yourself.

Applied activity: Use your index and middle finger to measure your pulse, as shown in the image. Place your fingers across the pulse site – ideally on your wrist or neck. Set a timer for one minute and count the number of pulses in that period. The number of pulses is your heart rate. To get the most accurate reading, repeat this three times and calculate an average. Try it with a friend!

Resting and recovery rate after exercise

Your 'resting heart rate' is the ordinary rate at which your heart pumps when you are at rest. Your heart does not pump as much while you are resting, because there is less demand on the skeletal muscles. To measure your resting heart rate, you must have been in a state of rest for at least 10 minutes beforehand. This is because it takes a little while for your heart rate to return to normal.

Your 'recovery rate', on the other hand, is taken immediately after exercise. Your heart rate will be much higher during exercise, and should return to normal fairly quickly following exercise if you are fit. The fitter you are, and the healthier your heart is, the quicker you recover.

Interpreting your heart rate using published guidance

According to the NHS, 60–100 bpm (beats per minute) is the usual resting heart rate for most adults. If you are particularly physically fit, it is not unusual to have a lower resting heart rate.

However, if your heart rate is often above 120 bpm or below 40 bpm, it is advisable to get checked out by your general practitioner. While there might not necessarily be anything wrong, there is a chance that your abnormal heart rate is a sign of possible health problems.

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Potential significance of abnormal readings: risk to physical health

Irregular pulse and heart rates are significant because these can cause the flow of blood from the heart to other areas of the body to be interrupted. An abnormally fast or irregular resting heart rate can indicate **atrial fibrillation**. This condition is caused by issues with the electrical signals that regulate heartbeats, although the reason that this occurs is not always clear.

The effects of the condition can include:

- palpitations
- chest pain
- shortness of breath

Atrial fibrillation can put someone at greater risk of having a stroke, as it makes it more likely that blood clots will form and block the blood vessels. It can also cause your heart to weaken and increase the risk of heart failure. Treatment for atrial fibrillation can include medication, surgery and/or electrical shocks designed to reset the beat of the heart.

On the other hand, low heart rate (**bradycardia**) can cause serious health issues for some people, as it can result in insufficient blood being pumped around the body. This can cause symptoms such as dizziness, fainting and fatigue in the **short term**. Additionally, the presence of bradycardia can indicate the presence of other health conditions that may be causing it, such as damage to or infection of the heart's tissue that may cause **long-term** health risks.

However, bradycardia does not always indicate ill health. Many athletes have very high levels of aerobic exercise, which make the heart muscle stronger. This means a larger amount of blood around the body (higher stroke volume), so essentially the heart rate is reduced (reduced heart rate).

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Blood pressure

Blood pressure relates to your cardiovascular health, as it is a measure of the degree of force used to pump blood around your body by your heart. Blood pressure is measured with a special machine called a 'sphygmomanometer' – it has a cuff that goes around your arm and squeezes it for a few seconds. As the cuff releases, the machine takes the readings which indicate the strength of your blood pressure. A nurse, doctor or pharmacist can do this for you.

Alternatively, you could purchase a blood pressure monitor for yourself that is designed to be used at home. Just make sure that the machine you buy is good quality and approved, so that it will give you an accurate reading.

Your blood pressure reading involves two measurements: **systolic blood pressure** and **diastolic blood pressure**. This is presented in the following format: systolic/diastolic. As the numbers from the reading represent millimetres of mercury, they are followed by 'mmHg' – for example, a blood pressure reading might be written as 140/80 mmHg.

Interpreting blood pressure using published guidance

The NHS advises that the 'ideal' blood pressure range is anywhere between 90/60

This means that if your reading is 140/90 mmHg or higher, your blood pressure is too high, and if your reading is lower than 90/60 mmHg, your blood pressure is too low.

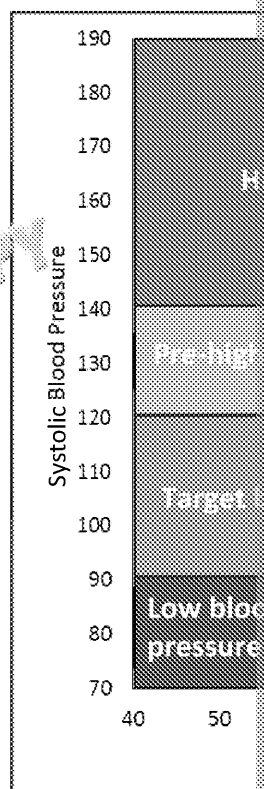
Note that only one of the two numbers (systolic or diastolic) needs to be outside the 'ideal' range to be considered potentially unhealthy. Look at the diagram on the right – this illustrates the blood pressure ranges for both the diastolic and systolic readings.

Potential significance of abnormal readings: risk to physical health

High blood pressure (**hypertension**) is linked to a number of serious health conditions, which means it poses a considerable risk to health and well-being. For example, high blood pressure can cause kidney failure. This is because having high blood pressure can damage the kidney's blood vessels, meaning that the kidney is no longer able to fulfil one of its core functions – filtering blood. As blood is not filtered properly, this further increases blood pressure, which starts a vicious circle. High blood pressure also increases the risk of heart attacks, strokes and heart failure.

Common causes of high blood pressure include lifestyle factors such as:

- smoking
- poor diet with lots of salt
- lack of exercise
- excess alcohol consumption



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On the other end of the scale is **hypotension**. Frequently having low blood pressure can cause faintness and dizziness for some people. This often does not cause any serious problems, but it is worth getting checked out if you are often experiencing some of these symptoms. Hypotension carries the risk of falls due to fainting, which could lead to serious injury or accidents.



Case study

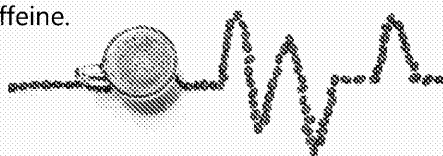
Ben, 42, went to his GP for a check-up. His doctor identified that he had a high blood pressure reading was 150/90. His doctor asked Ben about a few different things. Ben identified that Ben is currently eating a poor diet containing lots of salt, which is contributing to his elevated blood pressure. He is also not particularly physically active.



Did you know?



Caffeinated beverages such as coffee can raise your blood pressure significantly. The effect is short-lived, unless you are consistently drinking coffee. People with high blood pressure may need to avoid caffeine.



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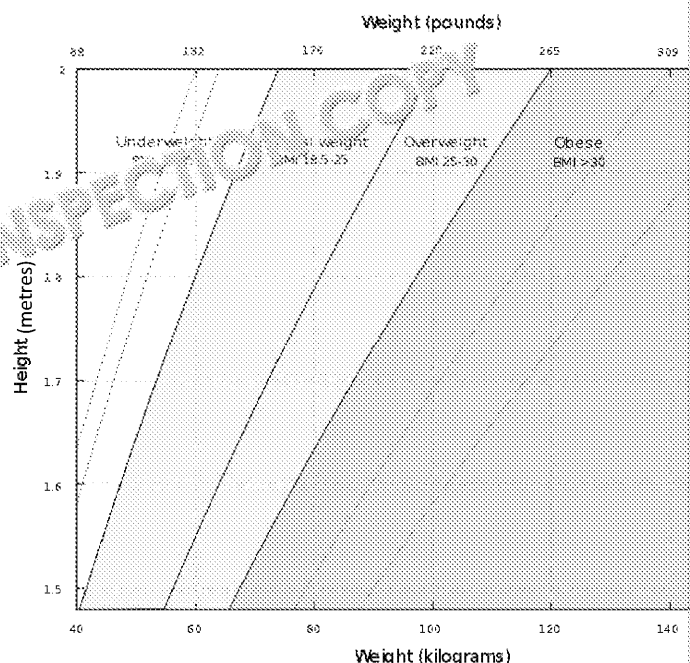
Body mass index

Your body mass index (BMI) is a metric that indicates whether or not you are at a healthy weight. Calculating BMI involves the following steps:

1. Divide your weight in kilograms by your height in metres.
2. Divide this figure by your height to get your BMI,

Interpreting BMI using published guidance

The NHS gives guidance on what your BMI means – is it too high, too low or about right? The table below.



BMI score	Interpretation
18.5 kg/m ² or below	Underweight
18.5–24.9 kg/m ²	Normal range for most adults
25–29.9 kg/m ²	Overweight
30–39.9 kg/m ²	Obese
40 kg/m ² or above	Severely obese

However, it should be remembered that BMI is a metric has its limitations and does not apply to all people in the same way. Your BMI figure is not an absolute, definitive measure of health, it is only an indication. For example, the BMI figure might be misleading for very muscular people, as muscle weight is heavier than fat and, therefore, will produce a high BMI, even though the person is not obese. BMI also measures men and women along the same scale, despite women having a higher body fat percentage. BMI does not apply to pregnant women.

Applied activity: the NHS has a tool on its website that lets you easily check your BMI. Visit <https://www.nhs.uk/12027-bmi-calculator>

Calculate your BMI – are you in the healthy weight range?

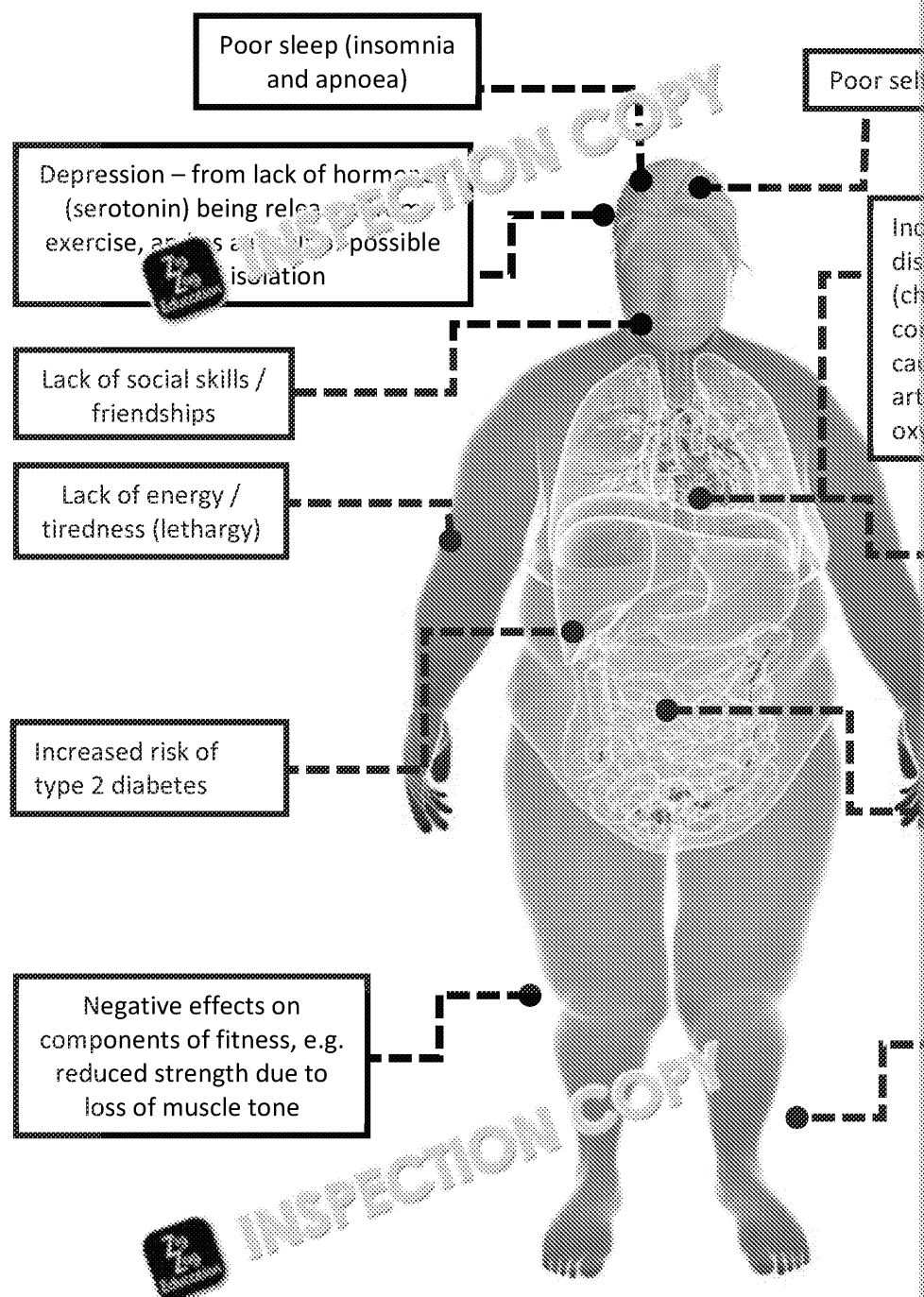
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Potential significance of abnormal readings: risk to physical health

As you can see from the table and chart on the previous page, a BMI is outside the normal 18.5–24.9 range can indicate a poorer state of health. The health risks of an abnormal BMI increase with the severity of the rating.

