

Case Studies with Activities

for BTEC (L1/2) Tech Award in Health and Social Care
Component 3: Health and Wellbeing

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Teacher's Introduction

This resource has been prepared to assist students and staff with Component 3 of the BTEC Tech Award Level 1/2 in Health and Social Care (first teaching September 2022). It comprises a collection of presentations by working practitioners, and case studies, set in the fictional town of Dunsbridge. These provide the basis for a range of tasks and activities for both classroom and homework use, to complement the teacher's input. It should not be considered a textbook but should instead be seen as a guide to help students with their own research. It also cannot replace the teacher; it is a supplementary resource to facilitate teaching and learning and could form part of a departmental virtual library.

The resource contains a variety of student-centred activities, discussions, tasks and practical exercises based on health and social care situations. They are designed to encourage students to develop their knowledge and prepare them for their Component 3 exam. In Component 3, students are expected to build on knowledge and understanding from Components 1 and 2 by applying their comprehension of human lifespan development, support sources, and health and social care services, as well as the skills and values essential for effective care, along with barriers to accessing services. They will explore various factors impacting health and wellbeing, including physiological and lifestyle indicators, and analyse these indicators to provide recommendations for enhancing an individual's health and wellbeing, while also delving into the challenges individuals might encounter when pursuing such improvements.

Some students may find it easier to use some of this material as the basis for their actual assignment submissions, whereas others may prefer to take what they have learned here and apply it to examples they have a personal interest in; for example, a case study based on a service user they know from a placement or a family member.

All the worksheets are photocopiable and provide a valuable resource for the busy teacher. Learning takes place through practical tasks performed by the students themselves. Where relevant, suggested answers are given for the activities.

Many of the activities and case studies are based on interviews with actual practitioners to ensure that the information is as up to date and relevant as possible.

Organisations and settings may be different in different areas, and service provision may depend on practitioners' interpretation of local needs. I strongly recommend, therefore, that contact is made with local authorities and service providers to find out what the local situation is and how it differs from what is presented here and, if possible, to arrange visits or invite guest speakers in.

The information provided is correct at the time of writing, but legislation and circumstances change, so teachers should check the current situation for any changes.

September 2023



= Individual



= Paired



= Small group



Teacher's Notes

Activity	Topic(s)	Teaching notes
Introductory activity	<input checked="" type="checkbox"/> All	N/A
Activity A1	<input checked="" type="checkbox"/> A1: All factors	This activity can be done as a paired task or as an individual or small group task. IMPORTANT: For this activity, photocopy the 'Topics covered by this activity' sheet but hide the 'Topics covered by this activity' section. This will give away some of the answers.
Activity A2	<input checked="" type="checkbox"/> A1: Inherited conditions	Members of the group can do the research individually and then discuss each person's findings. Alternatively, the group can do the research together.
Activity A3	<input checked="" type="checkbox"/> A1: Physical ill health	N/A
Activity A4	<input checked="" type="checkbox"/> A1: Mental ill health	This activity can be done as a paired task or as an individual or small group task.
Activity A5	<input checked="" type="checkbox"/> A1: Physical disabilities, sensory impairments	N/A
Activity A6	<input checked="" type="checkbox"/> A1: Lifestyle factors	Depending on the group size and context, this can be done as a whole group task (as suggested) or split into smaller tasks for individual or small group work.
Activity A7	<input checked="" type="checkbox"/> A1: Factors affecting health and wellbeing	IMPORTANT: For this activity, photocopy the 'Topics covered by this activity' sheet but hide the 'Topics covered by this activity' section. This will give away some of the answers.
Activity A8	<input checked="" type="checkbox"/> A1: Impact of different life events	This activity can be done as a whole group task (as suggested), or each student in the group can consider and report back to the group.

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Activity	Topic/Content	Teaching notes
Activity B1	 Physiological indicators C2: Established recommendations (improving heart rate, improving blood pressure, maintaining a healthy weight)	This activity is suggested as a paired task for students to learn by measuring the indicators to achieve the results. However, if it is felt that students prefer not to share their data, it can be done individually. Measuring heart rate (pulse) recovery in exercise; this is an optional task depending on space.
Activity B2	B2: Lifestyle indicators C2: Established recommendations (eating a balanced diet, getting enough physical activity, quitting smoking, sensible alcohol consumption, stopping substance misuse)	Instead of allowing groups to choose their own presentations, indicators can be assigned by the teacher so that all are covered.
Activity C1	C1: Person-centred care	N/A
Activity C2	 C2: Support available when following recommendations	Adapt the activity to suit the number of students necessary, either by removing one 'person' or relevant supporter and support card or by sharing a board.
Activity C3	C3: Barriers	N/A
Activity C4	C3: Obstacles	If there are more than five students in the group, they can work in pairs. If there are fewer than five, they can be given two 'Obstacle category' cards.

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The Dunsbridge Scenario

The presentations and case studies in this resource have been drawn from health and social care professionals in a fictional market town of Dunsbridge. The town itself has a population of about 30,000 people, including another 20,000 people from the surrounding area.

Overall it is a relatively prosperous area, but there are pockets of severe deprivation on the outskirts of town, for example, one of the top 10 most deprived areas in the country. There are few shops, but for most services residents have to go into the town centre – about 20 minutes walk for older people and the disabled, although bus services are generally good. There is a problem of poverty in the rural villages, where public transport is an issue for those without a car. There have been problems with drug use and homelessness.

The local health service providers have identified certain issues among children and young people, including mental health problems and other problems associated with poverty. Young people in the villages often feel isolated and have health issues. Among the older population, hypertension, diabetes, stroke and heart disease are particular concerns. These concerns are reflected in the services offered at the health centre, which in addition to physiotherapy and audiology departments and an out-of-hospital rehabilitation centre and a diabetes unit.

The town has been affected economically by the closure of a large engineering company, leading to increased unemployment. Many shops have also closed as people have switched to online shopping, leaving fewer facilities for those who cannot use the Internet.

The population is fairly diverse, both ethnically and culturally. Although the surrounding area is mostly white, with just a few Eastern European seasonal workers, Dunsbridge itself is home to people of many different backgrounds – black, white and Asian, including a few refugees from different countries. There is also a small satellite campus of a major university in the town, with international students.



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Presentation 1: The dietician

My name is Maryam, and I am a dietician. I am part of the local community health team, working with a variety of people who have different nutritional needs and promoting healthy eating.

Many of my clients have conditions and factors that prevent them from leading healthy and active lives. I am often able to address these factors and positively affect how my clients feel and live. This may be by helping them to control and manage their weight, or by helping them with an eating disorder or a genetic or medical condition. A genetic predisposition to diabetes and heart disease, or conditions such as cystic fibrosis, can have a negative impact on the client and can, in some circumstances, be controlled or alleviated by diet.



Clients are referred to me by different health professionals, such as GPs or health visitors, who often do not have my specialist knowledge. I try to consider my clients' social, cultural and emotional backgrounds, as factors such as family circumstances and religion may have a strong influence on what they eat. There is some evidence that in this area some elderly widowers who are cooking for themselves have been found to have a condition caused by a deficiency of vitamin C) because their wives have always cooked for them. I am aware of the importance of eating fresh fruit and vegetables. Even cooking facilities are available that can be prepared. Healthy eating means different things to different people, for example, the diets of an athlete and an elderly person will differ greatly.

In addition to the advice I give to individuals and families, I am also involved in promoting healthy eating generally, with campaigns and talks to different local organisations, and I am involved in planning healthy meals for large numbers of people from diverse backgrounds. For example, I plan meals for a school or a hospital, for example, to take into account the cultural, religious and dietary needs of the clients and to ensure that all meals are nutritionally balanced. And because people often find it difficult to access healthy foods, I spend quite a lot of time in places like the Park Road Food Bank where people who are in need can get food.

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Presentation 2: The community sport and

My name is Hannah and I am the community sport and health officer for the Dunsbridge area. My main client groups are:

- Young people aged 18–25 who are keen to maintain or improve their fitness.
- Young families, for whom we aim to provide a range of fitness activities, including swimming.
- Over 55s, who are mainly less motivated people who are looking to become more active.
- Professional referrals. These are mainly clients referred by the local health professionals for a programme of fitness and mobility following an illness.



The referral group includes people recovering from cardiac illness, hip or knee surgery and osteoporosis. We provide a range of fitness programmes to help people gain independence in managing their recovery. The social aspect of motivation and support from partners will often come along to support the client. I have to assess their needs and tailor the programme to their particular needs. I also have to be aware of any potential barriers to their participation.

We encourage the younger clients to become members of the sports centre, to help them access a range of facilities. We offer programmes in anxiety and stress management, as well as weight management. We also work with local places like the Parkland Community Centre, to offer activities such as music and aerobics classes.

My aim is to increase access to, and enjoyment of, physical activity, thus improve fitness and wellbeing and promoting active communities. I am also the local coordinator for the programme, and arrange a variety of guided walks for all ages and abilities. The programme aims to improve fitness and wellbeing, increase confidence, help with weight control, and reduce blood pressure and cholesterol levels.

We work hard to publicise our services at local events such as village fêtes and the market square on market days. We always have a stand in the market square on market days. We display posters at the centre. We try to make these as eye-catching as possible, and change them regularly. A lot of our promotional work, however, is with other health professionals. We work with GPs, consultants, cardiac and diabetic nurses and social prescribers, and all the local health professionals. We use our Wellbeing Walks posters as well as referring clients to us directly.

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Presentation 3: The social prescriber

My name is David, and I am a social prescriber, based at the Queen's Road surgery in Dunsbridge. This is a fairly new role, but a very important one in my view. I take a holistic view of health and wellbeing; I adopt a person-centred approach and spend time with clients discussing their needs and wishes. I then support them in accessing the services and activities that can best meet those needs. Many clients come to the surgery with issues that do not necessarily need medical intervention, and I can direct them to other organisations that can better help them. The most important thing, though, is to spend enough time with them to fully understand their needs and to help them overcome any barriers to meeting those needs.



My main client groups are:

- People with long-term conditions who may need additional help beyond their medication
- People with mental health issues
- People whose wellbeing may be affected by loneliness or isolation
- People with complex social needs

However, I also work with people who have a range of other issues – no two client makes the job so interesting. For example, a client was referred to me with acute health as well as her general wellbeing. As I built up a relationship with her, I realised the stress was the fact that she desperately wanted to change jobs, but she didn't have the qualifications she needed for her new career. I was able to point her in the right direction as she went through the application process.

Most of my clients are referred to me by other professionals, most often those who work in the surgery, such as GPs, nurses and health advisors. But I have tried to ensure that other professionals also get referrals. I have assessed their needs, I connect my clients with local groups and services. From community groups, voluntary organisations and food banks to the leisure centre, Citizens Advice. But my role involves more than just pointing them in the right direction. For complex needs, I have to support them in accessing the services on offer.

Because the role is fairly new, there are no formal qualifications for becoming a social prescriber. Previous experience in an advisory role is usually needed; for example, I came from a housing charity. Whatever your background, however, there are certain skills and qualities that are essential.