If someone's BMI indicates they are overweight or obese, their risk of developing many health conditions sharply increases. See the diagram below for an idea of the kinds of health condition someone with a high BMI might suffer from or develop, and the kinds of physical difficulty they might have.



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There are also conditions relating to being underweight. For instance, being underweight might suggest possible malnutrition, meaning that someone is not getting the right amount of nutrients to maintain their health. This can have a whole range of effects on a person, including weakness, fatigue, frequent illness and impact on growth.

Being underweight may also be a warning sign that a person is suffering from an eating disorder. Anorexia and bulimia are very serious conditions that can lead to a weakened immune system, fertility issues, and other health problems.

B1 Checking my understanding

1. Define 'resting heart rate' and 'recovery heart rate'.
2. What could you interpret from a resting heart rate reading of 130 bpm? Give **two** conditions this heart rate may lead to.
3. What could you interpret from a blood pressure reading of 80/60 mmHg? Give **two** conditions this blood pressure may lead to.
4. Identify **two** potential consequences for health of atrial fibrillation.
5. State the difference between hypotension and hypertension.
6. Name **three** risks that having a high BMI poses to health.
7. What could you interpret from a BMI of 16.3? Give **two** conditions this BMI may lead to.

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B2 Lifestyle indicators

Various aspects of a person's lifestyle will influence their health and well-being. As people live their lives, it is possible to infer whether they are at a greater risk of developing certain conditions. Lifestyle factors are modifiable, meaning that they can be altered and can take place before any serious health conditions develop. In this way, a 'prevention' can be taken to our health and well-being.

Nutrition

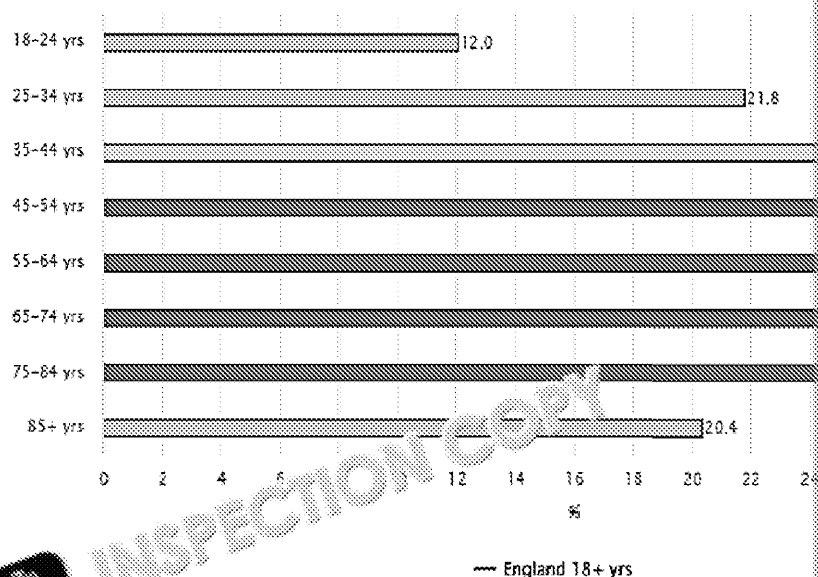
As we saw in A1 (p. 13), the Eatwell Guide is a government tool that describes the different nutrients that form a healthy diet. Having a poor diet and, in particular, a diet high in fat and sugar, can lead to diabetes and heart disease. The Eatwell Guide shows the proportions of a dinner plate that should be made up of carbohydrates, protein, fruit and vegetables, dairy products and foods that are high in fat and sugars (which should be the lowest proportion).

Interpretation of lifestyle data

According to the NHS, obesity (being overweight with a large amount of body fat) is estimated to affect around 1 in every 4 adults and around 1 in every 5 children in the UK.

Obesity is a huge burden to the NHS and is forecast to cost it around £9.7 billion a year. Health data collected by the government shows that there is a huge number of hospital admissions (between 10,000 and 12,000) directly attributable to obesity by year and gender. Obesity is a major factor in developing complications with coronavirus in the recent pandemic, but it is also a condition that can cause serious illness and result in hospital admission. It has links to cardiovascular diseases, type 2 diabetes, stroke and cancer.

But how much of a problem is obesity in the UK? We already know that it costs the NHS a lot of money and resources, but it is also affecting younger people and is starting in childhood. A person's experience of childhood can affect a child's life chances. Have a look at the data below about the obesity problem in the UK, and see if you can interpret the data.



Percentage of adults (aged 18+) classified as obese by age group, England

Source: Official Statistics, Obesity Profile: short statistical commentary

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Applied activity: Use the data to answer the following questions:

1. What is the average percentage of the population of people (18+) who are obese?
2. What is the general trend for people becoming obese?
3. Which age group is most likely to be overweight or obese? Why do you think so?

²¹ <https://www.nhs.uk/conditions/obesity/>.

²² <https://www.gov.uk/government/statistics/obesity-profile-update-july-2022/obesity-profile-2022>

Physical activity



In A1 'Physical and lifestyle factors' (p. 16), we covered the role of exercise in helping to keep a person healthy. For example, doing regular exercise can help to maintain a healthy weight, promote muscle strength and bone density, and improve an individual's self-esteem and social well-being.

Section A1 also outlined the UK government's recommendation of at least 150 minutes of moderate-intensity exercise each week. The fact that the UK do not get enough exercise and live an inactive or sedentary lifestyle is a major concern.

Research activity:

Do your own research to find out which countries are most likely to be obese: males or females? How does the UK compare with European countries? Try to identify reasons for your findings.

Research activity:

The campaign 'Get Britain Standing' has a tool on its website that allows you to calculate how much sitting you do each day. Try the tool for yourself.

<https://www.getbritainstanding.org.uk/12027-britain-standing>

Interpretation of lifestyle data

Many UK adults spend too much time sitting or lying down, with limited physical activity throughout their day. People in certain occupations have a higher risk than others of being inactive; for example, those working in desk-based office jobs, or bus drivers. Older people are also at a higher risk – due to reduced mobility and increased health problems due to age, older adults are less likely to move around, which increases their mortality risk.²³ People working in health and social care with older adults should be mindful of this risk, and do what they can to encourage older service users to engage in exercise.

Leading an inactive lifestyle is a major preventable cause of death, and poses numerous health risks. Researchers have attempted to estimate the degree to which physical inactivity increases the risk of death from various conditions. For example, the World Health Organization²⁴ states that physical inactivity is a major risk factor for:

- 30% of incidences of coronary heart disease
- up to 25% of breast and colon cancers
- 27% of cases of diabetes

Physical inactivity can also result in back and neck pain and a decline in muscle strength. Being inactive for long periods of time also leads to weight gain by negatively impacting the efficiency of your metabolism. Your body becomes 'idle' and calories are burned at a slower rate.

There are some simple things you can easily do to improve your levels of physical activity throughout your day. For example, you should try to walk instead of drive wherever possible. Additionally, try to get up and walk around every 30 minutes – setting a notification on your phone can be a good way of reminding yourself.

²³ De Rezende et al. (2014) – Sedentary behavior and health outcomes among older adults: a systematic review. <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-14-333>

²⁴ World Health Organization – Global strategy on diet, physical activity and health: physical activity. <https://www.who.int/dietphysicalactivity/pa/en/>

Case study



Musa, 50, works for a company that provides insurance. Most of his working day is spent sitting down. He has noticed that he recently put on a little bit of weight. He and his colleagues agree that they spend too long being inactive. They decide to take a short walk together on their lunchbreak, at least three times a week. They also discuss the possibility of getting 'standing' desks for the office.

Data on physical activity has many applications for the improvement of public health. Information about inactivity can be used to raise public awareness, as many people spend too much time sitting and may not even realise it. This data can also be used in the development of physical activity programmes (such as those published by the Chief Medical Officer) and NHS campaigns such as 'Be Active' to increase the physical activity of children.



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Smoking

As we saw briefly in A1 'Substance use' (p. 18), smoking poses risks to your health in several ways. The nicotine in cigarettes makes them highly addictive, meaning that smokers find it very hard to give up or reduce the number of cigarettes they smoke. Even 'light' smoking carries risks, as does inhaling 'second-hand smoke'. Children are particularly at risk from the impact of second-hand (passive) smoking.

Interpretation of lifestyle data

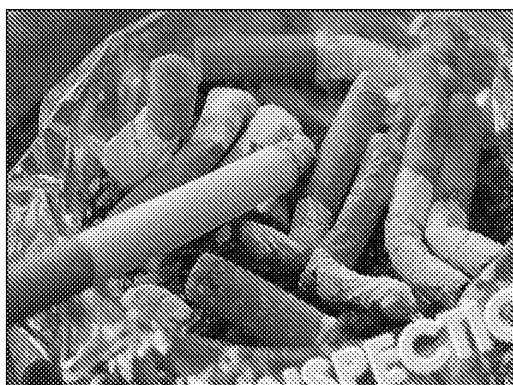
The results from research done on the effects of smoking are shocking, both on an individual and societal level, especially since smoking is a preventable cause of death. The NHS reports 74,600 deaths were linked to smoking in the UK in 2020.²⁵

Research from Cancer Research UK states that half of all smokers will die from cancer or other illnesses that are related to smoking, for example, emphysema. Smoking has been linked to many forms of cancer, including leukaemia and cancer of the:

- bladder
- pancreas
- stomach
- lung
- larynx (voice box)
- nose
- kidney
- liver
- oesophagus (food pipe)
- pharynx (upper throat)
- mouth
- cervix

It has been suggested that smoking can cause cancer because smoking alters DNA. Cancer Research UK is a charity that conducts research into the causes, prevention, and treatment of cancer, and has a wealth of data on its website about smoking and the associated health risks. For example:

- Older people are less likely to smoke than young people.
- Smoking rates have been decreasing in the UK since the 1970s but are increasing worldwide.
- In 2015, nearly a fifth of all deaths in the UK were attributable to smoking.
- Each year, nearly 11,000 deaths in the UK are linked to inhaling second-hand smoke.

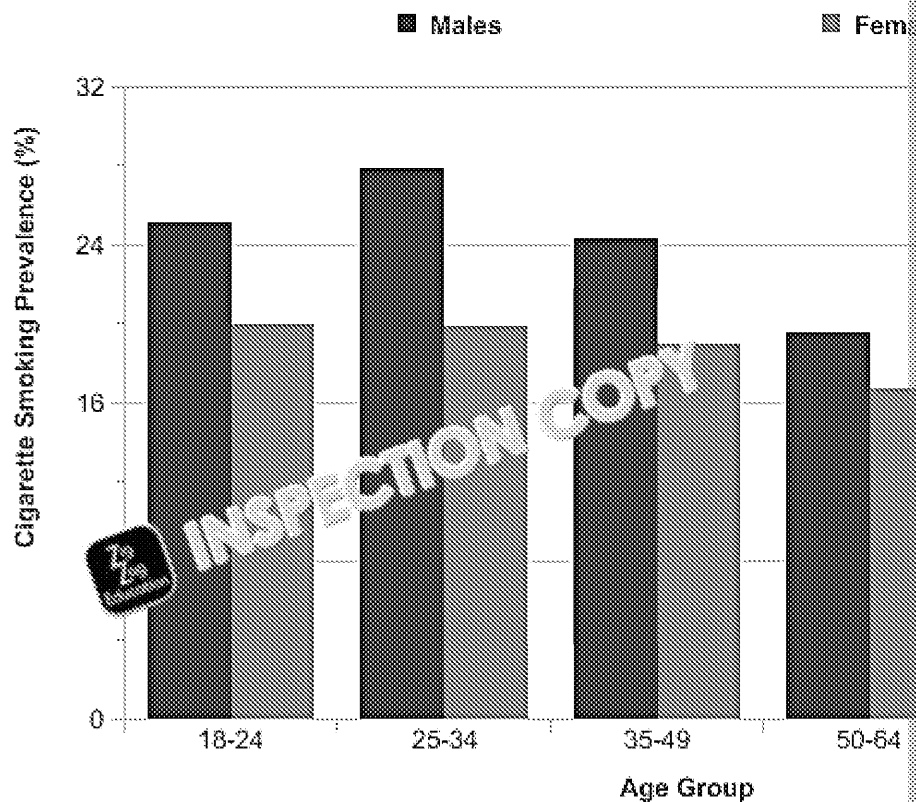


Smoking also influences a person's likelihood of having a heart attack; this is because of the damage to the small blood vessels in the body. The heart does not function very well, causing blood clots to form. This in turn will have a negative effect on the heart.

Smoking has also been linked to infertility. Smoking affects male fertility by affecting the sperm (how well the sperm can swim). For women, damage to the cervix, impacts egg quality, and for a pregnant woman having a miscarriage.

²⁵ <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/status>

²⁶ <https://www.cancer.ie/cancer-information-and-support/cancer-prevention/smoking/whats-in-a-cigarette>



Did you know?

The UK government has introduced several public health policies and changes to the law in an attempt to reduce smoking. For example, in 2015 politicians voted to remove branding from cigarette packaging. This means that all cigarettes now come in plain packaging with large health warnings, regardless of the brand. In 2007, it became illegal to smoke in many indoor locations, such as workplaces.

Applied activity: How to use the data to answer questions

- Who smokes more?
- Which age group smokes more?
- Approximately, how many people in the 50-64 age group smoke?

Lifestyle data is extremely useful as it can be used in educational and awareness campaigns to show the impact of smoking. For example, advertising campaigns can use graphs, charts and statistics on the prevalence and risks of smoking to encourage people to stop smoking.

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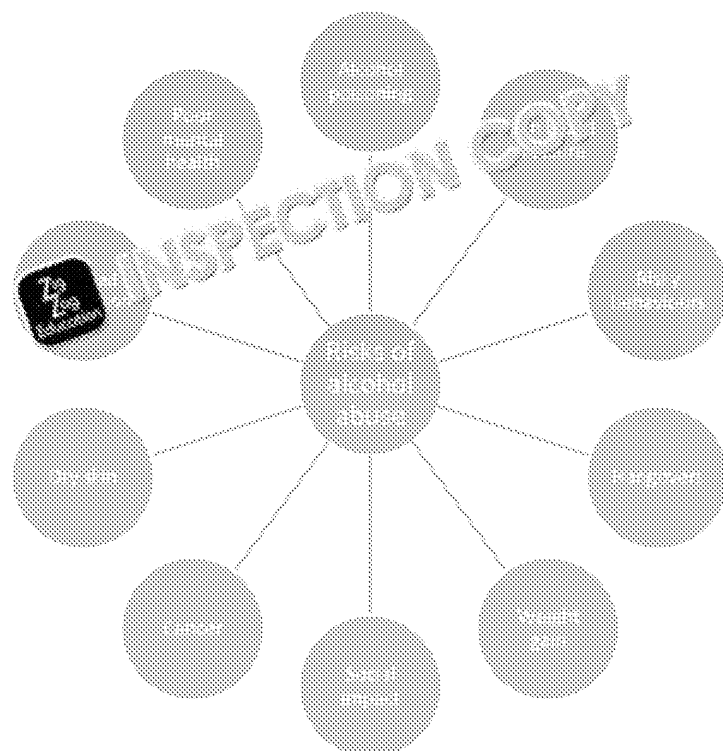


Alcohol consumption

In Section A1 'Alcohol' (p. 18), the impact of excessive drinking on the liver and the alcohol consumption were covered. To recap, adults should not drink more than Although drinking within these guidelines significantly lowers the risk of alcohol-related health problems, the risk is not entirely eliminated. There are also many more risks of alcohol abuse, in addition to the health risks.

Interpretation of lifestyle data

Look at the diagram below for some more ways that alcohol can affect your health and safety.



However, it is not only alcoholics who face health risks as a result of heavy drinking. Frequent episodes of 'binge drinking' (heavy alcohol consumption in a short space of time) can also seriously affect your health, in both the long term and the short term. Binge drinking is usually defined as consuming more than eight units of alcohol in one drinking session for men, or six units for women.

While intoxicated, you are more likely to engage in risky, reckless behaviours such as unsafe sex, fighting or driving under the influence of alcohol. Due to impaired coordination, you are also more likely to injure yourself in an accident.



Research activity
some useful tools
people insight into
Test a few of them
some high-risk of
self-assessment
zigzagged.uk/12



Did you know?

Drinking alcohol during pregnancy can lead to alcohol syndrome, characterised by facial features, stunted growth, and/or learning disabilities, and/or

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Organisations such as the Government, NHS, Cancer Research UK and Drinkaware publish research data on the impact that alcohol abuse is having on the nation's health and well-being. For example, they have found:

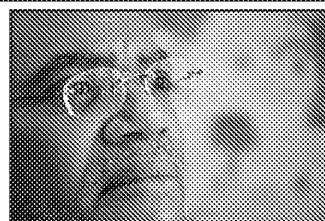
- In 2020, it was estimated that between 200 and 240 deaths were caused by drink-driving.²⁷
- Excessive alcohol consumption causes 3% of cancer cases per year.²⁸
- In 2019/2020, approximately 280,000 admissions to hospital were related to alcohol.²⁹



Applied activity: Have a look at the bar chart to the right. It shows data about the percentage of binge-drinking adults who binge drink (exceed 6/8 units in a single session). Use the data to answer the following questions:

- Do more men or women aged 25–44 binge drink?
- What approximate proportion of men aged 65 and over binge drink?

As with lifestyle data on smoking, lifestyle data (for example, statistics and graphs) is used in public health and awareness campaigns. Many people in the UK consume alcohol. However, with wider knowledge about the health impact and risks associated with this behaviour, many people are beginning to reduce their consumption.



Case study

Phil, 55, has been invited for a health check up by his GP. During the check up, the doctor asks him about his current alcohol intake. He tells the doctor that he is consuming alcohol around four nights a week, usually one glass of wine or a single measure of whiskey at night. However, he also drinks more heavily on Saturdays, consuming three glasses of wine and a single measure of whiskey.

Applied activity: Read Phil's case study above. Use Drinkaware's unit calculator to calculate:

- how many units Phil drinks on a week night
- how many units Phil drinks on a Saturday night
- how many units Phil is drinking on average per week

Are you concerned by Phil's level of drinking? Why / why not? What are the health risks associated with his drinking? Use Drinkaware's unit calculator to help you.

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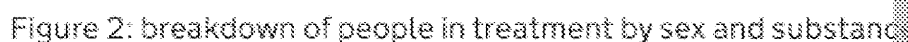
²⁷ <https://www.gov.uk/government/statistics/reported-road-casualties-in-great-britain-final-estimates-2020/reported-road-casualties-in-great-britain-final-estimates-involving-illegal-alcohol-levels-2020>

²⁸ Cancer Research UK (2016) – How alcohol causes cancer – <https://www.cancerresearchuk.org/health-topics/alcohol-and-cancer/how-alcohol-causes-cancer>


²⁹ <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-alcohol/2020>

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2.2 Substance use, sex and age of people in treatment



Applied activity: Using the graph above, 'Substance use and language of people in England'.

1. What  total percentage of people who misuse opiates?
2. Which sex has higher rates of addiction overall?
3. What is the total number of people misusing non-opiates only?



Did you know?

According to NHS Digital
Drug Use among Young

- 24% of secondary schools reported they had taken
- Cannabis is the drug most likely to have been taken

Course Companion for BTEC Tech Award in Health & Social Care -- Component 3

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B2 Checking my understanding

1. Name **five** types of cancer that can be caused by smoking.
2. Explain **one** way that smoking increases the risk of having a stroke.
3. Outline the meaning of the term 'binge drinking'.
4. Name **five** health risks of excessive alcohol consumption.
5. How many minutes of exercise should an adult (18–64 years) do each week according to the UK guidelines?
6. Explain **one** impact of an inactive lifestyle on your health.
7. Case study

Nick, 50, is a salesman and works in an office. He goes to see his GP for a check-up. He is a little fat, out of shape and under the weather recently. His doctor asks him about his current health. He says that he is currently smoking around 20 cigarettes a week, and drinks quite heavily (averaging 12 units of alcohol on both a Friday and a Saturday night). He plays football every week by cycle to work, but has not done so recently.

Imagine you are Nick's doctor – use the information provided in the case study to explain what the data shows about:

- a) Nick's current health
 - b) Risks to Nick's future health
8. Give **two** ways that data on smoking is used to reduce the consequences of smoking.

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C1 Health and well-being improve

If you are working in health and social care, it is likely that at some point you will need to improve their health and well-being. Doing this in a structured way is useful, as you need to know what needs to improve, and exactly how these aims are going to be met. Ultimately, this can be essential for reducing the risk and/or impact of a health problem on a service user.

In this part of the Course Companion we will explore the different features of a health and well-being improvement plan. The need for a person-centred approach and the importance of setting targets will be covered. Additionally, this section builds on the knowledge that you have gained regarding health and social care services and care values.

Importance of a person-centred approach

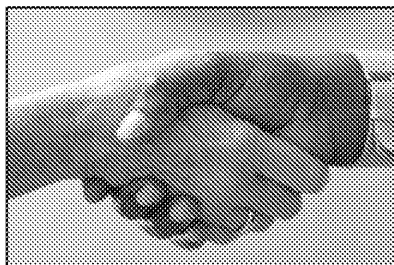
Taking a **person-centred approach** is key in all aspects of health and social care. Simply, it means putting the person at the centre of the strategy you are taking to help them improve their health and well-being. It means taking into account their individual needs, wishes and circumstances when planning how you are going to help and support them. Everyone is an individual and, because of this, everyone will require different support to ensure that they are best able to improve their health and well-being.

Person-centred approach means that you consider the individual's needs and wishes when making decisions.

A person-centred approach is so crucial that a number of statutory bodies have enshrined it in their policies and guidance.

For example:

- A key element of the Health and Social Care Act 2012 is greater patient involvement in the NHS.
- The Care Act 2014 outlines the importance of involving service users in the way that social care is provided, and ensuring the individuality of the person is taken into account during care assessments.



To begin with, you need to get to know the person you are working with. Have a conversation with them about their needs and wishes. You can also ask them about someone that will influence their improvement plan.

Needs	Wishes	
<ul style="list-style-type: none"> • Do they have any existing health conditions? • Do they have any cultural or religious requirements? • Do they have any communication or language needs? 	<ul style="list-style-type: none"> • What is the person's goal? • What would they like to achieve? • Why do they want to improve their health and well-being? 	<ul style="list-style-type: none"> • What are the person's strengths? • What are the person's interests? • What are the person's hobbies?

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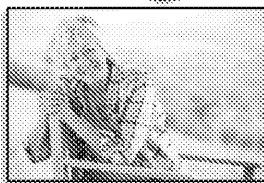
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Applied activity: Look at the table on the previous page. With a partner, can you identify individual characteristics that would be useful to know when designing a health and well-being improvement plan? Discuss your ideas with your partner or the class.

It is critical that designing health and well-being improvement plans involves a person-centred approach. This means that professionals and service users should work together in a collaborative way. Everyone should be involved at every single stage of the process, including designing, implementing and evaluating.

It is critical to take the above into consideration, as this will greatly influence the plan that is incorporated into the person's health and well-being improvement plan. For example, if a person's improvement goal might be to gain weight and move into a normal BMI range. In this case, you would need to know whether they have any individual nutritional needs. Are they allergic to any foods? Do they have any food allergies or intolerances? Do they have any cultural requirements for certain foods? Knowing this information will help you work with them to design a plan for them to gain weight in a healthy way.



Case study

Wendy, 62, is a taxi driver, and has recently been diagnosed with high blood pressure. She would like to reduce her blood pressure and improve her health. She is not overweight, but she does not do a lot of physical activity or sports, but she does enjoy the outdoors. She is allergic to fish and would like to start cooking more healthily. She is a volunteer and spends a lot of her spare time helping out with the new community centre.

Applied activity: Read Wendy's case study. What information does it give you about her needs, wishes and circumstances does it tell you about? Can you think of how this information might affect a health and well-being improvement plan designed for her?

Benefits of a person-centred approach

A person-centred approach is an essential part of showing respect towards the person. A person-centred approach also helps to build self-esteem and self-worth as the person's views are taken into account. Can you imagine the opposite approach to health and social care?

Without taking a person-centred approach, professionals would be making decisions for the person. Not only is the person-centred approach more ethical and dignified, it is also more effective. The services a person subsequently receives are aligned more closely with their individual needs. When a service user is involved in decisions about their own care, they are more likely to accept recommendations, advice and treatments they receive. This leads to better health and well-being for the person and benefits for the health and social care service and its staff.



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Therefore, a person-centred approach is important because:

Benefit to service user	Benefit to Health and Social Care
The service user is likely to feel more comfortable and confident with recommendations, advice and treatment and so is more likely to follow them.	Less pressure on care workers to try to persuade or encourage service users to follow recommendations and treatment.
The service user becomes more independent and feels that they are in control of their care, which can lead to them feeling happier and more positive about their health and well-being.	Appointments with service users are more efficient and less challenging for care workers to develop relationships with them, and seeing service users can provide immense satisfaction for care workers.
A person-centred approach can help to create a triangle of care and communication between a multi-professional team and informal support, and so can increase the support available to the most vulnerable individuals. This also ensures that the service user's unique and individual needs are met as professionals and service users work together in a collaborative partnership.	Planning for a range of needs can help reduce the burden on a single care worker as care is shared to provide more support. This also means that resources are not likely to be wasted as care is provided more efficiently when there is a collaborative approach.
A collaborative approach means that the service user is involved at every single stage of the process, so they are more motivated to behave in ways that positively benefit their health.	The different aspects of a person's needs are carefully planned and coordinated, which can help save time for health and social care professionals and staff because the plan is agreed with the service user is involved in the process, which is likely to reduce the number of visits about a health and social care issue.