- Empathy and tolerance – you must be able to relate to your clients, whatever their issues are
- Active listening – a large part of the work is encouraging clients to talk and to express their issues, which are not always the same as the issues that are first presented
- Patience – it can take some time to discover what clients' needs are, and you must be able to wait at your own pace

It is also important to have a thorough knowledge of what services and opportunities are available in your area, and good networking skills so that you can develop a relationship with the providers of those services. Because the role is quite new, I spent a lot of time with other social prescribers getting to know the various providers.

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Presentation 4: The youth work

My name is Will, and I am a youth worker based in Dunsbridge. I have always enjoyed working with children and young people. When I was at school I was a voluntary youth worker at my church, and when I left I did a Level 3 apprenticeship so that I could take up youth work as a career.



I am part of a team working with young people between the ages of 11 and 25 in Dunsbridge and the surrounding area. The work is very varied, and includes:

- Mentoring young people who are at risk of offending
- Supporting young carers
- Organising activities, both in the local youth club and outdoors
- Running outreach projects on subjects such as health, bullying and drugs
- Fostering a sense of community

It is important that we become known in the community, so we publicise our activities by time talking to community and school groups. I also work closely with the leaders of young people who have been excluded from school). A lot of young people come to us because they are attracted by a particular activity (perhaps our regular discos, the games and the youth club or one of our outdoor activities) and later turn to us for advice or support. But many, especially those who are at risk of getting into trouble or are particularly referred to us by other professionals, such as teachers, social workers, probation officers and the police.

Because the work is so varied, a youth worker needs a number of different skills, including:

- The ability to communicate clearly
- Active listening, so that we can understand exactly what the young person's needs are
- A non-judgemental attitude
- Patience and sensitivity
- The ability to stay calm in stressful situations
- Acceptance of people's different social, cultural and religious backgrounds
- The ability to build trust, so that young people feel confident about bringing their problems to us

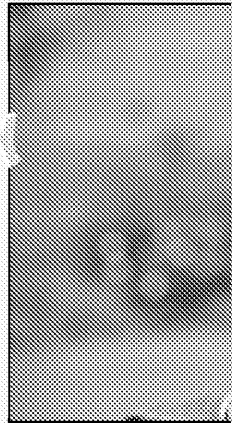
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Theo

Theo is 20 years old and lives in a bedsit on the Parkland Estate in Dunsbridge, having left home after an argument with his stepfather, with whom he has never got on. He suffered racial abuse at school, and left as soon as he could, at the age of 16, although his teacher said that he had a lot of academic potential and tried to encourage him to stay on to do A Levels.



Since leaving school, Theo has drifted. Without any qualifications, he has had difficulty finding work, getting by on benefits and occasional 'cash-in-hand' jobs. He spends a lot of time in his bedsit playing online games. He mixes with other young men in the area; he has started drinking heavily; he and his friends have been in trouble with the authorities in the town centre, and were referred to the local authority's youth service. Theo has some of his friends are into harder drugs, financing their habit with petty theft. Theo is influenced by their example, but the temptation to drown his sorrows in something stronger than alcohol.

Because Theo spends so much of his limited income on alcohol and cannabis, he is in financial trouble, which means that he is in danger of being evicted or following his friends into crime. His drinking is affecting his health and wellbeing, and with the youth worker's help he has managed to break the cycle of addiction and depression and get his life back on track. But every time he tries to stop, he is tempted by his friends or his old habits.

Theo's mother has tried to persuade Theo to come home so that she can look after him, but he refuses because of his relationship with his stepfather. She has offered to help him find a job and is trying to get him to go to a career adviser or college to gain some qualifications. However, she is worried that if she gives him money he will spend it on drink and drugs, or give some of it to his friends to pay for their habits.

Topics covered by this case study:

- A1: Physical factors: stress
- A1: Lifestyle factors: alcohol, substance misuse
- A1: Social factors: supportive and unsupportive relationships, discrimination
- A1: Economic factors: employment situation
- A1: Environmental factors: home environment
- A1: Impact of life events: relationships
- B2: Lifestyle indicators: alcohol, substance misuse
- C2: Established recommendations: sensible alcohol consumption, substance misuse
- C2: Support available: informal support from family
- C3: Potential obstacles: emotional/psychological, financial

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Ivan

Ivan is a 35-year-old refugee who has settled in Dunsbridge. He is unmarried, but has left his parents and two sisters behind, and he is constantly worried that they may be at risk. He had a small shop in his home country, but he has few formal qualifications. His English is not very good, so the only work he has been able to get is a low-paid job in a local supermarket. He lives in a small flat on the Parkland Estate, which is on a hill. It is also on a main road, and the traffic from the road is affecting Ivan's breathing, which is made worse by the fact that he is a heavy smoker.

Ivan's health and wellbeing are not helped by the fact that he does not get very much exercise in his spare time watching television (which he says improves his English). He also lives with his wife, who was the women who did all the cooking, and he now lives mainly on ready meals.

He has been to see his GP about his breathing difficulties. The GP gave Ivan a check-up, measured his heart rate, his blood pressure, his weight and his height. These indicate that Ivan has an abnormal heart rate. His body mass index is 30 kg/m^2 , which puts him just in the obese category. The GP warned Ivan that all these factors, taken together, make him a prime candidate for heart disease. The social prescriber has referred Ivan to the community sport and health officer, who has arranged for him to join an exercise programme, and to a dietician, who has devised a healthy, nutritious diet of food he likes and is used to. The social prescriber has also put Ivan in touch with a local support group for refugees.

Because Ivan's English is rather poor, he is finding it difficult to make friends and colleagues are friendly but do not socialise after work. The social prescriber is probably made worse by the fact that he spends a lot of time alone in his flat. Ivan is applying to join an English language course for recent arrivals in the UK not only to improve his English but also to give him some social contact with people who speak the same language as him.

Topics covered by this case study:

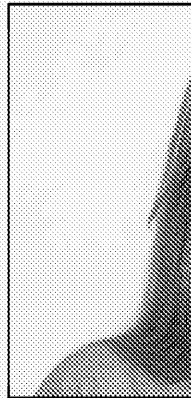
- A1: Physical factors: obesity, type 2 diabetes, anxiety
- A1: Lifestyle factors: nutrition, physical activity, smoking
- A1: Social factors: social exclusion
- A1: Cultural factors: gender roles, community participation
- A1: Economic factors: financial resources
- A1: Environmental factors: housing conditions, pollution
- A1: Impact of life events: life circumstances
- B1: Physiological indicators: heart rate, blood pressure, body mass index, signs of illness
- B1: Lifestyle indicators: nutrition, physical activity, smoking
- C1: Person-centred approach: needs, wishes, circumstances
- C2: Established recommendations: heart rate, blood pressure, weight, diet, physical activity
- C2: Support available: formal support, informal support
- C3: Barriers: social barriers, cultural background, English as an additional language

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Molly and her family

Molly is 17 and lives with her parents, Michael and Alison, and her brother Grant, who is 14, in the Burns Hill area of Dunsbridge. She suffers from anxiety and depression and is prone to mood swings. She also has an eating disorder with a body mass index of only 16. Molly's GP referred her to a psychiatrist two years ago, who diagnosed a complex mental condition called emotional dysregulation. She spent a short period in a hospital, but owing to a lack of resources, the hospital discharged her. She is now in the care of the Child and Young People's Mental Health Service (CYPMHS). Molly has been bullied at school, and although that has now stopped, it has affected her self-esteem.



Grant has cystic fibrosis. He is generally able to manage his symptoms well, but he contracted COVID-19 eighteen months ago, and his cystic fibrosis meant that he became seriously ill for some time. He is now very much better, but the worry and strain of looking after him affected Michael and Alison's relationship – it made an underlying tension between them, resulting from a difference in their views on parental roles, worse. Michael expected Alison to look after Grant when he was ill on the basis that this was a mother's role. He had always taken the view that his work as a lawyer was more important than hers as a teacher, and, therefore, whenever there was a need for one parent to take time off work, it was invariably Alison who did.

This tension has affected both children. Moreover, because Michael works long hours with marking and lesson preparation, the family do not spend very much time together and tend to have irregular mealtimes. So the parents are not fully aware of how little they know that when she was in her room she was visiting Internet sites and social media. The school nurse discovered this from chance remarks Molly made to the parents, who are now monitoring her Internet use more closely.

Grant is going through a period of confusion about his sexuality and gender identity. He has little 'family time', and because of the tension in the house, he has been unable to talk to his parents. The youth worker at the youth club he attends is supporting him as he works out, but the youth worker feels his parents should also be involved.

Topics covered by this case study:

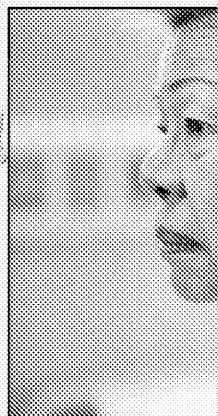
- A1: Physical factors: cystic fibrosis, anxiety
- A1: Lifestyle factors: nutrition
- A1: Social factors: supportive and unsupportive relationships, bullying
- A1: Cultural factors: gender roles and expectations, gender identity, sexual orientation
- A1: Environmental factors: living with parental conflict
- A1: Impact of life events: physical illness
- B1: Physiological indicators: mood
- B1: Physiological indicators: significance of abnormal readings
- B2: Life indicators: nutrition
- C1: Person-centred approach
- C2: Established recommendations: maintaining a healthy diet
- C2: Support available: formal support
- C3: Potential barriers: resource barriers for service providers
- C3: Potential obstacles: emotional/psychological, lack of support

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Meera

Meera is 84 years old. She had a heart attack a few months ago, and although she has recovered, she still needs to take care and not over-exert herself. She has rheumatoid arthritis, which also affects her mobility – she uses a walking frame to get around. She is very short-sighted and wears hearing aids. Because of these physical disabilities it was recommended that she move to a residential home so that she could receive the care she needed, but she is very independent and did not want to go; instead, she has moved into sheltered accommodation near the centre of Dunsbridge.



Meera's husband died six months ago after a long illness, and she still misses him very much. Her two sons visit her from time to time, but they live some distance away and their grandchildren very often. However, Meera derives a lot of comfort from her religious community in the town provides some support, both emotional and practical. The church is a few miles away, so she is not able to visit it as often as she would like, although sometimes her sons take her there for special events.

Meera is determined not to be stuck at home feeling depressed about the loss of her husband and ailments, so she has signed up to various activities run by Dunsbridge Care, a local care provider. She goes to their social club once a week and on trips they arrange to places of interest. She also visits a charity shop – her sensory impairments make it difficult to serve customers, but she enjoys being in the storeroom.

Meera's surgery's social prescriber has put her in touch with a local swimming club aimed at older people – her disabilities make most physical activities difficult, but she enjoys swimming and has some good swimming abilities.