Did you know?

'It is more important to know what sort of person has a disease than to know what sort of disease a person has.'

This was said by a Greek physician called Hippocrates more than 2,000 years ago!

What do you think he meant by this? What does this tell you about the concept of person-centred care?³¹

Applied activity

Developing a care plan for a person with a long-term condition is a cycle.

Write a paragraph explaining why this is such an important part of care.

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³¹ <https://cpdonline.co.uk/knowledge-base/care/person-centred-care/>

C2 Recommendations and actions health and well-being

What needs to be included in a health and well-being improvement plan?

Working out exactly what someone's health and well-being needs are, and how to meet them, is a key part of designing a health and well-being improvement plan. Doing this involves identifying the actions that will help that individual to improve their health and well-being, and supporting them to help the person work towards their long-term aims.



Did you know?

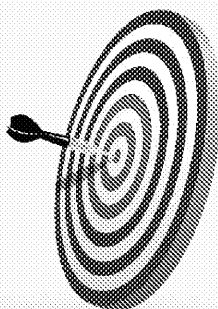


Setting short-term targets (< 6 months) and long-term targets

Setting targets is an essential part of working towards a health and well-being improvement plan. Targets help you to stay focused, and motivated, and on track. What do you want to improve about your health and well-being? What are you going to do it? By when?

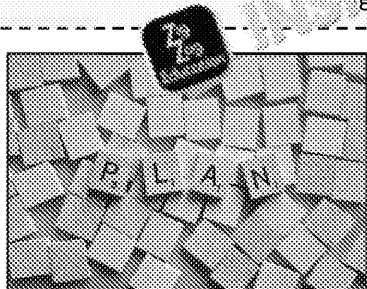
Perhaps someone's goal is to reduce their BMI to a healthy level. This is quite a big goal. If someone is very overweight, it is likely to take a long time. Therefore, it can be helpful to break down overwhelming goals into short-term and long-term targets.

Short-term targets are the factors that need to change in the near future, over the next few days, weeks or months – usually considered to be over the next six months. Short-term targets help people to kick off the change process, as they usually involve some smaller, more achievable actions towards the ultimate goal. For someone who wants to reduce their BMI, for example, they could set a short-term target of joining a gym by the end of the week, and be attending the gym three times a week by the end of the month. This is much less daunting than starting off a large target, which might more easily intimidate or discourage someone.



Long-term targets, on the other hand, are goals for the future. Where do you want to be in nine months, a year, or two years? These represent where someone wants to be in the future, and a significant change to their life. With the example of BMI, a long-term goal of being in the normal BMI range in 12 months.

However, not all targets are created equal. There are many techniques that can be used to make sure a target is more likely to work towards constructing targets in a SMART way. SMART stands for Specific, Measurable, Achievable, Relevant, and Time-bound. Have a look at the video to learn about the features of SMART targets.

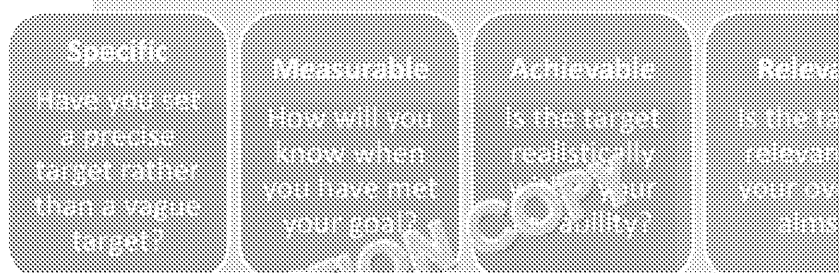


Ultimately, a comprehensive and individualised health and well-being improvement plan should help service users to achieve their goals in regard to their health and well-being. To work out what is recommended to improve someone's health and well-being, you need to work out what their health needs actually are. Is it a physical health need or mental health need or both? Often, service users have multiple interacting health needs, which impact each other. Therefore, you do a comprehensive assessment to identify all their health and well-being needs, and then decide which of these should be at the top of their priority list for the health and well-being improvement plan.

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Applied activity: Imagine that you are working with a service user who has the overall goal of reducing their alcohol intake. They come up with the following target to help them meet their goal:

'Stop drinking by the end of the year.'

Answer the following questions:

- Is the target specific?
- Is the target measurable?
- Is the target achievable?
- Is the target relevant?
- Is the target timely?

If the answer to any of these questions is 'no', try to modify the target to make it 'SMART'.

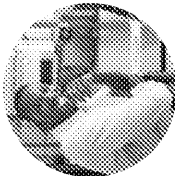
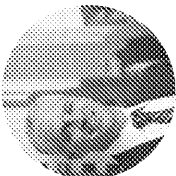
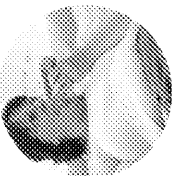
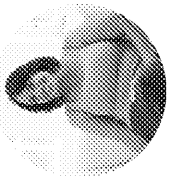
Recommended actions to improve health and well-being

Looking at some of the person's health indicators can help you to identify what to do. In Section B, there are both physiological and lifestyle indicators that can be of use in a well-being improvement plan.

Physiological indicators help us to assess how well certain parts of the body are working, and can be evidence of serious health problems. By looking at these the expected values ('norms') for these indicators, we can get a good idea of what someone's health needs might be. Have a look at the table on the next two pages to see some examples of how someone's physiological measurements might differ from the norm, and what this could mean for a health and well-being improvement plan.

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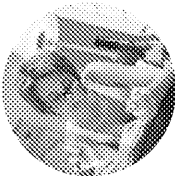
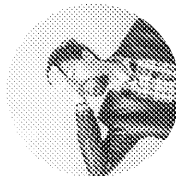


Service user and their range	Guidelines	Recommendation to improve health indicator / lifestyle indicator
 <p>Sam's resting heart rate is measured at 140 bpm – reducing his heart rate is a health improvement goal.</p>	<p>Normal resting heart rate (pulse): 60–100 bpm</p>	<p>Sam should:</p> <ul style="list-style-type: none"> • do regular exercise • reduce caffeine intake • limit the amount of alcohol he consumes
 <p>Tony's blood pressure is 130/90 mmHg – getting his blood pressure down is a health improvement goal.</p>	<p>Normal blood pressure range: 90/60–120/80 mmHg</p>	<p>Tony should:</p> <ul style="list-style-type: none"> • reduce his salt intake • give up smoking • reduce his stress levels
 <p>Helen's BMI is 28 – she has identified reducing her BMI as a health improvement goal.</p>	<p>Normal BMI range: 18.5–24.9 kg/m²</p>	<p>Helen should:</p> <ul style="list-style-type: none"> • do regular exercise • reduce her fat and sugar intake • reduce the amount of time she spends being sedentary
 <p>Shakira eats a diet of mainly carbohydrates. She rarely eats fruit or vegetables and she drinks two bottles of cola each day.</p>	<p>Eatwell Guide for a healthy balanced diet:</p> <ul style="list-style-type: none"> <i>Fruit and vegetables – 33%</i> <i>Bread, rice, potatoes, pasta and other starchy foods – 33%</i> <i>Milk and other dairy products – 15%</i> <i>Meat, fish, eggs, beans and other non-dairy sources of protein – 12%</i> 	<p>Shakira should:</p> <ul style="list-style-type: none"> • increase the amount of fruit and vegetables in her diet (five portions a day) • increase water to eight glasses per day • eat low-fat options • increase the amount of protein in her diet

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Service user and their range	Guidelines	Recommendation to improve health indicator / lifestyle indicator
 <p>Juana is about 30 years old. She smokes 10 cigarettes a day. She smokes roll-ups without filters.</p>	<p><i>There is no normal range for smoking. It should be avoided completely.</i></p>	<p>Juana should:</p> <ul style="list-style-type: none"> • go cold turkey (simply stop) • try nicotine replacement therapy • go to counselling or therapy • use medicine e.g. Bupropion to decrease cravings • find a different way to keep her hands busy
 <p>Gemma drinks about two glasses of wine every night when she gets home from her stressful job. Sometimes she drinks the whole bottle. She binge-drinks on Friday and Saturday nights.</p>	<p>Sensible alcohol consumption: It's safest for both men and women to drink no more than 14 units per week, spread over three or more days with several drink-free days, and no binge-drinking.</p>	<p>Gemma should:</p> <ul style="list-style-type: none"> • join a support group • seek medical support • ensure she increases the number of drink-free days • buy alcohol-free wine
 <p>Jason is addicted to cocaine and is spending a lot of money on it and has got himself into debt. It has given him mental health problems too.</p>	<p><i>There is no normal range for use of substances as they should never be misused.</i></p>	<p>Jason should:</p> <ul style="list-style-type: none"> • join a support group • seek medical support • avoid triggers – places and people • go cold turkey

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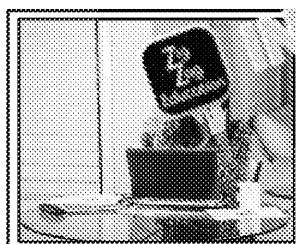


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Lifestyle indicators are also useful for identifying someone's health needs, and the actions to meet their health improvement goals. For instance, if someone is a smoker, a health improvement action would be to stop smoking. Similarly, if someone reports drinking above the UK's recommended safe limits, reducing alcohol intake to below 14 units per week would be a health improvement action.

Often, both physiological and lifestyle indicators will converge to more strongly highlight a problem or risk exists. For example, a physiological indicator of high blood pressure might be found on its own. However, if this is combined with a lifestyle indicator such as a high-salt diet, the picture becomes more concerning, as a high-salt diet has been linked to high blood pressure. Therefore, the action of reducing salt pressure and the action of starting a lower-salt diet are connected. By tackling the lifestyle indicator, it is also improving the physiological indicator.

Furthermore, one action can sometimes improve multiple health problems. For example, if someone improves someone's cardiovascular *and* mental health, be mindful of this when he setting their health goals and actions of their health and well-being improvement plan – are there any other health problems that can be improved by the same action?



Case study

Miu, 35, has a very stressful job as a lawyer. While visiting her doctor for a check-up, they find that her blood pressure is very high. She is also a heavy smoker, and has found she is frequently getting bad coughs. She is also under the normal BMI range, and is struggling to find time to cook nutritious meals for herself.

Sources of support

Support from other people can be vital for helping people to meet their targets and stay on track towards their health and well-being improvement goals. As we saw in Section A1 'Social interactions', the relationships we have with others can have an enormous impact on our health and well-being in numerous ways. Supportive relationships can help to motivate and encourage us to keep going, as well as give us practical support to achieve our targets. A distinction can be made between informal support and formal support.

Informal support

Who is covered by the term 'informal' support? This refers to people in your personal social network, such as friends, family, neighbours, colleagues, or people you know from a community group or organisation. This means people who are not in a professional capacity or paid to support you. Someone's social circle can be hugely influential for helping them stick to their targets and meet their goals, and having supportive friends and relatives can be beneficial in many ways. Have a look at the diagram on the next page to see some ideas about how informal support could be provided by your social circle in helping you to work towards improving your health and well-being.



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Applied activity: Think back to the SMART targets you set for yourself in the previous activity. What kind of support could someone in your social circle give to you? How could they help you meet your targets?

Formal support is support provided by people in a paid or professional capacity.

Formal support

Formal support, on the other hand, involves people who operate in a professional or paid capacity to help someone meet their health and well-being improvement goals. Someone might already have a team of professionals who are helping them with their health, and thus can draw on these existing sources of support to help them plan and meet any new targets. Alternatively, someone with no current contact with relevant health services might seek a referral to a relevant professional, either via their GP, for example, or by self-referral.

Look at the table below for some ideas on who can act as a formal source of support.

Service	How can they help?
Local GP surgery	<ul style="list-style-type: none"> Monitoring of key physiological indicators such as pulse, blood pressure, cholesterol, etc. Provision of individualised healthcare advice, including strategies for lifestyle changes Identify any health risks relating to your goal
Pharmacist	<ul style="list-style-type: none"> Some pharmacists provide monitoring of key physiological indicators Advice and provision of prescriptions that could help, such as nicotine patches
Trained volunteers	<ul style="list-style-type: none"> A range of trained volunteers with different roles Advocates can speak on behalf of / be the voice of those who find it difficult to speak for themselves Are trained to understand benefits and other forms of financial support Can be a sympathetic and listening ear, offer comfort
Support group	<ul style="list-style-type: none"> Emotional support in the face of challenges Reduces isolation Praise and encouragement to keep up progress Useful tips, information and advice from people who have been through similar experiences
Charities	<ul style="list-style-type: none"> Help to source funds and resources Provide trained volunteers Provide information and expertise

For instance, a nurse who has recently had a heart attack might have regular contact with a nurse who specialises in cardiovascular problems. During their regular follow-ups, the nurse might discuss how his/her targets to improve his/her exercise levels and diet are going. The nurse might offer encouragement and praise for the progress made so far, and motivate the patient to continue.



Case study

Kevin, 63, recently had a heart attack, and has regular contact with a nurse who specialises in cardiovascular problems. During their regular follow-ups, the nurse discusses how his targets to improve his exercise levels and diet are going. The nurse offers encouragement and praise to Kevin for the progress made so far, and motivates Kevin to keep it up, who decides to lose 3kg. She motivates Kevin to keep it up, who decides to lose 3kg.

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C1 and C2 Checking my understanding

1. What is a 'person-centred approach'?
2. Describe what is meant by a 'triangle of care' within a person-centred approach.
3. Explain how a 'triangle of care' can support a person-centred approach.
 - a) individuals in receipt of care
 - b) health and social care professionals
4. Why are physiological and lifestyle indicators important for designing and well-being improvement plan?
5. Define 'formal support'.
6. A service user with a mental health condition wants to 'reduce the number of cigarettes smoked'. Describe how different sources of formal support might help the service user.
7. Identify two referral methods for accessing formal support.
8. Explain why there is no 'normal range of use' for cocaine.

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C3 Barriers and obstacles to following recommendations

Sometimes, even when services are offered or provided within local communities that clearly have a need for them, those services may find that they are being underused by the very service users they have been designed for. When such a situation is investigated, it is often found that potential service users want to access the service but problems within the system have prevented them from doing so. We call these 'barriers' and it is important to try to address these barriers to support service users in accessing the care they often desperately need. Some other characteristics of the individual can influence their ability to carry out the actions in their health and well-being improvement plan.

Potential barriers

Physical barriers

Physical barriers are those found within the environment or within the individual that prevent a person from leading a happy and healthy life.

Physical disability



Difficult to travel to or enter buildings such as health centre, clinics and gyms. Gym and health equipment that does not take into account the needs of physically disabled people.

Building accessible and wheelchair friendly. Disability awareness training and tips on similar barriers. Research on improvements in smoking cessation accessible.

Applied activity: Imagine you are a support worker. You are working with a service user with learning difficulties, who also sometimes needs to use a wheelchair (for example, for long distances). The service user wants to start exercising more, and has asked you to help them plan a physical activity.

What kinds of things would you need to think about when planning this activity? Discuss with a partner.

Addiction

If we say that someone is addicted to something, we mean that they are not able to control their behaviour when it comes to that thing. Addiction is serious, and it can act as a considerable obstacle to following out a health and well-being improvement plan. For instance, someone often addicted to nicotine – the psychoactive substance in cigarettes. As such, going on nicotine might make it very difficult for someone to give up smoking. Withdrawal from nicotine include difficulty sleeping and concentrating, irritability and sweating.

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Aids such as nicotine patches or gum can help to replace the substance that the smoker is addicted to, while at the same time removing the harmful elements of cigarette smoking (i.e. inhalation of toxins). Preparing for withdrawal symptoms is something sensible to include on a health and well-being improvement plan; if a strategy is already in place, someone is less likely to give in to the easier option of supplying their body with the nicotine it craves by smoking a cigarette.

Alcohol addiction (alcoholism) is a very serious health condition, and someone giving up heavy drinking faces serious risks in doing so. If someone has been a very heavy drinker for a long time, they are at greater risk of experiencing serious withdrawal effects such as hallucinations or seizures.

The severe withdrawal symptoms might even lead to **delirium tremens**, a state of extreme confusion which can last for several days. As such, withdrawal from heavy drinking should be carried out under the guidance and care of appropriately qualified healthcare professionals. The person may need to undergo a medically supervised detoxification in a special service, and their withdrawal symptoms may need to be managed with medication to prevent death.³²



Did you know?

According to the charity Alcohol Concern, there are approximately 600,000 people who drink dependently (addictively) in the UK.³²

When someone has successfully given up alcohol, they can still experience strong cravings for alcohol. People relapsing and not continuing to work towards smoking, a good health and well-being improvement plan. Alcohol addiction should include ways of dealing with these cravings have been considered in advance. It may be beneficial to be involved with support groups or to access formal support.

Barriers to people with sensory disabilities

Many people have some additional needs that can act as barriers to health and well-being. In some circumstances, have a look at the table below to see details of the needs someone might have that could impact a health and social care improvement plan, and some ideas for how to overcome them.

Additional need	Impact on a health and well-being improvement plan	How to overcome the barrier
Sensory impairment (for example, a loss of vision or hearing)	May struggle to read information leaflets about health improvement (if visually impaired). Difficulty in travelling to services and appointments. Difficulty in communicating. This could make it hard to understand health information and advice provided by healthcare professionals.	Provision of aids to help overcome sensory impairment, such as the use of hearing aids. Provision of information in alternative formats, such as large print or Braille. Involvement of a support worker to engage in exercises, such as the gym or swimming.
Learning difficulties and disabilities	Difficulties in understanding health advice given, such as the risks of certain behaviours to health. Difficulties in scheduling and remembering relevant appointments. Difficulties communicating concerns about health plans, or obstacles faced when carrying out plans.	Provision of information in easy-read format. Provision of a support worker to help with straightforward tasks. Involvement of a support worker to help with their health and well-being and support the person to carry out plans.

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³² <https://alcoholchange.org.uk/alcohol-facts/fact-sheets/alcohol-statistics>

Barriers to people with different social and cultural backgrounds

As outlined previously, some individual factors (ability and disability) act as barriers depending on the individual's needs and attempts by health services to accommodate them. There are also further barriers that someone might face when trying to access health services. These can present as obstacles to someone trying to carry out a health and well-being plan. (That barriers to accessing services are also covered in detail in Component 2, Section 2.1.1. For more information there if you need to.)

The way we relate to the wider **culture** of our society also affects someone's ability to carry out their health and well-being improvement plan. For instance, certain health conditions carry **stigma** for different groups and cultures. For example, some people might find it very difficult to attend a support group for problematic drinking as they may fear being judged and discriminated against by others who find out they attended. This may ultimately make it harder for someone to reduce their drinking.

Often, incorrect assumptions are made about these conditions and the people who have them. When designing a health and well-being improvement plan, be mindful of the possible role that stigma and discrimination might play, and work together with the service user to overcome these feelings.

Research activity: The following health conditions are often heavily stigmatised:

- HIV/AIDS
- schizophrenia
- psoriasis

Research some of the myths around each of these conditions.



Additionally, people's knowledge and awareness of the services available to them will also impact on their use of these services. For instance, someone might not know where services are available and how to access them, or they might not know they exist, or how to get involved with them. A good health and well-being plan should include this information, and you should be able to list various services available and how to access them for health and social care.

Some people might choose to adopt avoidance as a coping strategy for dealing with health problems. They may choose to deny that there is an issue, and thus will be reluctant to seek help or support to address this particular health issue. For instance, an overweight person may ignore the associated risks that come with an elevated BMI.

Avoidance is an effective short-term coping strategy as unpleasant feelings and anxiety are reduced. However, it ultimately interferes with a person's ability to improve their health and well-being. Seeking help and support to take small steps towards accepting and tackling the problem is a good coping strategy. For instance, someone who has never exercised could start doing short, 10-minute walks. As their anxiety around exercising in a manageable way. As the benefits of exercise become apparent, their anxiety lessens, the person could gradually start to increase the amount of exercise.

An individual's religious or cultural beliefs and practices might also be a barrier to accessing health services. In some cultures it may not be considered appropriate for a woman to be alone in a room with a male doctor. Some religions or cultures have modern medical practices, such as believing that donating or receiving blood is a sin, and thus refuse a blood transfusion. In the UK it means that without one they will die. In the UK the right to refuse treatment is an individual's right, but if they are a child under the age of 16 the doctors can, with the consent of the parents and provide a blood transfusion.

An individual's social status might also be a barrier to care. For example, someone who cannot read may feel very uncomfortable visiting a doctor who has a middle-class background. In some cultures, it may be difficult to understand the language used when visiting health and social care settings, especially if the family is from a different country. Families may also have barriers to accessing care, as to be registered for primary care, they need a permanent address within the catchment area. Travelling families may also have barriers to accessing treatment methods within their local community, many of which have only a limited availability.

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Barriers to people who have ESL or a speech impairment

Having English as a second language (ESL), or for those individuals who have a speech impairment, is a significant barrier to a service user receiving care.

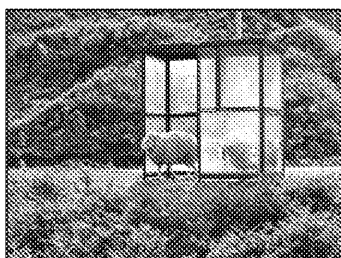
Language changes all the time and one person's version of English can be different from another's. As new words are being developed and created all the time, a word may mean different things to different people. There are also many different dialects. So even when everyone in a health and social care setting speaks English, people may have trouble understanding them. This is particularly true for someone who is not a native English speaker. They may have got to grips with some basics of the language, but visiting a health professional who may also use slang words or jargon can be completely daunting. Support workers should aim to use standard English and keep questions and explanations simple. The service user could be given access to a translation app or have an interpreter. However, there are arrangement, access and availability difficulties in accessing these services. Information should be delivered in a timely manner, and a service user may also be concerned about the cost of these services. It is important that care staff try to develop a range of strategies to support those with language barriers. This could include providing written information in the form of leaflets that have been translated into the service user's native language.

If an individual has a speech impairment, this may be exacerbated when the person is discussing a diagnosis. It is important therefore that appointments are not rushed and that the person has adequate time to express themselves sufficiently.

Applied activity: Imagine you are a support worker. You are working with a service user who does not speak English (ESL). You want to discuss an aspect of their health improvement plan with them.

What potential problems might occur if information is miscommunicated? Discuss with your colleagues. Make a list of potential strategies you could use to support the service user to ensure they understand.

Geographical barriers



Depending on the service that someone needs to access, geographical location can be a significant barrier to health and well-being improvement plans. This is particularly a problem for people who live in rural areas or who are not well connected by public transport. Running a car to work or to access services is expensive, and people can be put off from attending services if they have many other commitments. For example, someone might decide not to attend a support group if it is an hour away from them. It can be an hour to get there and an hour to get back.

Ways of overcoming or reducing the impact of geographical barriers include:

- the use of online services; for example, online support groups to provide advice and information
- telephone consultations with medical professionals
- eligibility for financial reimbursement for the costs of attending a hospital appointment
- involvement of support services; for example, a support worker with a car who can take the service user to appointments

Resource barriers for service providers

Running health and social care services requires a considerable amount of resources. It is not always possible to have all the facilities, staff and equipment available. As such, there may be waiting times for services, meaning that people might have to wait a long time before they can access the services. Obviously this acts as a barrier to accessing them, which may present a challenge to the service user in carrying out their health and well-being improvement plans.



Case study

Clement, 35, has recently received a diagnosis of bipolar disorder from his GP. He would like to learn to manage his condition effectively, and his psychologist has recommended that he should visit a support group. However, the nearest one to him is a long way from his home and would take place during his working hours. Instead, he joins the online forum for his local mental health charity and gets chatting to other people there. They are able to give him advice and support on living with his condition.

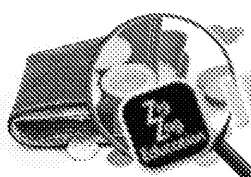
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For example, someone might try to access psychological therapy as a way of managing symptoms of depression. However, they may not be able to see a therapist for some time due to the high demand for the service. Having to wait a long time to access services can put people who are already struggling with the motivation to change.

Unfortunately, overcoming resource barriers may not be straightforward. Resources may be an organisational issue, and require cost-saving and efficiency strategies to improve. When someone designs a health and well-being improvement plan, consider whether they have access to accessing the service, and what the person could do in the meantime. For example, if there are no services in their area which can help tackle the health improvement target in a direct way, given above, the person might be able to find a local support group for people with the same condition while they are waiting to see the therapist.

Financial barriers



In Section A 'Personal factors', we explored how some factors can influence a person's health and well-being. The ability of some people to take recommended actions on their health and well-being may be limited by their financial situation.

Imagine that someone needs to lose weight. Perhaps their GP has recommended that they join a gym to help them do this; however, gym memberships are not cheap. Similarly, healthy and nutritious food can be expensive. Therefore, financial resources can act as an obstacle to carrying out the actions on a health and well-being improvement plan.

Overcoming financial barriers is not impossible but may be difficult, depending on the person, and is likely to require pre-planning and researching cheaper alternatives to meet the goal. For example, you could:



However, it is also worth pointing out that many health behaviours can actually save money. Smoking and reducing alcohol intake are obvious examples. Additionally, there are many benefits for a person by improving their health. By reducing the risk of becoming ill, they can avoid time off work (which could lead to a reduced income).

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Research activity: NHS Inform has a tool on its website that calculates how much a person can save each month, week and year by giving up smoking. Check it out:

<https://www.nhs.uk/medicines/smoking-cessation/stop-smoking-calculator/>

Potential obstacles

Unfortunately, there will always be obstacles that people face when trying to implement their health and well-being improvement plans. In general, prior consideration and planning is key for either preventing or overcoming obstacles when they arise, before the obstacle has had a chance to impact the person's motivation to change their health behaviours. This section will cover some of the most common obstacles faced, and explore ways in which these can be overcome.