Topics covered by this case study:

- A1: Physical factors: cardiovascular disease, physical abilities, sensory impairments
- A1: Lifestyle factors: physical activity
- A1: Social factors: supportive and unsupportive relationships
- A1: Cultural factors: religion, community participation
- A1: Impact of life events: relationship changes, life circumstances
- B2: Lifestyle indicators: physical activity
- C1: Person-centred approach
- C2: Established recommendations: getting enough physical activity
- C2: Support available: formal support, informal support
- C3: Potential barriers: geographical barriers, barriers to access, people with sensory impairments, people with different social and cultural backgrounds

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Activities

Activities based on the Dunsbridge scenario

For most of these activities, you will need the case studies and presentations from the Dunsbridge scenario.

The specific materials required for each activity are clearly displayed in the accompanying worksheets.

In addition to the activities designed specifically to cover the learning outcomes, one general activity is included to help students to the vocabulary used by health and social care professionals. This can be used as a revision activity. As the component requires a lot of individual work, it is important that students understand the terms they may come across when reading the case studies. They should be encouraged to use this exercise as a starting point for their own glossary to develop as they progress.

Some activities are designed to be done as group or paired work, but there is a worksheet tailored to suit the size and make-up of the group. Teachers could also vary the activities to give a broader view. A possible way to use this resource would be to create a photocopy of the case studies and presentations for each student to refer to while they are working on the activities.

Some of the worksheets and activities can be printed as A3 (or larger) to allow for group work or for whole-class feedback.

Once the students have completed all the activities, they will have practised the skills and knowledge required to complete the assignments required to complete the component.

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Introductory activity: The vocabulary of health and social care

Learning outcome:	<input checked="" type="checkbox"/> All learning outcomes A–B
Topics covered:	You will need:
★ All topics	<ul style="list-style-type: none"> ✓ All presentations ✓ Case studies ✓ Scissors and paste

The following terms are commonly used when talking about health and wellbeing in the sheet provided, but they are not in the right order.

Cut out each definition and paste it in the correct place, against the term it refers to each term to show that you understand the meaning.



The gender or genders to which one is sexually attracted	An approach that looks at a person's wellbeing, not just the absence of disease
The loss or impairment of one or more of the five senses	Helping or giving advice to an experienced person
The force of blood passing through the arteries	A measure used to compare a person's weight is height and weight
The roles and responsibilities people believe are appropriate to a particular gender	The frequency of the beats of the heart by the number of beats per minute
A diet that contains all the right nutrients in the right proportions and quantities for good health	The increased likelihood of developing a condition
The desire or driving force that makes people act in a certain way	Something in the system that someone is accessing
Whether one considers oneself to be male or female, or neither	Conditions affecting the body
Care that is tailored to a person's individual needs and preferences	The ability to understand the needs of others
Something specific to a person that makes it difficult for them to make progress	Treating particular people more favourably than others
A state in which a person is unable to function well physically or mentally	The state of being content and happy
Not having the opportunity to participate fully in social and other activities	Providing opportunities and resources for every disadvantaged group

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A condition that is inherited from one's parents or forebears	A system of belief in
A physical or mental impairment that has a substantial and long-term negative effect on one's ability to do normal daily activities	Failure to take prop
Support provided by official bodies or trained volunteers	Support provided by individuals or organi
Cruel or violent treatment to a person or an animal	

Term	Definition	
Abuse		
Balanced diet		
Barrier		
 Blood pressure		
Body mass index		
Cardiovascular conditions		
Disability		
Discrimination		
 Emp		
Formal support		
Gender identity		
Gender roles		
Genetic predisposition		
Health		
 Heart rate (pulse)		

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Term	Definition
Holistic approach	
Informal support	
Inherited condition	
Menstrual health	
Motivation	
Neglect	
Obstacle	
Person-centred care	
Religion	
Sexual health and impairment	
Sexual orientation	
Social exclusion	
Social inclusion	
Wellbeing	

Consider adding any other key terms to your glossary.

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Activity A1: Factors affecting health and wellbeing

Learning outcome:	<input checked="" type="checkbox"/> A: Factors that affect health and wellbeing
Topic covered:	You will need:
★ A1: Factors affecting health and wellbeing (all factors)	✓ All four case studies

Read each of the following case studies: *Case Study 1* about Theo, *Case Study 2* about Molly and her family, *Case Study 3* about Neera.

In pairs, identify the factors that affect their health and wellbeing, and discuss them.

- Physical factors (P)
 - Lifestyle factors (Ls)
 - Social factors (S)
 - Cultural factors (C)
- Economic factors (E)
 - Environmental factors (En)
 - Life events (Le)

Explain whether each of the factors identified has a positive effect or a negative effect on health and wellbeing.

Theo

Factor	Category	Positive or negative effect on wellbeing

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Ivan

Factor	Category	Positive or negative effect on wellbeing

Molly

Factor	Category	Positive or negative effect on wellbeing

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Grant

Factor	Category	Positive or negative effect on wellbeing

Meera

Factor	Category	Positive or negative effect on wellbeing

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Activity A2: Inherited conditions

Learning outcome:	<input checked="" type="checkbox"/> A: Factors that affect health and wellbeing
Topic covered:	You will need:
★ A1: Physical factors (inherited conditions)	✓ Case Study 3

Read *Case Study 3* about Molly and her family.

Grant has cystic fibrosis, a life-limiting inherited condition. Another inherited condition is sickle cell disease. Neither disease can be cured, but both diseases can be managed. Do your own research on sickle cell disease and discuss how they might affect a child physically, socially and emotionally. What can be done to improve the child's wellbeing.

Write your conclusions below, and then discuss them with the rest of the group.

Cystic fibrosis	
Physical effects	Social effects
<p>What can be done to improve the child's wellbeing</p> <div style="height: 250px;"></div>	

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Sickle cell disease		
Physical effects	Social effects	
<p>What can be done to improve the child's wellbeing</p>		

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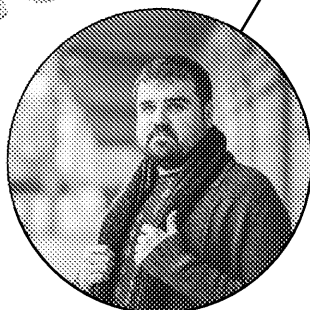
Activity A3: Physical ill health

Learning outcome:	<input checked="" type="checkbox"/> A: Factors that affect health and wellbeing
Topics covered:	You will need:
★ A1: Physical factors (physical ill health)	✓ Presentations 1, 2 and 3
★ C2: Recommendations and actions to improve health and wellbeing	✓ Case studies 2 and 4

Read *Presentation 1* by the dietitian, *Presentation 2* by the community sport and the social prescriber, *Case Study 2* about Ivan and *Case Study 4* about Meera.

Ivan is obese, at risk of type 2 diabetes, and Meera has had a heart attack. In state how Ivan's and Meera's health and wellbeing can be improved. Some of the the presentations and case studies, but you may be able to suggest others. Write has been done for you.

Exercise walking and can anxiety, self-esteem



Ivan

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Meera

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Activity A4: Anxiety and stress

Learning outcome:	<input checked="" type="checkbox"/> A: Factors that affect health and wellbeing
Topic covered:	You will need:
★ A1: Physical factors (mental ill health)	✓ Case Study 3

Read *Case Study 3* about Molly and her family.

One aspect of Molly's emotional condition is anxiety and depression.

In pairs, imagine that one of you is the head teacher and one of you is the head of support at a secondary school. You are aware that, although Molly is now in the care, there is an increasing number of other students who also suffer from anxiety and are not receiving any professional support and whose parents may not know how to help.

Draft a letter or a leaflet to send to all parents or carers outlining what signs they should look for and how they can help their children deal with their problems.

You may find the advice for parents on the NHS website (www.nhs.uk) useful.

Dear Parent/Carer...

I am writing to you concerning...

Continue or write

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Activity A5: Physical and sensory impairment

Learning outcome:	<input checked="" type="checkbox"/> A: Factors that affect health and wellbeing
Topic covered:	You will need:
★ A1: Physical factors (physical abilities, sensory impairments)	<input checked="" type="checkbox"/> Case Study 4

Read *Case Study 4* about Meera.

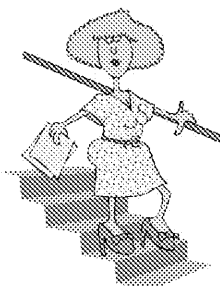
Because of her arthritis, Meera's mobility is impaired. She also has impaired vision. You are an occupational therapist, so you must visit Meera to assess how her home might be adapted. What equipment might she be able to use, to enable her to live independently. Do you have any suggestions? Write down any equipment that is available, and make a list of your suggestions below.

Adaptations:

- ☒
- ☒
- ☒
- ☒
- ☒
- ☒
- ☒
- ☒

Aids:

- ☒
- ☒
- ☒
- ☒
- ☒
- ☒
- ☒
- ☒



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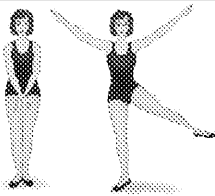



Activity A6: Local services for lifestyle

Learning outcome:	<input checked="" type="checkbox"/> A: Factors that affect health and wellbeing
Topic covered:	You will need:
★ A1: Lifestyle factors	✓ Presentation 3

Read *Presentation 3* by David, the social prescriber.

David emphasises the need to develop a thorough knowledge of the opportunities for improving clients' lifestyles and improving their health and wellbeing.

As a whole class, research your own area and see what services and facilities the prescriber could support clients in accessing. Design a leaflet that your local surgery hand out, or a poster that could be displayed in the surgery, or a presentation to give. Use the space below to make notes when you are completing your research and categorise your services and facilities.

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Activity A7: Social, cultural, economic and environmental factors

Learning outcome:	<input checked="" type="checkbox"/> A: Factors that affect health and wellbeing
Topics covered:	You will need:
<ul style="list-style-type: none"> ★ A1: Social factors ★ A1: Cultural factors ★ A1: Economic factors ★ A1: Environmental factors 	<ul style="list-style-type: none"> ✓ A1: Case studies

As we saw in **Activity 1**, in addition to physical effects, there are a number of other factors that affect a person's health and wellbeing, and they fall into four main categories:

- **Social factors**, including:
 - Supportive and unsupportive relationships with family and friends
 - Social inclusion and exclusion
 - Bullying
 - Discrimination
- **Cultural factors**, including:
 - Religion
 - Gender roles
 - Gender identity
 - Sexual orientation
 - Community participation
- **Economic factors**, including:
 - Employment situation
 - Financial resources
- **Environmental factors**, including:
 - Housing needs and conditions
 - Home environment
 - Pollution

Read *Case Study 1* about Theo, *Case Study 2* about Ivan, *Case Study 3* about Molly and *Case Study 4* about Meera.

In pairs, discuss which particular factors are relevant to which individuals from the case studies. Then, draw a spidergram of the factors and people for each category. Your social prescriber might use in deciding how to support the client. One factor has a 'factors' sheet to help you.

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Social exclusion. Ivan.
His poor English makes
social life difficult.