Emotional/psychological obstacles

The way we feel and think about ourselves and our health and well-being improvement plan will influence how likely we are to carry it out. Emotional and psychological factors can act as obstacles, as we may not feel motivated or ready for the change is necessary, or we are worthy of the change.

Lack of motivation

Taking steps towards positive change, in any capacity, often requires a significant degree of **motivation** to follow through on. But what is motivation? How can we increase how motivated we feel? What should we do if we feel our levels of motivation slipping?

If someone feels motivated to do something, they feel a sense of drive, energy and enthusiasm to get that task done. For example, someone may have found out from their doctor that their BMI has increased from representing 'overweight' to 'obese'. Knowing the additional, serious health risks of being obese may provide a sense of drive and urgency in their attempts to solve the problem and meet a health goal of losing weight. In this way, the person may feel especially motivated to change their diet and start exercising.

Whether or not you feel motivated is partly dependent on the reasons why you are. There are different sources of motivation, including:

- **Intrinsic:** doing something because the act of doing it is its own reward. Intrinsic motivation comes from within and how you feel, and comes from **within**.
 - For example, you go running because you enjoy being outside.
- **Extrinsic:** doing something because you want to earn some kind of outside reward, or avoid a punishment. Extrinsic motivation concerns **external** circumstances and influences.
 - For example, eating healthily because you get praise from others.
- **Positive:** doing something for its positive benefits.
 - For example, giving up drinking to be able to sleep better.
- **Negative:** doing something to avoid pain or punishment.
 - For example, giving up drinking to avoid liver damage.

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Levels of motivation also go through peaks and troughs. Perhaps there are certain times when you feel more motivated – some people work more effectively in the morning, for example. What are the triggers that influence your motivation and are likely to throw you off course? Think about potential triggers and think in advance about how these would impact someone's health and well-being improvement plan. For example, perhaps someone is tempted by cigarettes even though they know their friend is trying to give up smoking. Identify potential triggers and ultimately help someone to implement their health and well-being improvement plan.

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Low self-esteem

Self-esteem relates to feelings of self-worth, self-assuredness and confidence. Having high self-esteem comes from feeling that you are valuable as a person and worthy of respect. When someone has low self-esteem, they will often feel as though they are worthless or not good enough, and may feel low in confidence.

Self-esteem
that you
respect



Did you know?

According to research by the NSPCC, mental or emotional health is a top concern for young people.³³

Feelings of low self-esteem can hugely make or implement a health and well-being plan. Someone might feel that they are not making positive changes and improving themselves. It is self-indulgent to spend time working on their health. For instance, they may not think that they should spend time exercising, or making them

As confidence is also likely to be affected, the person may struggle to do certain things. This can particularly impact some people's likelihood to do things such as going to the gym.

So what can we do to raise their self-esteem? It is important to think about how we can work with, and support, their self-esteem. Making it more likely that they will make positive changes and well-being. Asking them to consider the following can help:

- Focus on the positives. Are there aspects of yourself you particularly like, or things you are good at?
- Notice when you are engaging in negative self-talk or having negative thoughts.
- Recognise that these thoughts are not facts – they are just thoughts!
- Spend time with people who make you feel good and support you.

Self-esteem is another reason why taking a person-centred approach is so important in well-being improvement plans. As explored earlier, recognising someone as an individual, with their own needs and preferences into account when working with them to improve their health and respect and promotes positive self-esteem.

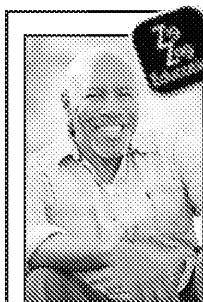
Acceptance of current state

Sometimes, people do not feel as though they need to improve anything about their health and well-being. They may become complacent, and not feel that the effort involved in changing would bring about any actual benefits. For example, someone might be quite slim despite not doing any exercise and eating unhealthily. They may not think they need to exercise or eat more healthily, as they do not obviously look unhealthy to themselves or others, despite the risks of a poor diet and sedentary lifestyle on their health.

Similarly, people may feel that a particular health condition is inevitable for them, and give up at that point even trying to avoid it. For example, perhaps several of their family members have a condition, so they resign themselves to developing it too, regardless of what they do or their lifestyle.

Applied activity: Imagine someone you know is struggling with something like improving their health, but is in acceptance of their current unhealthy state. How would you encourage them to change their mind? Discuss with a partner.

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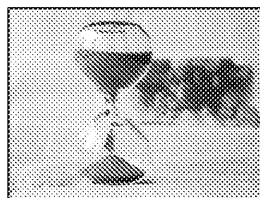


Case study

Alan, 56, has gained some weight in the last couple of years, following a period of illness. He has reduced his mobility. He mostly leads a sedentary lifestyle. He is aware of the problem but is struggling to improve his health and fitness and is finding it hard to get motivated to exercise frequently, as his job is beginning to accept that he may not return to his previous healthy state. He is not confident about himself recently. He decides to talk to a friend about his situation and expresses his desire to get fit and lose some weight. His friend encourages him to exercise three times a week, so that they can socialise together in a healthy way.

³³ <https://www.nspcc.org.uk/keeping-children-safe/childrens-mental-health/>

Time constraints



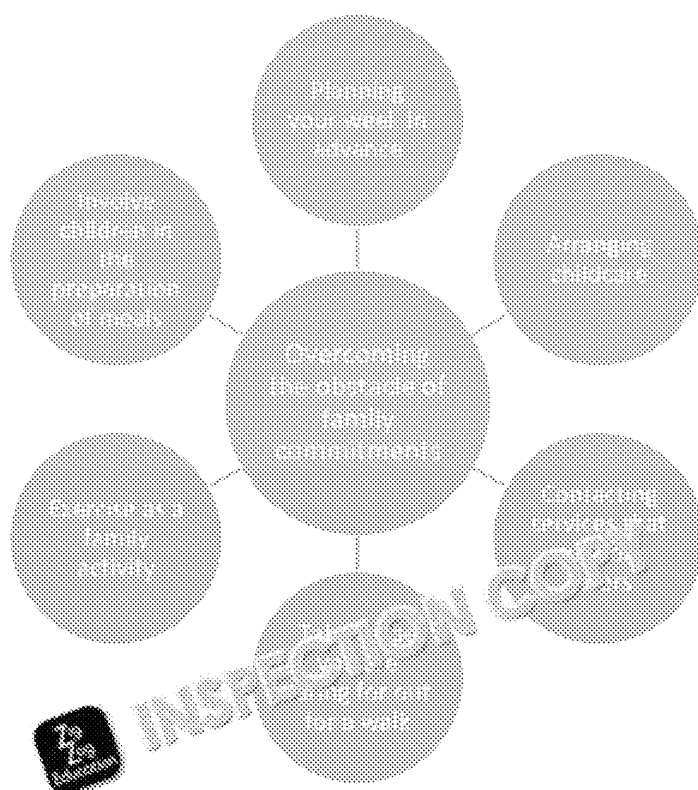
People live very busy and hectic lives. After taking care of responsibilities, there is often a limited amount of time left for leisure activities. This can make it more likely that people have behaviour that may be a critical part of their health and well-being. Often, people do not feel that they have time for it – but what are the obstacles?

Prior planning can be effective. When designing a health and well-being improvement plan, consider a person's existing commitments. How could someone keep working towards their targets while managing the constraints facing them? This section will explore how family and work commitments can affect health and well-being improvement plans, and some strategies for helping overcome them.

Family commitments

Many people have a lot of responsibilities towards their family members. For instance, they may have to arrange childcare and do things such as exercise without first ensuring that they have time. Others may have to spend their time with their spouse, particularly if they are both busy.

Additionally, many people are carers for other relatives (for example, their elderly parents) which can involve lots of time, stress and fatigue. Stress may lead people towards unhealthy behaviours such as smoking and drinking alcohol to excess. Given that carers are also more likely to have health problems, there is a particular need for carers to be able to overcome any barriers to achieving the targets on their health and well-being improvement plans. Have a look at the next section about how family commitments and healthy behaviours can be managed together.



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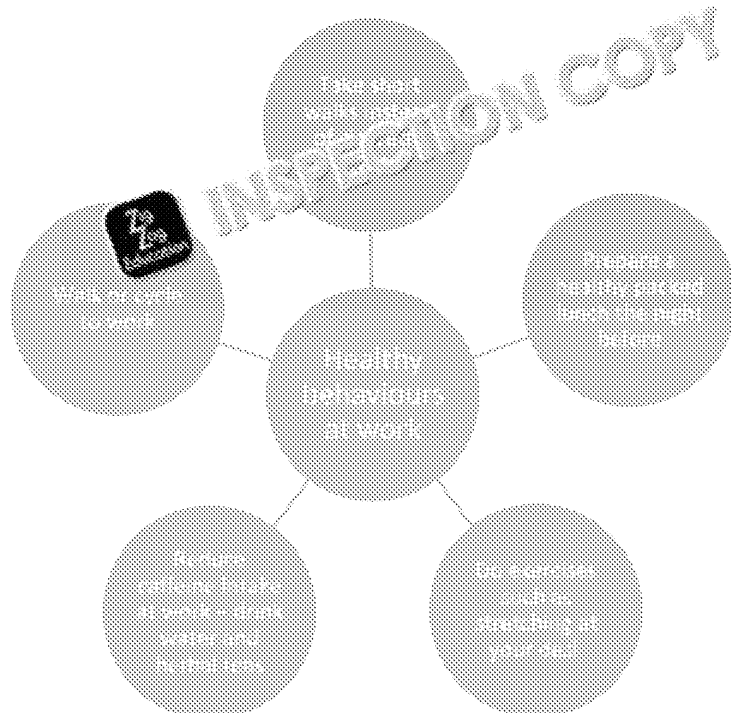
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³⁴ <https://carers.org/key-facts-about-carers-and-people-they-care>

Work commitments

Many people's work commitments take up a lot of their time, and can make it difficult to exercise or prepare healthy food. This is particularly the case for people who work long hours or have an inconsistent shift pattern. Work can leave you feeling fatigued, which makes it difficult to be engaging in health behaviours. As with family responsibilities, the stress of work can lead to unhealthy coping strategies which can interfere with a health and well-being improvement goal. For example, someone's goal might be to reduce their alcohol intake, but stressful days at work might lead to a glass of wine each night to 'relax'. The diagram below contains some ways of overcoming work commitments, giving you some ideas about how to incorporate healthy behaviours into your life.



Applied activity: Get into pairs, and each think of a health and well-being improvement goal.

- One of you should think about the barriers that family commitments might present. The other should think about obstacles presented by work commitments.
- Come up with solutions to your partner's obstacles, and discuss them together.

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Availability of resources

The availability of financial and physical resources to a person will influence how strategies for improving their health and well-being. This should always be taken into account when developing a health and well-being improvement plan, as these practical matters can quickly get in the way and discourage the person if they are not planned for.

Physical resources include factors such as services, the environment and equipment that can help people improve their health. Limitations in the availability of physical resources are also likely to be a barrier for someone who wants to carry out their health and well-being improvement plan. The availability of certain services may be a hindrance; for example, if people cannot go somewhere (because they do not live close to safe outdoor spaces or a gym). Similarly, services such as nicotine-replacement products, for example, may not be available locally, which could be a barrier.

Financial and physical resource barriers can also interact and relate to one another. For example, if someone wants to try working out at home but they cannot afford a gym membership or do not have the space, however, there may be affordable equipment available to buy at their local sports shop.

Some websites and social media groups offer free second-hand equipment, which can help reduce the costs of exercising. Using online services can also help reduce trips to health professionals. For example, if someone has surgery, they may have online options such as repeat prescription ordering, which means they do not have to go to the pharmacy to pick up their medication rather than having to go in twice.

When designing a health and well-being improvement plan with someone, make sure to discuss the financial and resource implications of the ideas you have recommended. This relates back to setting SMART targets – is the target achievable for the person? What are you planning? What is their budget for health improvement activities?



Case study

Lauren, 29, wants to give up smoking. She has tried to stop in the past but has struggled. Her friend recommends that she try nicotine-replacement products. The village that Lauren lives in does not have a pharmacy where these products are available, but there is a pharmacy a 10-minute walk from Lauren's workplace. She plans to use the nicotine-replacement products she will need to reduce her cravings that week, and then a regular walk to the pharmacy part of her plan to increase her exercise.

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Unachievable targets

As covered in Section C1, the best targets are SMART – specific, measurable, achievable, realistic and time-bound. Making targets in such a way helps a person stick to the recommendations on the improvement plan. When targets are not made SMART, they present a major obstacle to carrying out plans.

Unachievable for the individual

Sometimes a target is set that is just not realistic for that person. Perhaps the target is too ambitious at this time, given the person's circumstances or current state of physical health. Perhaps someone has set the goal of exercising for 200 minutes a week, but given their work and family commitments this is not likely to happen. Unfortunately, having unrealistic targets acts as a serious obstacle to implementing a health and well-being improvement plan because the high likelihood or experience of failure puts people off starting and decreases their motivation.

To overcome this obstacle, targets should be rewritten and reformulated to be so achievable for that individual. Over time, the person can increase the target if their health and well-being improvement plan, as they gain the skills, abilities and experience to meet a higher target.

Applied activity: Read the list of scenarios below. Suggest a more realistic and achievable target for each person.

- Someone who has recently injured their ankle, but has been planning to go running.
- Someone who wants to stop drinking alcohol entirely, but has not made a plan to change their drinking habits (all of which centre around alcohol consumption).
- Someone on a tight budget who wants to eat a healthy diet, and was planning to use a meal delivery service to get healthy food.

Unrealistic timescale

Targets that are set within too tight a timescale can also act as an obstacle to carrying out a health and well-being improvement plan. For example, someone might set themselves a target to lose a lot of weight for an event that is coming up in the near future. This is too much pressure, and the extreme efforts needed to achieve the target are neither healthy nor realistic. This can lead to feelings of failure and being disheartened.

Targets need to be not only achievable for that individual, but also achievable within a realistic timescale. It is much more effective to reduce a target to something smaller and more achievable, and increase the time frame expected for a particularly large goal. Meeting the small target can encourage someone to gradually work towards a bigger goal over a longer period of time.

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Lack of support

As we explored in Section A1 'Social interactions', the quality of someone's social relationships can have a big impact on their health and well-being. This also extends to having an impact on the ability or willingness of someone to carry out their health and well-being improvement plan. While family and friends can be incredibly supportive and beneficial for someone trying to make changes to their health and well-being, their behaviour can also act as an obstacle. For instance, friends and family might be unsupportive by:

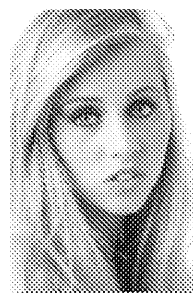
- offering you alcohol, cigarettes or unhealthy food
- inviting you on social occasions which involve heavy alcohol consumption
- discouraging you from exercise
- telling you that you do not need to lose weight, or you will not be able to

Sometimes, the lack of support from family and friends may be unintentional. They may behave in an unsupportive way because they do not want to admit that they might also need to make some changes to their health behaviour, or they might worry that allowing someone to change their behaviour will affect how they spend their time together.

Peer pressure to engage in unhealthy behaviour can be a considerable influence. The desire to fit in and be liked by peers is strong. A good health and well-being improvement plan should identify any key relationships that might act as an obstacle, and suggest ways of overcoming them towards targets.

It can be useful for the person who wants to improve their health to actively communicate with family and friends, so they are aware of positive steps being taken towards implementing their improvement plan. This explanation should also cover exactly what family and friends should not do to be supportive, such as not offering their relative cigarettes or alcohol. Explaining what support with alternative social plans may also be useful. For instance, if someone usually socialises with friends when they socialise with them, they should try to arrange doing a different activity, or reducing their alcohol intake.

Case study



Lauren, 29, is doing well on her plan to give up smoking. She has been using nicotine patches, and has not smoked a cigarette for three weeks. She meets up with a few friends for a drink at the pub, and is telling them about her progress. One of her friends is a smoker, and tries to persuade Lauren to share a cigarette with her. She tells Lauren that smoking just a little bit will really make a difference, and that Lauren shouldn't be so strict so that she does not have to smoke outside.

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C3 Checking my understanding

1. How could emotional and psychological factors act as an obstacle to health and well-being improvement plan?
2. Imagine that someone is struggling to find time for exercise because childcare commitments. Can you suggest **one** way they could overcome this?
3. Suggest **three** ways that someone could overcome financial barriers to health and well-being improvement plan.
4. Explain how unachievable targets can present an obstacle to someone's health and well-being improvement plan.
5. Explain a way that friends or family could be unsupportive of someone's health and well-being improvement plan.
6. Give **two** examples of barriers that people with a disability might face when trying to improve their health and well-being.
7. Suggest **two** strategies for overcoming geographical barriers to a health and well-being improvement plan.
8. Read the following case study:

Andrew, 54, is an accountant. He is obese, with a BMI of 31, and has become obese due to his job and the limited amount of physical activity he does. His job is largely sedentary, and in the evenings, he has been struggling to find time to exercise. He is a smoker, and he also smokes around 10 cigarettes a day. At a health check-up, his blood pressure is 150/90 mmHg.

Answer the following questions:

- a) Explain what the data in the case study suggests about:
 - Andrew's current health
 - Andrew's future healthwith regard to his BMI, his smoking habit and his blood pressure.
- b) Describe **three** recommended actions for Andrew.
- c) Describe **two** possible obstacles that Andrew might encounter.
- d) Suggest **two** ways these obstacles could be minimised.

* **Note:** Q8 parts a) and b) assess content from Learning Outcome C2: Recommendations for health and well-being.

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A1 Checking my understanding (Part 1)

A1: Factors affecting health and well-being (*Physical and lifestyle factors*)

1. 'Acute' illness is a short-term illness (1), whereas 'chronic' illness lasts for a long time (1).
2. 'Genetic predisposition' means that a person is more likely than another to develop a condition because of the genetic information they have inherited (1).
This could be from inheriting either one particular gene or a combination of genes (1).
3. Stress is an emotional or mental state of feeling under pressure, tense or strained (1).
4. Students should identify two appropriate factors (1 mark each), and then expand on each to suggest how it positively affects health (1 mark each). Maximum 4 marks from (a) and (b).
 - Nutrition (diet): a healthy, balanced diet provides the body with energy and the nutrients it needs to function (1), reducing the risk of developing health-related conditions. (1)
 - Physical activity: engaging in regular exercise carries many health benefits (1), such as stronger muscles, improved mental health and sleep, and maintenance of a healthy weight (1).
5. Students could list any four from the following, which were covered in the preceding text. Maximum 4 marks:
 - Poor circulation
 - High blood pressure and increased heart rate
 - Increased risk of stroke and heart attack
 - Premature skin ageing
 - Increased risk of cancer (e.g. in the mouth, throat, lungs)
 - Increased risk of pneumonia
 - Increased risk of chronic obstructive pulmonary disease (COPD)
6. Students might answer with the following three points, but accept any suitable alternatives. Maximum 3 marks:
 - Does not treat the underlying cause of the illness. (1)
 - Does not amend the thought processes of the patient. (1)
 - Both therapy and medication are needed to provide a long-term positive outcome. (1)
7. Students might answer with any of the following points, but accept any suitable alternatives. Maximum 5 marks:
 - Install a ramp to enter the building (1)
 - Electric doors that open when an individual enters (1)
 - Wider doorways, corridors, passageways (1)
 - Higher tables that can accommodate a wheelchair (1)
 - Lower counters to facilitate easier communication with service staff (1)
8. Students might answer with any of the following points, but accept any suitable alternatives. Maximum 2 marks:
 - a) Signs and symbols should be easy to see / instructions on electronic boards (1)
 - b) Use of Braille on buttons in lifts, signs or doors / verbal announcements (1)
9. Students might answer with any of the following points and should include one effect and one risk. Maximum 6 marks:
 - Effect – stimulates nervous system (1)
 - Effect – feelings of alertness/energy/agitation (1)
 - Risk – heart problems (1)
 - Risk – depression (1)
 - Risk – lack of rest/sleep (1)
 - Risk – may lead to a more serious habit (1)

A1 Checking my understanding (Part 2)

A1: Factors affecting health and well-being (*Social and cultural factors*)

- Students should identify two appropriate factors (1 mark each), and then provide a suitable explanation of how the supportive relationship identified impacts health and well-being. Maximum 4 marks from (accept any other suitable expansion):
 - Family can encourage healthy behaviours (1) by modelling or teaching healthy eating and a healthy diet, which is more likely to be continued throughout later life if supported.
 - A supportive spouse/partner can encourage healthy behaviours and discourage unhealthy ones. For example, they could suggest joining a gym or cooking healthily as an activity to do together to maintain a healthy weight (1).
 - Supportive friends can positively impact a person's mental health (1). This is because they can provide emotional support, listen and offer solutions to problems. Someone may be facing depression and increases self-esteem (1).
 - Strong working relationships can reduce levels of work-related stress and anxiety. Colleagues will work together, support one another and offer encouragement and advice (1).
- Students should identify one appropriate factor (1 mark), and then provide a suitable explanation of how the factor impacts on health and well-being.

Students may suggest any one of the following in their answer (but accept any suitable response):

 - A socially excluded person is less likely to receive emotional support (1). This can lead to health problems, suicidal feelings or even suicide attempts (1).
 - Someone who is socially excluded is likely to have a lack of supportive relationships. They may not have someone around them to encourage improvements to their health, such as exercise (1).
 - Due to loneliness, someone might adopt unhealthy coping strategies (1). For example, drinking alcohol to excess, which can raise their risk of developing conditions such as liver disease (1).
 - Socially excluded people (particularly older adults) may experience a decline in mobility. This can lead to going out or socialising with others (1). This can increase their risk of becoming isolated, and increase their likelihood of developing conditions such as cardiovascular disease (1).
- Students may describe any number of typical gender expectations so accept any suitable response.
 - Men – should be strong, brave, breadwinners, protectors, etc. (1)
 - Women – should be kind, caring, homemakers, housewives, mothers, etc. (1)
- Sex refers to the sexual reproductive organs you are born with (1), and gender refers to the societal expectations of behaviour and roles related to your identity (1).
- Any five responses from: heterosexual, homosexual, bisexual, lesbian, gay, transsexual, etc. (1)
- Students may describe any number of examples so accept any suitable response that is 'based on the protected characteristics of the Equality Act 2010' but could include (1):
 - Name-calling (1)
 - Physical abuse/attacks (1)
 - Refusing to provide a service (1)
 - Excluding someone from an organisation, a community or social group, an activity (1)
 - Sacking someone because they are pregnant (1)
 - Refusing to provide reasonable adjustments (1)
- The LGBTQ+ community (1); their aim is to celebrate diversity of sexual orientation and gender identity (1).
- Students should identify an appropriate factor (1 mark), and then provide a suitable explanation of how the factor might affect their willingness to access healthcare services. Maximum 4 marks from (accept any other suitable answers):
 - Cultural and religious interventions may not be viewed as acceptable by some groups. For example, some cultures will not accept blood transfusions (1).
 - Some cultures do not view experiences such as hallucinations as a psychiatric condition but rather as religious experiences and, therefore, treatment is less likely to be sought (1).
 - Language barriers may make it difficult for people from other cultures to access healthcare services. For example, someone may not be able to understand information given about a procedure or how to communicate their health concerns to healthcare professionals (1).
 - In some cultures, the gender of the patient and the practitioner is very important. For example, a personal procedure on a female patient may need to be carried out only by a female practitioner (1).
 - Some cultures are unaccepting of alternative gender identities / sexual orientations. This may lead to communities being reluctant to access services due to concerns about discrimination (1).