Social factors



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**Economic
factors**

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Environmental
factors



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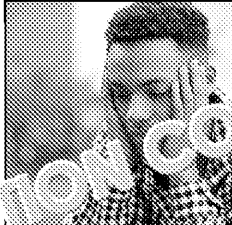
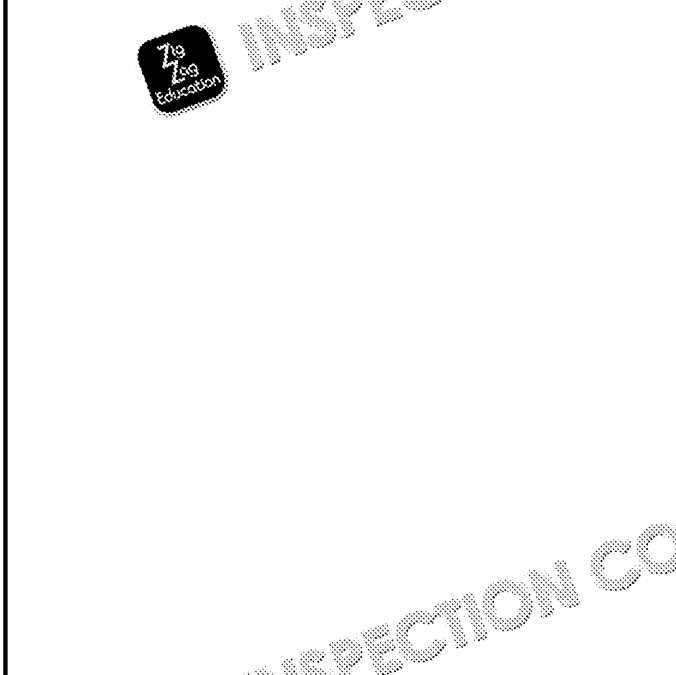
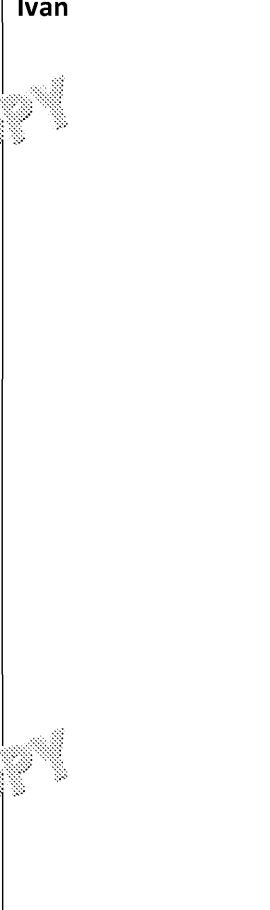
Activity A8: Impact of different life events

Learning outcome:	<input checked="" type="checkbox"/> A: Factors that affect health and wellbeing
Topic covered:	You will need:
★ A1: Impact of life events on health and wellbeing	✓ All four case studies

Events in a person's life can sometimes have a significant effect on their health and wellbeing. These can be physical events, changes in relationships or changes in their life circumstances. For example, in *Case Study 1* about Ivan, *Case Study 2* about Ivan, *Case Study 3* about Molly and her family, and *Case Study 4* about Theo, there are examples of such events. For example:

- Theo's deteriorating relationship with his stepfather, which led to his leaving home
- Ivan having to leave his home and move to a different country (life circumstances)
- Grant contracting COVID on top of his cystic fibrosis, which has increased the impact of his condition
- Meera losing her husband (relationship) and having to move into sheltered accommodation (life circumstances)

In small groups, discuss these examples and consider the impact they might have on the individual concerned – not just the immediate impact, but also any longer-term implications. Record your conclusions below (one answer has been provided for Theo to get you started).

Theo <i>The poor relationship with his stepfather led to his leaving home and living in poor accommodation, which will have affected his physical and mental health.</i> 	Ivan
	

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Grant



Meera



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Activity B1: Physiological health in

Learning outcome:	<input checked="" type="checkbox"/> B: Interpreting health indicators <input checked="" type="checkbox"/> C: Person-centred approach to improving health
Topics covered:	You will need:
★ B1: Physiological indicators ★ C2: Established recommendations for improving resting heart rate and recovery rate after exercise, improving blood pressure and maintaining a healthy weight	✓ Case Study ✓ Blood pressure ✓ Scales ✓ Tape measure

Task A: Read the Case Study about Ivan.

The GP did a number of tests to measure Ivan's health, including measuring his:

- resting heart rate
- heart rate recovery after exercise
- blood pressure
- body mass index

Working in pairs, measure these indicators for yourself and your partner. Write

Measuring resting heart rate:

You can measure your resting heart rate (pulse) using the following steps:

1. Find a quiet spot where you can sit or lie down and relax your body and breathe normally.
2. Locate your pulse on your wrist (radial pulse) or neck (carotid pulse) using your index and middle finger.
3. Count the number of beats you feel in a 1-minute (or 30-second) period.
4. Repeat the process 2–3 times and note down each recording below.
5. Calculate the mean score (dividing the sum of all values by 3).

Me: Resting heart rate			My partner:	
Measure 1: _____ bpm	Measure 2: _____ bpm	Measure 3: _____ bpm	Measure 1: _____ bpm	Measure 2: _____ bpm
Mean resting heart rate score: _____ bpm			Mean resting heart rate score: _____ bpm	

(Optional) Measuring heart rate recovery after exercise:

This indicates the heart's ability to return to normal levels after physical activity and fitness levels.

To complete this test you will need to engage in 20 minutes of exercise (this can be full-body exercises, such as press-ups and star jumps). Be sure to complete a warm-up before starting.

1. Stop exercising and immediately find your pulse (see above instructions).
2. Count the number of beats in a 15-second period and multiply by 4 to get your heart rate in bpm.
3. Continue to measure your heart rate every 30 seconds (be sure to multiply by 4 to your baseline (resting heart rate)).
4. Note the change in bpm in the first minute and the time it takes for your heart rate to return to baseline.

	Immediately after exercise	30 secs	1 min	1.5 mins	2 mins
Me:	_____ bpm	_____ bpm	_____ bpm	_____ bpm	_____ bpm
My partner:	_____ bpm	_____ bpm	_____ bpm	_____ bpm	_____ bpm

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Measuring blood pressure:

You should follow the instructions on your blood pressure monitor, but the following guidelines will help you.

- Relax for a few minutes before you start.
- Make sure you are sitting upright in a comfortable chair in front of a table.
- Rest your arm flat on the table, with your palm up.
- Wrap the cuff of the blood pressure monitor round your upper arm about 2 cm above the elbow.
- Press the 'Start' button on the monitor. The cuff will inflate.
- When it is fully inflated the cuff will deflate and two readings will appear on the screen: the systolic pressure and the diastolic pressure.
- Make a note of the two readings.
- Repeat the procedure twice more at 1- or 2-minute intervals, and note the readings.
- If the first reading is much higher than the others, ignore it and take another.
- Add the three systolic readings together and then the three diastolic readings together.
- Calculate the mean score for each type of pressure (divide the total of the three readings by three).

My blood pressure		
Measure 1: Systolic: _____	Measure 2: Systolic: _____	Measure 3: Systolic: _____
Measure 1: Diastolic: _____	Measure 2: Diastolic: _____	Measure 3: Diastolic: _____
My mean blood pressure scores: Systolic: _____ Diastolic: _____		
My partner's blood pressure		
Measure 1: Systolic: _____	Measure 2: Systolic: _____	Measure 3: Systolic: _____
Measure 1: Diastolic: _____	Measure 2: Diastolic: _____	Measure 3: Diastolic: _____
My partner's mean blood pressure scores: Systolic: _____ Diastolic: _____		

Measuring body mass index (BMI):

- Weigh yourself, and make a note of your weight in kilograms (kg).
- Measure your height, and make a note of the reading in metres (m).
- Calculate the square of your height and make a note of the result.
- Divide your weight (kg) by the square of your height (m²).

My body mass index		
Weight: _____ kg	Height: _____ m	Height squared: _____ m ²
My BMI (weight/height squared): _____		
My partner's body mass index		
Weight: _____ kg	Height: _____ m	Height squared: _____ m ²
My partner's BMI (weight/height squared): _____		

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Task B: Still in pairs, discuss the published guidelines on interpreting the data provided by these tests and the significance of abnormal readings for a person's health, both their current impact and the potential longer-term risks. (The case study refers to one potential longer-term risk – the increased likelihood of type 2 diabetes.) Then, research and consider the established recommendations for improving a person's heart rate and blood pressure, and maintaining a healthy weight.

Resting heart rate (pulse)
What are the published guidelines?
Impact on current physical health of abnormal readings (short-term risks):
Potential risk to physical health of abnormal readings (long-term risks):
Established recommendations for improving:

Heart rate (pulse) recovery after exercise:

There are several guidelines for heart rate recovery after exercise, based on factors such as the type of exercise. It is recommended that a good rate of recovery is 15–20 bpm in that an adult's heart rate should return to its pre-exercise resting state in 10–20 minutes. Trained athletes who are super fit will return to resting heart rate much more quickly. A heart rate recovery of less than 12 bpm indicates low fitness levels and a higher risk of cardiovascular disease.

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Blood pressure	Book
What are the published guidelines?	
Impact of abnormal readings on current physical health (short term)	
Potential risk of abnormal readings to physical health (long term)	
Established recommendations for improving:	

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Activity B2: Lifestyle indicators

Learning outcome:		<input checked="" type="checkbox"/> B: Interpreting health indicators <input checked="" type="checkbox"/> C: Person-centred approach to improving health
Topics covered:		You will need:
★ B2: Lifestyle indicators ★ C2: Established recommendations for eating a balanced diet, getting enough physical activity, quitting smoking, sensible alcohol consumption and stopping substance misuse		<input checked="" type="checkbox"/> All presentations <input checked="" type="checkbox"/> Case studies 1, 2 and 4

Read *Presentation 1* by the dietician, *Presentation 2* by the community sport and the social prescriber, *Presentation 4* by the youth worker, *Case Study 1* about Thea and *Case Study 4* about Meera.

All these presentations and case studies refer to lifestyle factors affecting people. The different professionals can help them improve their situations by making lifestyle changes.

Work in small groups; each group should choose one of the following factors:

- Nutrition
- Physical activity
- Smoking
- Alcohol
- Substance misuse

Do your own research into the official guidelines and recommendations about your chosen factor and prepare a presentation to give to the rest of the class. In particular, consider:

- The government's *Eatwell Guide (nutrition)*
- The UK Medical Officers' guidelines on *physical activity* and *alcohol*
- The government's guidance on *smoking* and *substance misuse*

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Activity C1: A person-centred approach

Learning outcome:	<input checked="" type="checkbox"/> C: Person-centred approach to improving health
Topic covered:	You will need:
★ C1: Person-centred approach	✓ Presentation 3

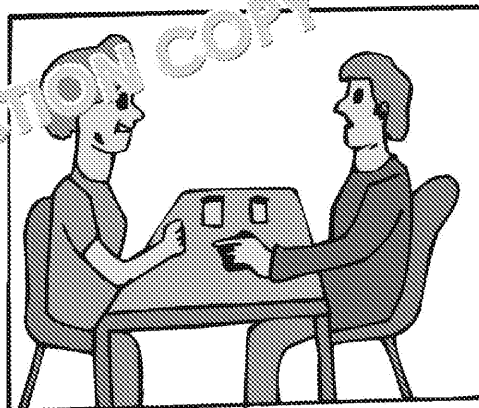
Task A: Read *Presentation 3* by the social prescriber and the following case study.