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A1 Checking my understanding (Part 3)

A1: Factors affecting health and well-being (*Economic and environmental factors*)

- Students should identify two appropriate factors (1 mark each), and then expand on factor (1 mark each). Maximum 4 marks from (accept any other suitable answers):
 - Financial resources, such as income, can impact health and well-being (1).
Having a higher income supports health and well-being by either:
 - being able to afford better-quality, healthier food, gym membership, private healthcare
 - reducing stress as there is less worry over paying for expenses and bills
 - being able to afford better-quality, safer housing
 - 1 mark awarded for any of these expansions.
 - Employment status can impact health and well-being (1). For example:
 - If someone is unemployed, this can cause a great deal of stress due to the need to find a new job.
 - If someone has a very stressful job, or a job they don't like, this can have a negative impact on health and well-being by causing symptoms of mental health issues such as anxiety or depression.
 - Working with supportive colleagues produces social benefits, such as access to social activities.
 - Being employed can provide a sense of achievement and purpose, which can improve health and well-being.
 - 1 mark awarded for any of these expansions.
- Students should identify the following as health conditions caused by damp:
 - Respiratory disorders (asthma, bronchitis, pneumonia) (1)
 - Skin conditions (eczema, psoriasis) (1)
- Students should identify two effects of noise on health and well-being (1 mark each), and then provide given effects to suggest how it affects health and well-being (1 mark each). Maximum 4 marks from (accept any other suitable answers):
 - Sleep may be disturbed (1). This can lead to fatigue, which will in turn affect concentration and productivity.
 - Noise exposure has a negative impact on mental health (1). This is due to the stress it causes, leading to conditions such as depression and anxiety (1).
 - Noise also leads to a higher risk of physical conditions such as obesity and diabetes (1). People exposed to excessive noise may be likely to have a shorter life expectancy (1).
 - Due to excessive, prolonged noise exposure, someone may develop hearing damage (1). This can impact a person's social well-being, since the resulting sensory impairment means that communication is more difficult.
- Students should identify one effect on Ravi physically of witnessing physical conflict / domestic violence (1) but could include (any one from):
 - May experience physical harm (1)
 - May self-harm (1)
 - May get into fights himself with siblings/friends / at school (1)
 - May try to intervene during episodes of domestic violence and get harmed (1)
 - May experience psychological harm (1)
 - May experience stress (1)
 - May experience anxiety (1)
 - May experience depression (1)
 - May experience low self-esteem (1)
 - May experience low confidence (1)
 - May experience low motivation (1)
 - May experience low energy (1)
 - May experience low concentration (1)
 - May experience low productivity (1)
 - May experience low achievement (1)
 - May experience low status (1)
 - May experience low satisfaction (1)
 - May experience low happiness (1)
 - May experience low well-being (1)
- Students should identify two impacts of bereavement (1 mark each), and provide appropriate factors to explain how each factor affects health and well-being (1 mark each). For example:
 - Bereavement could lead to denial (1), as a state of shock kicks in and the bereaved person may not accept the loss (1).
 - Bereavement could lead to sadness and depression (1). This is because the person who has died was someone they loved, and the bereaved person may miss their support, and the bereaved person may feel like they are not the same without them, who may have been a close source of emotional support, and the bereaved person may feel like they are not the same without them.
 - Bereavement could lead to weight loss (1). Due to the depression resulting from bereavement, the bereaved person may neglect themselves and not feel like preparing nutritious meals for themselves.
 - Bereavement could lead to a reduction in sleep (1). This could reduce productivity and affect the bereaved person's health and well-being.
- Students should identify three factors that can have a positive effect on Pete's health and well-being (1 mark each), and provide appropriate expansions of these factors to explain how each factor affects health and well-being (1 mark each). Maximum 6 marks from (accept any other suitable answers):
 - Pete could use his experience to apply for new job roles with a higher income, which could improve his financial situation and enable him to support his wife (1).
 - Pete and his wife could move home to a new town with more opportunities (1). This could provide more job opportunities/make new friends that he would not have had otherwise.
 - Pete's wife is supportive and encouraging towards Pete's commitment to improve himself (1). This could provide encouragement to see his GP may make it more likely that Pete gets the help he needs.
 - Having a baby can provide a new identity and change of priority (1) which can improve Pete's status/satisfaction/less need to conform to expectations of gender.

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B1 Checking my understanding

B1: Physiological indicators

1. 2 marks from:
 - Your 'resting' heart rate is the ordinary rate at which your heart beats when you are not exercising (1).
 - Your 'recovery' heart rate is a measurement to establish the ability of your heart to return to its resting rate after exercise (1).
2. Students should identify that 130 bpm represents a faster than usual heart rate (1 mark). They should also identify this reading puts someone at a higher risk of certain conditions. Any two from (sub-max 2 marks):
 - chest pain
 - stroke
 - heart failure
3. Students should interpret a blood pressure reading of 90/60 mmHg as representing low blood pressure. Low blood pressure can have the following effects (accept any suitable alternative):
 - weakness
 - faintness
 - dizziness
 - risk of falls
4. 2 marks for:
 - Risk of blood clots
 - Risk of stroke
5. 2 marks for:

Hypotension is low blood pressure (1), whereas hypertension is high blood pressure (1).
6. Students could identify three from the following (or any other suitable answers). Mark 3.
 - poor sleep
 - lower self-esteem
 - depression
 - social isolation
 - fatigue
 - hypertension
 - heart disease
 - muscle weakening / poor posture
 - osteoporosis
 - type 2 diabetes
7. Students should identify that a BMI of 16.3 represents being underweight (1 mark). Being underweight can have the following effects (accept any suitable alternatives):
 - risk of malnutrition
 - a possible eating disorder
 - fertility issues
 - reduced function of the immune system

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B2 Checking my understanding

B2: Lifestyle indicators

1. Students could list any five from the following (cancer of the:). Maximum 5 marks:
 - Bladder
 - Pancreas
 - Stomach
 - Lung
 - Larynx (voice box)
 - Nose
 - Kidney
 - Liver
 - Oesophagus (food pipe)
 - Pharynx (upper throat)
 - Mouth
 - CervixAccept leukaemia
2. Students should identify one way that smoking increases the risk of stroke (1 mark), expansion that explains the impact (1 mark). Any one mark (maximum 2 marks):
 - Smoking causes damage to blood vessels (1), by causing them to harden and narrow (1).
 - Damage to blood vessels reduces blood flow and increases the likelihood of clotting that a blood vessel will become blocked (1).
 - There are increased levels of bad cholesterol in the blood (1), which also makes it more likely to become blocked (1).
 - Chemicals from smoking reduce the amount of oxygen in the blood (1). This increases the strain on the heart, which increases the risk of a stroke (1).
 - Chemicals from smoking can clot the blood (1). This is because platelets (blood cells) stick together more easily (1).
3. 2 marks from (maximum 2 marks):
 - Heavy alcohol consumption in a short space of time (1).
 - For men, consuming more than 8 units of alcohol in one drinking session. For women, more than 4 units (1).
4. Students could name any five from the following (or other suitable answers). Maximum 5 marks:
 - Alcohol poisoning
 - High blood pressure
 - Weight gain
 - Dry skin
 - Risk of accidents – for example, due to impaired coordination
 - Risky behaviours – for example, drink-driving, aggression, unsafe sex
 - Liver disease
 - Hangover
 - Cancer
 - Poorer mental health
5. 150 minutes (1 mark).
6. 1 mark will be awarded for correct identification of an impact of physical inactivity. for an appropriate expansion which fully explains how that factor affects your health.
 - Physical inactivity can reduce the efficiency of your metabolism (1). This can cause the risk of serious health issues such as cardiovascular disease, cancer and diabetes (1).
7. a) Students could identify the following risks to Nick's current health (accept any 5):
 - Smoking around 20 cigarettes a day may cause or exacerbate respiratory conditions (1).
 - Binge drinking (more than 8 units in one session) increases the risk of alcohol poisoning (1).b) Students could identify any two of the following risks to Nick's future health (accept any 2). Maximum 2 marks from:
 - Lung conditions – for example, COPD (1)
 - Stroke (1)
 - Heart conditions – for example, coronary heart disease (1)
 - Fertility issues (1)
 - High blood pressure (1)
 - Weight gain (1)
 - Decline in muscle strength (1)
 - Mental health difficulties (1)
 - Accident or injury (from drinking) (1)
 - Diabetes (1)
8. Students could include responses such as (any 2 marks from):
 - Data on rates and types of cancer caused by smoking could be used as a psychological deterrent.
 - Data on costs of smoking could be used as a financial deterrent.
 - Data can help to identify best methods for quitting.

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C1 and C2 Checking my understanding**C1: Health and well-being improvement plans****C2: Recommendations and actions to improve health and well-being**

1. 2 marks from:
 - A person-centred approach to health and social care involves taking into consideration someone an individual (1).
 - It means taking into account their individual needs, wishes and circumstances to help and support them (1).
2. A triangle of care is when all key partners – the service users, their family, and health professionals – work together to meet the needs of the service user (1).
3. The triangle of care:
 - a) Benefits care workers because they can access the expertise of other professional care alone. (1)
 - b) Benefits the service users as they have the expertise of a range of professionals and service users are encouraged to be involved in their own care. (1)
4. Students could give two applications of physiological indicators in a health and well-being plan (any suitable alternative).
Any two from (1 mark each; maximum 2 marks):
 - They can be used to check a person's health against expected norms for that value (e.g. BMI (normal BMI range?). (1)
 - Both lifestyle and physiological indicators give an idea about what someone's health needs are. (1)
 - By using indicators to identify someone's health needs, recommended actions can be established as part of the plan. (1)
5. Formal support is provided by someone in a paid or professional capacity. (1 mark)
6. Students might identify two sources of formal support as:
 - GP to diagnose related health issues and make recommendations.
 - Pharmacist to provide nicotine patches or other medication.
7. 2 marks for:
 - Self-referral by booking an appointment independently
 - GP referral
8. 1 mark for:
There is no normal range as even the short-term effects of cocaine use are damaging and lead to addiction and serious health problems.

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C3 Checking my understanding

C3: Barriers and obstacles to following recommendations

1. Students should identify three emotional/psychological factors (1 mark each) and, for appropriate expansion (1 mark) to explain the impact on a health and well-being improvement (suitable alternative). For example:
 - Someone may suffer from a lack of motivation (1). They may not feel that it is worth the effort or that their plan is achievable, and thus will not put the effort in to carrying it out.
 - Someone may suffer from low self-esteem (1). If someone does not see themselves as capable, they may be less inclined to spend time improving themselves and their health.
 - Someone may be in a mindset of acceptance of their current state of ill health, believing that a particular health condition is inevitable, and that there is nothing they can do to improve it.
2. Any one from (accept any appropriate suggestion). Maximum 1 mark:
 - Arrange childcare, so that the person has time to exercise.
 - Incorporate exercise into activities done with the children.
3. Any three from (accept any appropriate suggestion). Maximum 3 marks:
 - Exercise in a free or low-cost exercise; for example, walking to work, running or using a local sports centre.
 - Plan meals in advance to ensure you are making the best use of the groceries you buy and money.
 - If you cook big portions, you can use what is left over for your lunch the next day.
 - Make grocery lists only of what you need, and buy accordingly.
 - Replace expensive foods with cheaper alternatives. For example, ready-grated cheese instead of a block of cheese.
 - Look out for community exercise initiatives, such as low-cost or free fitness classes.
4. 2 marks for:
 - Targets can be unachievable for the individual if they are unrealistic with regard to achieving them.
 - Unachievable targets put too much pressure on the person, and can lead to the person becoming disheartened/demotivated at the prospect of failure.
5. Any one from (accept any appropriate suggestion):
 - Offering alcohol or cigarettes to someone trying to reduce their intake / give up.
 - Offering/preparing unhealthy food to/for someone on a diet.
 - Discouraging exercise.
 - Telling someone they do not need to lose weight or improve their health.
6. Any two from (accept any appropriate suggestion). Maximum 2 marks:
 - Difficulty in travelling to health services, appointments, the gym, etc.
 - Buildings may not take into account the needs of disabled people, e.g. a lack of ramps.
 - Health information may be provided in an inaccessible language or format.
 - Difficulty in communicating with or understanding health professionals.
 - Difficulty in scheduling appointments.
 - May need some specialist equipment, such as hearing aids, provided.
7. Any two from (accept any appropriate suggestion). Maximum 2 marks:
 - Using online resources such as online support groups.
 - Telehealth consultations with health professionals.
 - If eligible, claiming reimbursement for cost of travel to hospital appointments.
 - Use of support services, if eligible, to aid with transport to services and appointments.

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8. a) Students should use the data provided in the case study to identify (1 mark) any health issue that the three different lifestyle indicators (BMI, smoking and blood pressure) suggest (accept any suitable alternative):

- Andrew's BMI is 31, which shows that he is obese (1). This could impact his muscle strength and putting added pressure on his joints (1).
- Andrew currently smokes 10 cigarettes a day, which will affect his current health because smoking will raise his blood pressure, meaning that his heart will have to work harder (1).
- At 150/90 mmHg, Andrew's blood pressure is high (1). This will increase his risk of a stroke in combination with smoking (1).

Students should use the data provided in the case study to identify (1 mark) any health issue that the three different lifestyle indicators (BMI, smoking and blood pressure) suggest (accept any suitable alternative):

- As Andrew is obese, he is at greater risk of developing cardiovascular disease and may develop coronary heart disease due to higher levels of cholesterol in his blood (1).
- Andrew's current smoking level could cause severe respiratory conditions and damage to his lungs as the toxins in cigarette smoke could cause inflammation and damage to his lungs (1).
- In the long term, Andrew's high blood pressure could raise his risk of stroke as it weakens the blood vessels over time, and can cause them to narrow (1).

- b) Students could describe three of the following recommended actions for Andrew:

- Lose weight to reduce his BMI (1)
- Increase exercise levels to improve his cardiovascular health (1)
- Stop smoking to reduce his chances of a stroke and improve his respiratory health (1)

- c) Students could identify two from the following obstacles that Andrew might encounter that he has about him:

- Family commitments, such as childcare responsibilities, could make it difficult for him to exercise (1).
- Withdrawal symptoms from giving up smoking might make it very difficult for him to stop (1).
- Andrew's friends may not be supportive of his efforts to give up smoking, as they may be addicted themselves (1).

- d) Accept any suitable answer for overcoming the obstacles that the student identifies. For example, they could suggest two from the following:

- Andrew could combine childcare responsibilities with exercising (1).
- Andrew could try obtaining nicotine-replacement products to help with the withdrawal symptoms of giving up smoking (1).
- Andrew could let his friends know in advance that he is trying to give up smoking so they can be supportive and not offer him cigarettes (1).

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