Case study about client:

The client is a 30-year-old man who lives alone in a flat on the Parkside Estate. He has a shortness of breath which does not prevent him from working but make it difficult for him to hold down a job. He is unemployed and would really like to work with animals.

He was referred to the social prescriber by his GP after he had consulted her about his depression. The GP believes that his shortness of breath is probably due to the fact that he is depressed due to loneliness, as he has very little social contact, apart from his brother who visits him every two or three weeks. When he does not have a job, he spends his days watching television. He goes into town just for something to do, but he cannot go far because of his breathing problem.

Now, in pairs, role-play a consultation between the client and the social prescriber. The social prescriber of the client can expand on the facts outlined in the case study if they think it is necessary. To improve the 'client's' health and wellbeing, the 'social prescriber' should consider the needs identified in Activity A6 and bear in mind the need for a person-centred approach. The social prescriber should consider the client's needs and wishes, his age, his physical and emotional health, and his lifestyle.



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Task B: Now discuss what you think are the benefits of this approach.

Benefits for the client:



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Benefits for the social prescriber:



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Benefits for health and social care services more generally:



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Activity C2: Sources and types of

Learning outcome:	<input checked="" type="checkbox"/> C: Person-centred approach to improving health
Topic covered:	You will need:
★ C2: Support available when following recommendations	<input checked="" type="checkbox"/> Presentations 1, 2 and 4 <input checked="" type="checkbox"/> All case studies

Read *Presentation 1* by the dietician, *Presentation 2* by the community sport and *Presentation 4* by the youth worker. In particular, note the help and support they

Then read *Case Study 1* about Theo, *Case Study 2* about Ivan, *Case Study 3* about *Case Study 4* about Meera.

Work in groups of four.

1. Each member of the group should take one of the 'Person' boards provided.
2. Spread out the 'Supporters' and 'Support' cards provided face up.
3. Each member of the group should decide which three supporters would be on their board, and place the appropriate cards in the 'Supporter' squares on the board.
4. Each member of the group should then decide what support each of the supporters offer, and place the appropriate cards in the 'Support' squares on their board, whether the support is formal (e.g. a professional, a formally trained volunteer) or informal (e.g. family, friends, colleagues, the local community).
5. Each 'Supporter' and 'Support' card can only be used once; therefore, if two groups will have to negotiate to agree which board is most appropriate.






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'Person' board 1 for Activity Theo




 <p>Supporter 1</p>	<p>Support offer</p>
 <p>Supporter 2</p>	<p>Support offer</p>
 <p>Supporter 3</p>	<p>Support offer</p>

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'Person' board 2 for Activity Ivan




 <p>Supporter 1</p>	<p>Support offer</p>
 <p>Supporter 2</p>	<p>Support offer</p>
 <p>Supporter 3</p>	<p>Support offer</p>

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'Person' board 3 for Activity Molly




 <p>Supporter 1</p>	<p>Support offer</p>
 <p>Supporter 2</p>	<p>Support offer</p>
 <p>Supporter 3</p>	<p>Support offer</p>

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'Person' board 4 for Activity Meera

 <p>Supporter 1</p>	<p>Support offer</p>
 <p>Supporter 2</p>	<p>Support offer</p>
 <p>Supporter 3</p>	<p>Support offer</p>

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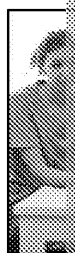


'Supporter' cards for Activity

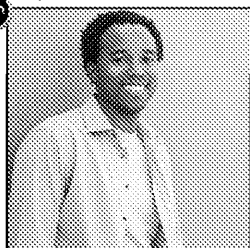
Dietician



Mental health



Youth worker



Dunsbridge



Mother



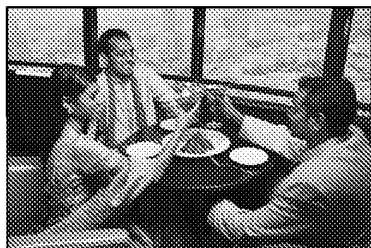
England



Community sport and health officer



Local Hindu community



Care



School counselling



Sheltered accommodation






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'Support' cards for Activity 1



<p>Advice on diet and healthy eating</p> 	<p>Support in getting cutting back</p>
<p>Emotional and practical help with her bereavement and her mobility problems</p>	<p>Help in dealing with her health</p>
<p>Emotional support and practical help in trying to gain some qualifications and break out of his cycle of addiction and depression</p>	<p>An exercise programme to lose weight</p>
<p>Emotional support in their shared experience of the family tension</p> 	<p>Social interaction to share experiences</p>
<p>Information and advice to help him choose the right career path</p>	<p>Help in improving his meeting others</p>
<p>Support in increasing her self-esteem after bullying incidents</p> 	<p>Help with housework</p>

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Activity C3: Barriers to accessing

Learning outcome:	<input checked="" type="checkbox"/> C: Person-centred approach to improving health
Topic covered:	You will need:
★ C3: All barriers	✓ All presentations and case studies cards provided

A barrier is something unique to the health and social care system that prevents service. There are a number of potential barriers clients might encounter when accessing services; these can be:

- Physical barriers, where clients have difficulty getting around
- Sensory barriers, where clients have hearing or visual impairments
- Social and cultural barriers, where clients have different social or cultural backgrounds
- Language barriers, where clients do not speak English as a first language or have a different dialect
- Geographical barriers, where service providers are some distance away and clients have difficulty travelling
- Resource barriers, where service providers do not have the resources to provide services for all clients
- Financial barriers, where clients cannot afford to pay for services

Read *Presentation 1* by the dietician, *Presentation 2* by the community sport and leisure officer, *Presentation 3* by the social prescriber, *Presentation 4* by the youth worker, *Case Study 1* about Thea, *Case Study 2* about the young person, *Case Study 3* about Molly and her family, and *Case Study 4* about Meera.

Then, in small groups, play the 'Barriers' game.

Rules of the game:

1. Shuffle the 'Barrier' and 'Solution' cards provided and spread them out face down. (You can create more cards for your own, using the template provided.)
2. Players take it in turns to turn over one card from each pile.
3. The aim is to match a 'Barrier' card with the corresponding 'Solution' card.
4. If the two cards match, the player keeps them and has another turn.
5. If they do not match, the player returns the cards to their respective piles and the next player takes their turn.
6. The winner is the player with the most correct pairs.




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'Barrier' cards for Activity C



<p>Physical barrier</p> <p>A member of the youth club who uses a wheelchair cannot get into the minibuses to go on one of the activities.</p>	<p>Physical barrier</p> <p>Meera can no longer see the GP's surgery.</p>
<p> Sensory barrier</p> <p>One of the social prescriber's clients has been deaf since birth and has difficulty understanding what is being said.</p>	<p>Language barrier</p> <p>Because of his poor hearing, he always understands only half of what is said.</p>
<p>Geographical barrier</p> <p>Meera cannot go to the temple, which is some distance away from Dunsbridge.</p>	<p>Social and cultural barrier</p> <p>A patient feels uncomfortable being examined by a doctor of a different gender.</p>
<p>Social and cultural barrier</p> <p>Research shows that some men do not see a GP as well as women, probably because it has traditionally been seen as a woman's role to cook.</p>	<p>Resource barrier</p> <p>The youth workers do not have access to a drug prevention programme in the area.</p>
<p> Financial barrier</p> <p>A patient with multiple sclerosis cannot afford the cost of travel to the specialist clinic in the nearest city.</p>	<p>Sensory barrier</p> <p>A visually impaired patient cannot see the GP's surgery.</p>
<p>Resource barrier</p> <p>Molly has been discharged from the mental hospital because of a lack of resources.</p>	<p>Financial barrier</p> <p>A client on Universal Credit cannot pay for her eye test.</p>
<p> Language barrier</p> <p>A patient has speech problems and sometimes needs help communicating with officials.</p>	<p>Geographical barrier</p> <p>A patient's condition requires regular visits to the GP's surgery, but he lives far away.</p>




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'Solution' cards for Activity



<p>Solution</p> <p>The surgery can provide leaflets in Braille.</p>	<p>Solution</p> <p>The dietician can ensure advice takes into account to cater for</p>
<p> Solution</p> <p>She can apply for an optical voucher to help with the cost.</p>	<p>Solution</p> <p>The youth club can be made accessible.</p>
<p>Solution</p> <p>The social prescriber can contact local community groups to try to find a volunteer who can interpret.</p>	<p>Solution</p> <p>She can ask other members of the community to take a contribution to</p>
<p>Solution</p> <p>The surgery should have a straight chair and lift for people with mobility problems to use.</p>	<p>Solution</p> <p>The surgery can offer a female service.</p>
<p> Solution</p> <p>He can be provided with telehealth equipment to monitor his condition remotely.</p>	<p>Solution</p> <p>The social prescriber who is trained in</p>
<p>Solution</p> <p>The social prescriber can refer him to Dunsbridge Care's advocacy service.</p>	<p>Solution</p> <p>She is being cared for by Cy</p>
<p> Solution</p> <p>While waiting, the youth worker and Theo's mother can support him in kicking his habit on his own.</p>	<p>Solution</p> <p>She can apply for NHS 'Low Income' 'Costs'</p>

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'Additional' cards for Activity

The template below can be used to create more cards to expand on the activities.



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Activity C4: Obstacles clients may encounter

Learning outcome:	<input checked="" type="checkbox"/> C: Person-centred approach to improving health and social care
Topic covered:	You will need:
★ C3: All obstacles	✓ All four case studies

An obstacle is something personal to an individual that prevents them from making progress. An obstacle a client may encounter can be divided into five main categories:

- Emotional/psychological – e.g. anxiety, lack of motivation, low self-esteem or depression
- Time constraints – e.g. work or family commitments
- Lack of resources, including financial resources
- Unrealistic expectations – either unachievable by the individual, or unachievable by the service
- Lack of support

Read *Case Study 1* about Theo, *Case Study 2* about Ivan, *Case Study 3* about Molly and *Case Study 4* about Meera.

In groups of five, play the 'Obstacles' game.

Rules of the game:

- Each player should take one of the 'Obstacle' boards provided.
- Spread out the 'Situation' cards provided face down.
- Take it in turns to turn over one card. If the situation falls into the category on the board, place it face up on the board. If not, replace it face down with the others. For example, if a situation where a client is given an appointment during working hours, that falls into the category 'Time constraints'. If you have that board, you would keep the card; if not, you would not.
- The first person to fill their board is the winner.




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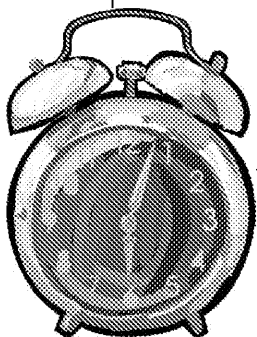
'Obstacle' board 1 for Activity C3: Emotional/psychological

 <p>Situation 1</p>	Situation 2
Situation 3	Situation 4



'Obstacle' board 2 for Activity C4: Time

 <p>Situation 1</p>	Situation 2
 <p>Situation 3</p>	Situation 4




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'Obstacle' board 3 for Activity C4: Lack of resources

 <p>Situation 1</p>	Situation 2
Situation 3	Situation 4



'Obstacle' board 4 for Activity C4: Unrealistic expectations

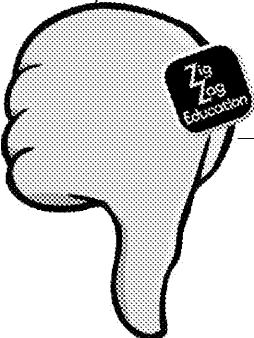
 <p>Situation 1</p>	Situation 2
 <p>Situation 3</p>	Situation 4

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‘Obstacle’ board 5 for Activity C4: Lac



Situation 1	Situ
Situation 3	Situ




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'Situation' cards for Activity

<p>Situation A</p> <p>As the programme for overcoming his addiction becomes more difficult, Theo has problems maintaining his recovery.</p> 	<p>Situation B</p> <p>One of the social workers is self-employed and has to take time off for the summer holidays, so Theo cannot get the recommended support.</p>
<p>Situation C</p> <p>Ivan has difficulty finding the money to pay the membership fee for the leisure club, as recommended by the community sport and health officer.</p>	<p>Situation D</p> <p>The teaching assistant who is a pupil at Parklands has learning difficulties and sets the work too fast for Ivan to follow.</p>
<p>Situation E</p> <p>Meera has difficulty accessing the support provided by Dunsbridge Care because the taxi service is unreliable and she cannot afford the taxi fare.</p> 	<p>Situation F</p> <p>A breast cancer patient is having difficulty getting to appointments for treatment because of her children and her husband's inability to care for them.</p>
<p>Situation G</p> <p>Molly's self-esteem has been affected by the bullying she experienced, and she sometimes feels she's not worth helping.</p>	<p>Situation H</p> <p>Although Ivan is not able to lose weight, he cannot target the diabetes risk factor.</p>
<p>Situation I</p> <p>Instead of supporting him in trying to overcome his addiction, Theo's friends try to persuade him to try harder drugs.</p> 	<p>Situation J</p> <p>The local swimming pool is closed so Dunsbridge Care can no longer offer swimming lessons and cannot get the patient to the prescribed exercise.</p>

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<p>Situation K</p> <p><i>Ivan's GP has suggested that he take regular blood pressure readings, but he doesn't have access to a blood pressure monitor.</i></p>	<p>Situation L</p> <p><i>The tension in the relationship between Molly and Grant has increased due to his stress and anxiety, which is affecting his well-being.</i></p>
<p> Situation M</p> <p><i>A patient needs specialist treatment, but she has problems taking the time off work to travel to the treatment centre.</i></p>	<p>Situation N</p> <p><i>Michael and Sarah have different allowances for their mobile phones, which causes problems and expectations that differ from the norm.</i></p>
<p>Situation O</p> <p><i>Grant cannot speak to his parents about his confusion over his sexuality and gender identity, and, therefore, lacks the support to work through it.</i></p>	<p>Situation P</p> <p><i>Meera's family is not supportive because she is in a relationship with a man who she no longer needs, and she lacks the support to work through it.</i></p>
<p> Situation Q</p> <p><i>Because of Theo's poor relationship with his stepfather, he has an emotional block with his mother, and she has difficulty engaging with him.</i></p>	<p>Situation R</p> <p><i>Ivan has no family locally to support him, which makes it difficult for him to make lifestyle changes and get used to getting on his own.</i></p>
<p>Situation S</p> <p><i>Ivan's irregular working hours sometimes make it difficult for him to attend his English classes.</i></p> <p></p>	<p>Situation T</p> <p><i>A dementia patient has difficulty to remember to take their medication at the right time, which affects their condition.</i></p>

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Answers

Introductory activity

Term	Definition	
Abuse	Cruel or violent treatment of a person or animal	Physical
Balanced diet	A diet that contains all the right nutrients in the right proportions and quantities for good health	Getting avoiding
Barrier	Something in the way that prevents someone accessing a service	No when surgery
Blood pressure	The force of blood passing through the arteries	High/low (hypertension)
Body mass index	A measure used to determine whether a person's weight is healthy based on their height and weight	Underweight
Cardiovascular conditions	Conditions affecting the heart or blood vessels	Coronary
Disability	A physical or mental impairment that has a substantial and long-term negative effect on one's ability to do normal daily activities	Loss of difficult
Discrimination	Treating particular groups of people less favourably than others	Racism
Empathy	The ability to understand and share the feelings of others	Listening moods
Formal support	Support provided by official bodies or trained volunteers	GP, social counsellor
Gender identity	Whether one considers oneself to be male or female, or neither	Transgender
Gender roles	The roles and responsibilities people believe are appropriate to a particular gender	Women do reproductive
Genetic predisposition	The increased likelihood of inheriting a disease or condition	The risk of disease
Health	A state in which a person is able to function well physically and mentally	Fitness capacity
Heart rate (pulse)	The frequency of the heart's beating, measured by the number of beats per minute	High, low
Holistic approach	An approach that looks at all aspects of a person's wellbeing, not just the absence of disease	Social wellbeing
Informal support	Support provided by unofficial or untrained individuals or organisations	Friends
Inherited condition	A condition that is inherited from one's parents or forebears	Sickle cell
Mentoring	Helping or giving advice to a less experienced person	Youth
Motivation	The desire or driving force that makes people act in a certain way	Keeping smoking
Neglect	Failure to take proper care of someone	Not providing clothes
Obstacle	Something specific to a person that makes it difficult for them to make progress	Lack of unrealistic
Person-centred care	Care that is tailored to a person's individual needs and preferences	Choice of choice
Religion	A system of belief in a superhuman power	Christianity
Sensory impairment	The loss or impairment of one or more of the five senses	Deafness
Sexual orientation	The gender or genders to which one is sexually attracted	Heterosexual
Social exclusion	Not having the opportunity to participate fully in social and other activities	Being left out of join
Social inclusion	Providing opportunities and access to resources for everyone in society, especially disadvantaged groups	Including support service
Wellbeing	The state of being comfortable, healthy and happy	Feeling

Accept other suitable answers.

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Activity A1

Students to categorise the factors they identify from each case study as either:

Physical factors (P) / Lifestyle factors (Ls) / Social factors (S) / Cultural factors (C) / Economic factors (En) / Life events (Le)

Then, students to explain whether they have a positive effect or a negative effect on health.

Case Study 1: Theo

- **Racial abuse (S)** – Negative effect – Racial abuse can cause a mental health problem, anxiety, which could impact physical health, therefore increasing the risk of cardiovascular disease. Racial abuse can also lead to feelings of isolation, thereby lowering self-esteem, which could lead to disconnecting from their community and, therefore, social exclusion, leading to a further mental health problem.
- **Unemployment (Ls)** – Negative effect – This leads to poverty, and all the physical problems associated with it (e.g. poor accommodation), but the lack of a structured day can have a positive effect on self-esteem and lack the motivation to do anything.
- **Drinking and drugs (Ls)** – Negative effect – They can affect his physical health, with alcohol and drugs leading to him associating with people who are unable or unwilling to help him, and this can mean he has less money to spend on food and other essentials.
- **Depression (P)** – Negative effect – Depression leads to a lack of sleep and can affect his motivation to do anything. It is also likely to affect his motivation, including the motivation to look after himself.

Case Study 2: Ivan

- **Anxiety about his family (P)** – Negative effect – It is likely to have an effect on his mental health, leading to poor sleep. He may feel guilty about leaving his family behind, which will make the effect worse.
- **Low-paid job (Ec)** – Negative effect – As with Theo, this will lead to poor diet and possibly low self-esteem.
- **Pollution (En)** – Negative effect – As explained in the case study, this makes his breathing worse, leading to respiratory problems.
- **Smoking (Ls)** – Negative effect – As also explained in the case study, smoking affects the possibility of developing diabetes more likely. It can also cause lung and throat cancer.
- **Poor diet (Ls)** – Negative effect – A poor diet will affect his health and wellbeing. As he is developing diabetes, it is particularly important that he has a nutritious diet.
- **Inability to cook (C)** – Negative effect – His reliance on ready meals and fast food means he is not getting the nutrients he needs for him to eat well.
- **Obesity (P)** – Negative effect – His obesity will affect his physical health, leading to joint problems. If he were to develop diabetes, this will lead to major health problems.
- **Isolation (S)** – Negative effect – This will affect his self-esteem and could lead to depression, as smoking more heavily and not getting enough exercise, and make it more difficult to integrate into the community.
- **Leaving his own country (Le)** – Negative effect – The trauma of leaving his own culture and family in probably difficult circumstances is likely to affect his mental wellbeing.

Case Study 3: Molly

- **Anxiety and depression (P)** – Negative effect – These will make her mood swings worse, leading to an eating disorder. They may also feed into her eating disorder.
- **Eating disorder (P/Ls)** – Negative effect – An eating disorder is a lifestyle factor, but malnutrition, which in turn can bring about a number of other physical and mental health problems, a tendency to illness, low self-esteem and other mental health issues.
- **Bullying (S)** – Negative effect – Bullying will lower her self-esteem and prevent her from attending school, leading to social exclusion and further mental health problems.
- **Tension at home (En)** – Negative effect – This will affect her psychologically, leading to her spending a lot of time on the Internet, visiting unsuitable websites.
- **Lack of parental support (S)** – Negative effect – The fact that her parents are too poor to help her means that they are unable to help her cope with her mental health problems.

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Case Study 3: Grant

- **Cystic fibrosis (P)** – Negative effect – *The condition can seriously affect his physical health. The condition he has when he catches COVID had. His symptoms can also lead to bullying, social exclusion and low self-esteem.*
- **Tension at home (En)** – Negative effect – *As with Molly, this will affect him psychologically. He is likely to experience depression. Like Molly, he will spend a lot of time alone, time he is likely to spend being bullied.*
- **Lack of parental support (S)** – Negative effect – *As with Molly, the fact that his parents are busy means that he is unable to discuss the effects of his cystic fibrosis and this is adding to his stress and anxiety.*
- **Confusion over sexual orientation and gender identity (C)** – Negative effect – *The effect as he struggles to resolve it. He is also likely to be anxious about the response from others. This can explain how he feels about himself as he is already subject to bullying because of the symptoms of his condition.*

Case Study 4

- **Heart attack (P)** – Negative effect – *She will have to come to terms with the change in her physical abilities, and with any effects of her medication. She will also probably be at risk of having another heart attack.*
- **Rheumatoid arthritis (P)** – Negative effect – *She will suffer physical pain and reduced mobility, which is likely to affect her psychologically.*
- **Poor eyesight and hearing (P)** – Negative effect – *These sensory impairments could make it difficult for her, making her feel excluded and isolated.*
- **Loss of her husband (Le)** – Negative effect – *His death will cause her great distress, at the time. More than this, though, it also affects her lifestyle, as she has to adapt to doing things on her own and finding emotional support elsewhere.*
- **Her religion (C)** – Positive effect – *Her beliefs help her to cope with the loss of her husband and the turmoil of having to adapt her lifestyle.*
- **Support from the Hindu community (S)** – Positive effect – *This support helps her emotionally with her widowhood; socially, in providing a 'ready-made' network of friends; and practically, by helping her with transport.*
- **Involvement with Dunsbridge Care (C)** – Positive effect – *The weekly social club provides her with companionship, while her work at the centre helps her emotionally by making her feel part of the community. Both also provide her with a sense of purpose for her week.*
- **The exercise class (Ls)** – Positive effect – *This helps her physical wellbeing in a way that her medication cannot, and, like her involvement with Dunsbridge Care, gives her a sense of purpose.*

Students might also add, for both Molly and Grant, their father's attitude to gender roles and its effect on the children's wellbeing.

Accept other suitable answers.

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Activity A2

Cystic fibrosis

Effects

- *Physical*
 - Risk of chest infections
 - Shortness of breath
 - Difficulty putting on weight or growing
 - Diarrhoea
- *Emotional*
 - Stress of coping with social effects
- *Social*
 - Possible teasing/bullying about lack of growth
 - Inability to take part in sport owing to breathing problems – social isolation/exclusion
 - Embarrassment over the diarrhoea – low self-esteem and confidence

What can be done

All aspects of wellbeing can be helped by alleviating the physical symptoms, including:

- A high-calorie diet to help with growth and weight gain
- Medication to prevent infection
- Physical activity to clear the build-up of mucus

Some strategies to improve social and emotional wellbeing include:

- Helping to build a supportive network with friends, family and support groups to cope with condition
- Encouraging individuals to talk about how they are feeling and provide emotional support with use of therapists
- Alleviating their feeling of isolation by encouraging them to join a club or another social group

Sickle cell disease

Effects

- *Physical*
 - Bouts of acute pain
 - Increased risk of infection
 - Tiredness
 - Shortness of breath
 - Possible delayed growth
- *Emotional*
 - Difficulty coping with the pain when it occurs
 - Frustration at being unable to take part in physical games
- *Social*
 - Reluctance to socialise during painful episodes
 - Inability to take part in physical activities because of tiredness and shortness of breath – social exclusion
 - Teasing/bullying about delayed growth

What can be done

As with cystic fibrosis, all aspects of wellbeing can be helped by alleviating the physical symptoms.

- Drinking plenty of fluids and keeping warm to prevent dehydration and being cold
- Painkillers to cope with the pain
- Medication to prevent infection

Some strategies to improve social and emotional wellbeing include:

- As with cystic fibrosis, providing a supportive environment, including family, friends and support groups
- Emotional support during painful episodes
- Encouraging individuals to become involved in clubs and other social activities to help with isolation

Accept other suitable answers.

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Activity A3

Case Study 2: Ivan

- Exercise – will help reduce his weight and can help to reduce stress and anxiety, improve his mood and might provide structure to his day.
- A healthy, low-calorie diet – will reduce his weight, and thus his chances of getting diabetes and improve his health and wellbeing.
- Stopping smoking – will improve his breathing and also reduce his chances of getting lung cancer.
- A weight-loss group, including weight-loss goals – will motivate him and support him. The group will provide social contact and reduce his feelings of isolation.
- Possibly medication, including insulin. If medical interventions, such as those mentioned above, are not successful, medication may be necessary for the diabetes. To help bring his weight down, medication to help with blood sugar control may be necessary. Insulin medication – including insulin – may be necessary.

Case Study 4

- Light exercise – will improve her overall health and wellbeing, reduce stress and anxiety, improve her mood and might provide structure to her day.
- Medication, including aspirin, beta blockers and statins – will help prevent another heart attack.
- Social activities – will help reduce her anxiety about having another heart attack, establish a heart support group and meet other people who have had the same experience.

Accept other suitable answers.

Activity A4

There are a number of points that students could include in their letter/leaflet, including:

Signs

- Avoiding social situations, isolation
- Seeking relief in drink or drugs
- Compulsive behaviour
- Difficulty sleeping
- Problems with eating
- Difficulty concentrating

How they can help

- Spending time with other children so that there are opportunities to talk about their feelings and encourage them to do so
- Explaining that anxiety and stress are part of a person's development and reassuring them about situations causing the anxiety
- Not becoming anxious themselves, or overprotective (by, for example, trying to avoid all situations that might cause anxiety)
- Establishing everyday routines so that the young person feels secure
- Practising relaxation techniques with them
- Seeking professional help if necessary

Accept other suitable answers.

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Activity A5

The occupational therapist's recommendations will depend on their assessment of the client. Therefore, the answers below may not apply to all clients.

Adaptations

- *For her physical impairment*
 - A stairlift if the home has stairs
 - A wet room instead of a bathroom
 - A raised toilet seat
 - Grab rails at steps, next to the toilet and in the shower
- *For her sensory impairments*
 - A flashing light to indicate when the door is open

Aids

- *For her physical impairment*
 - An electric reclining chair
 - A perching stool in the bathroom / wet room and in the kitchen
 - A walking frame
 - A walking stick
 - A mobility scooter
 - Special kitchen equipment for arthritic hands
- *For her sensory impairments*
 - A minicom and large-button telephone
 - A vibrating alarm clock
 - A liquid level indicator
 - A magnifier
 - Enhanced hearing aids
 - A writing frame
 - An assistive listening device

Accept other suitable answers.

Activity A6

Students' research will obviously uncover a wide range of different opportunities and services.

- Social clubs
- Leisure centres
- Swimming clubs
- Walking groups
- Gyms
- Dieticians
- Stop smoking services
- Drug rehabilitation services
- Voluntary groups
- Community groups
- Alcoholics Anonymous
- Food banks

Accept other suitable answers.

Students should design a leaflet or a poster that incorporates all or some of these ideas.

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Activity A7

Answers might include the following:

Social factors

- *Social exclusion*
 - Ivan. His poor English makes socialising difficult.
- *Social inclusion*
 - Meera. She is able to take part in the social activities provided by Dunsbridge.
- *Supportive relationships*
 - Theo. His mother is trying to support him in returning to education and change.
 - Grant. His youth worker is supporting him as he works through his confusion.
 - Meera. She gets support from the local Hindu community.
- *Unsupportive relationships*
 - Meera and Grant. Their parents do not provide help and support with their problems.
- *Bullying*
 - Molly. Bullying at school has undermined her self-esteem.
- *Discrimination*
 - Theo. He has been racially abused at school.

Cultural factors

- *Religion*
 - Meera. Her religion has provided comfort during her bereavement.
- *Gender roles*
 - Ivan. He has never had to cook for himself because in his culture cooking was a woman's role.
 - Molly's family. Michael believes it is Alison's role to look after Grant when he is unwell.
- *Gender identity*
 - Grant. He is confused about his gender.
- *Sexual orientation*
 - Grant. He is confused about his sexuality.
- *Community participation*
 - Meera. Her volunteering at the Dunsbridge Cars for Charity shop gives her a sense of purpose.

Economic factors

- *Employment situation*
 - Theo. He is unemployed.
 - Ivan. He is in a low-paid job.
- *Financial resources*
 - Theo. He is behind with his rent and, therefore, at risk of homelessness.

Environmental factors

- *Housing needs and conditions*
 - Theo. He is likely to become homeless.
 - Ivan. His flat is damp, which is affecting his health.
- *Home environment*
 - Molly and Grant. The tension in their home is affecting their mental wellbeing.
- *Pollution*
 - Ivan. His flat is on a main road, and the pollution is affecting his breathing.

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Activity A8

Discussions might include the following:

Theo

- The poor relationship with his stepfather led to his leaving home and living in poor – conditions – which have affected his physical and mental health.
- The breakdown of his home life has also led to depression and emotional problems.
- This in turn has caused him to start drinking and taking drugs, which will also have affected his physical and mental health.
- His refusal to go home will have had an impact on his relationship with his mother.

Ivan

- The fact that he is not used to adapt to living in a strange country, with a different culture and language, will have an impact on his mental wellbeing.
- With few qualifications and limited English, his income is low and, therefore, his living conditions are poor, affecting his physical – and probably also his mental – health.
- Because he is not used to cooking for himself, he is not eating a balanced diet, and this will affect his physical and mental health.
- Because his English is limited, he does not have any social life and, therefore, feels isolated, affecting his mental wellbeing.

Grant

- In the shorter term, his education and social life will have been severely interrupted, which will have an impact on his wellbeing.
- In the longer term, the tension between his parents over his care while he was ill will have an impact on his emotional wellbeing.
- This tension also prevents him from discussing his concerns about his gender identity with his parents.

Meera

- The immediate effect of her husband's death will have been emotional – a sense of loss and grief.
- In the longer term there would also have been a feeling of isolation, as she no longer has the support and activities with, which would affect her mental wellbeing.
- Her move to new accommodation away from the neighbourhood she knows, is like a further step towards isolation.
- Her inability to move around freely because of her disabilities, combined with her need for support, brought about by living in sheltered accommodation, will be psychologically stressful.

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Activity B1

Task B Accept other suitable answers.

Resting heart rate (pulse):

- The normal range is 60–100 beats per minute (bpm)
- The current impact of an abnormal heart rate on physical health might include:
 - High resting heart rate (tachycardia) – can cause blood clots
 - Low resting heart rate (bradycardia) – can cause light-headedness, fatigue, fainting
 - Irregular heart rate (e.g. atrial fibrillation) – can cause palpitations and shortness of breath
- The longer-term risk of abnormal heart rate on physical health could include:
 - Increased risk of heart disease
 - Heart failure
 - Blood clots – increasing the risk of strokes
 - Sudden cardiac arrest
- Established recommendations for improving heart rate:
 - Exercise
 - Staying hydrated
 - Limiting intake of alcohol and other stimulants
 - Getting enough sleep
 - Spending time outdoors

Heart rate (pulse) recovery after exercise is included on worksheet.

Blood pressure

- Low is 90/60 mmHg or under; ideal is between 90/60 mmHg and 120/80 mmHg; pre-hypertension is 120–139/80–89 mmHg; high is over 140/90 mmHg
- The current impact of an abnormal blood pressure on physical health might include:
 - Low blood pressure – can lead to light-headedness, confusion, and fainting or dizziness
 - High blood pressure – can lead to headaches, arm pain, shortness of breath, nosebleeds
- The longer-term risk of abnormal blood pressure on physical health could include:
 - Low blood pressure – poor circulation could lead to organ damage and, in severe cases, shock
 - High blood pressure – kidney disease, vision loss, heart disease or stroke. There is a 50% increase in the risk of stroke for every 10 mmHg increase in blood pressure
- Established recommendations for improving blood pressure:
 - Exercise
 - Losing excess weight
 - Stopping smoking
 - Limiting intake of alcohol and other stimulants
 - Getting enough sleep
 - Avoiding stress
 - Eating less salt and sugar and eating fewer refined/processed foods

Body mass index

- Underweight is below 18.5 kg/m²; healthy is 18.5–24.9 kg/m²; overweight is 25–29.9 kg/m²; severely obese is 40 kg/m² or above
- The current impacts of high and low BMI on physical health might include:
 - Someone who is underweight will often lack energy and feel tired.
 - Someone who is overweight will often also feel tired, and in addition can become breathless and have difficulty with physical activity. These effects will be increased in people who are obese and they are also likely to suffer from pain in the joints.
- The longer-term risks of high and low BMI on physical health could include:
 - Underweight people are at risk of malnutrition, a weakened immune system and osteoporosis
 - Overweight people are at risk of stroke, certain cancers, type 2 diabetes and liver disease for obese and severely obese people.
- Established recommendations for maintaining a healthy weight:
 - Eat regular meals, including breakfast
 - Eat plenty of fruit and vegetables and foods high in fibre
 - Participate in exercise
 - Drink plenty of water
 - Avoid eating junk food
 - Reduce alcohol consumption
 - Count calories

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Activity B2

Presentations should consider the following material and begin to recognise how we can use official data often provided by the government and other organisations.

Nutrition

- The government's Eatwell Guide: <https://www.gov.uk/government/publications/eatwell-guide>
 - Eat at least five portions of fruit and vegetables a day
 - Base meals on starchy carbohydrates
 - Eat some beans, pulses, fish, eggs, meat and other protein-rich foods
 - Eat two portions of oily fish a week
 - Have some dairy or dairy alternatives
 - Choose unsaturated fats and consume in small amounts
 - Eat small amounts of foods high in fat, salt and sugar, and less often
 - Drink at least eight glasses of water a day
- Adults should consume 2,000 calories (women) and 2,500 calories (men) a day
- Eat less salt – no more than 6 g a day
- The percentage of recommended energy sources from macronutrients:
 - carbohydrate 50% (of which 45% from starches, lactose in milk and fruit sugar)
 - fat 35% or less
 - protein 15%

The UK Chief Medical Officers' guidelines on physical activity:

<https://www.gov.uk/government/publications/physical-activity-guidelines-uk-chief-medical-officers>

- *Infants (less than 1 year)*
 - Infants should be physically active several times every day in a variety of ways and activity, e.g. crawling.
 - For infants not yet mobile, this includes at least 30 minutes of tummy time spread throughout the day; more is better.
- *Toddlers (1–2 years)*
 - Toddlers should spend at least 180 minutes (3 hours) per day in a variety of physical activity, including active and outdoor play spread throughout the day; more is better.
- *Pre-schoolers (3–4 years)*
 - Pre-schoolers should spend at least 180 minutes (3 hours) per day in a variety of physical activity, including active and outdoor play. More is better; the 180 minutes should include at least 60 minutes of moderate-to-vigorous intensity physical activity.
- *Children and young people (5–18 years)*
 - Children and young people should engage in moderate-to-vigorous intensity physical activity for at least 60 minutes per day across the week. This can include all forms of activity including travel, after-school activities, play and sports.
 - Children and young people should engage in a variety of types and intensities of activity to develop movement skills, muscular fitness and bone strength.
 - Children and young people should aim to minimise the amount of time spent being sedentary, and where possible should break up long periods of not moving with at least light physical activity.
- *Adults (19–64 years)*
 - For good physical and mental health, adults should aim to be physically active every day, rather than none, and more is better still.
 - Adults should do activities to develop or maintain strength in the major muscle groups, such as gardening, carrying heavy shopping, or resistance exercises. Muscle strengthening should be done at least two days a week, but any strengthening activity is better than none.
 - Each week, adults should accumulate at least 150 minutes (2.5 hours) of moderate intensity activity (such as walking or cycling); or 75 minutes of vigorous activity (such as running); or even more of any combination of moderate and vigorous intensity activity.
 - Adults should aim to minimise the amount of time spent being sedentary, and where possible should break up long periods of inactivity with at least light physical activity.
- *Older adults (65 years and over)*
 - Older adults should participate in daily physical activity to gain health benefits for physical and mental health, wellbeing and social functioning. Some physical activity brings some health benefits compared to being sedentary, while more activity brings greater health and social benefits.

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- Older adults should maintain or improve their physical function by undertaking maintaining muscle strength, balance and flexibility on at least two days a week. Sessions involving moderate aerobic activity or could be additional sessions aimed at components of fitness.
- Each week older adults should aim to accumulate 150 minutes (2.5 hours) of moderate activity, building up gradually from current levels. Those who are already regularly active should aim to build up through 75 minutes of vigorous activity, or a combination of moderate and vigorous activity. Weight-bearing activities which create a load through the body help to maintain bone density.
- Older adults should break up prolonged periods of being sedentary with light activity, at least with standing, as this has been shown to have health benefits for older people.

The government's guidance on smoking:

<https://www.gov.uk/government/publications/smoking-and-tobacco-applying-all-our-help-to-stop-smoking>

- Smoking causes a range of diseases and conditions including cancer, chronic obstructive pulmonary disease, cardiovascular disease.
- Smoking is highly addictive mainly because it delivers nicotine very quickly to the brain, making it difficult to quit.
- Most smoking-related health problems are caused by other components in tobacco, not just nicotine.
- One or more medically licensed nicotine-containing products could be used as a part of a plan to stop smoking, either temporarily or in the long term.
- Nicotine levels in medicinally licensed nicotine-containing products are much lower than in tobacco. Products that deliver nicotine makes them less addictive.
- Any risks from using medicinally licensed nicotine-containing products are much lower than from smoking. It has been demonstrated in trials to be safe to use for at least five years.
- Lifetime use of medicinally licensed nicotine-containing products is likely to be considered safe.

The UK Chief Medical Officers' alcohol guidelines:

<https://www.gov.uk/government/publications/alcohol-consumption-advice-on-low-risk-drinking>

- To keep health risks from alcohol to a low level it is advised not to drink more than 14 units of alcohol a week.
- If you regularly drink as many as 14 units a week, it is best to spread your drinking over the week. If you have one or two heavy drinking days a week, you increase your risk of death, liver disease, heart disease, accidents and injuries.
- The risk of developing a range of health problems (including cancers of the mouth, throat and oesophagus) is higher if you drink alcohol on a regular basis.
- If you want to cut down the amount you drink, a good way to help achieve this is to limit your drinking to one or two days a week.
- If you are pregnant or think you could become pregnant, the safest approach is not to drink alcohol at all. Drinking in pregnancy can lead to long-term harm to the baby. The greater the risk.

The government's guidance on substance misuse:

<https://www.gov.uk/government/publications/drug-misuse-and-dependence-uk-guidance>

The top five ways to prevent substance misuse are:

- Understand how substance misuse develops
- Avoid temptation and peer pressure
- Seek help for mental illness
- Examine the risk factors
- Keep a well-balanced life

Accept other suitable answers.

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Activity C1

Task A

Students' recommendations will depend on the facilities and services available in their area. The following suggestions for the kinds of support that may be discussed:

- Discussing work options – it is possible that the reason he has been unable to stick to a job may be unsuitable for his interests and abilities. His work coach at the job centre will have good advice but he might feel more comfortable with an independent professional discussion.
- Supporting him in investigating voluntary work in the area, especially at an animal shelter.
- Discussing his diet and cooking arrangements with a dietitian if necessary (or supporting him in applying for a cookery evening class if that is the option, which would also give him some social contact)
- Supporting him in joining an exercise class to help him lose weight (again, this could be a good way of making some social contact)
- Putting him in touch with voluntary or community organisations that run day centres

Accept other suitable discussion points.

Task B

- *Benefits for the client*
 - He will be comfortable and confident with your advice and support if he knows his own needs.
 - He will feel a sense of empowerment and independence, which will motivate him to improve his own health and wellbeing.
 - He is likely to feel more positive about his life, which in itself will improve his health.
- *Benefits for the social prescriber*
 - This approach, as opposed to concentrating on just one aspect of wellbeing, is more holistic than the job.
 - He will have the satisfaction of helping the client improve his whole life, not just his physical health prior to the surgery.
- *Benefits for health and social care services more generally*
 - It saves time and money in the long run.
 - Because it empowers the client, it is likely to reduce complaints.

Accept other suitable answers.

Activity C2

Theo

- Youth worker: Support in giving up drugs and cutting back on drinking (formal)
- Mother: Emotional support and practical help in trying to gain some qualifications and manage his addiction and depression (informal)
- Career adviser: Information and advice to help him choose the right career path (formal)

Ivan

- Dietician: Advice on diet and healthy eating (formal)
- Community sport and health officer: An exercise programme to help him lose weight (formal)
- English tutor: Help in improving his English and meeting others in the same situation (formal)

Molly

- Mental health nurse: Help in dealing with her mental health issues (formal)
- School counsellor: Support in increasing her self-esteem after bullying incidents (formal)
- Grant: Emotional support in sharing her experience of the family tension (informal)

Meera

- Local Hindu community: Emotional and practical help with her bereavement and her religious beliefs (informal)
- Dunsbridge Care volunteer: Social interaction through shared activities (informal)
- Sheltered accommodation warden: Help with practical household matters (formal)

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Activity C3

Barrier	
A member of the youth club who uses a wheelchair cannot get into the minibus to go on one of the activities.	The youth club can hire a
Meera can no longer get up the stairs at her GP's surgery.	The surgery should have
One of the social prescriber's clients has been deaf since birth and has difficulty understanding what is being said.	The social prescriber can
Because of his poor English, Ivan cannot understand the social prescriber.	The social prescriber can
Meera cannot get to the surgery, which is some distance away from her home.	She can ask other memb
A patient feels uncomfortable being examined by a doctor of the opposite gender.	The surgery can offer a c
Research shows that some men do not eat as well as women, probably because it has traditionally been the woman's role to cook.	The dietician can ensure
The youth worker is trying to help Theo access a drug programme, but the local programme is over-subscribed.	While waiting, the youth
A patient with multiple sclerosis cannot afford the cost of travel to the specialist clinic in the nearest city.	She can apply for assista
A visually impaired patient cannot read her GP's surgery information.	The surgery can provide
Molly has been discharged from the mental hospital because of a lack of resources.	She is being cared for in
A client on Universal Credit has difficulty paying for her eye tests and glasses.	She can apply for an opt
A client has speech problems and sometimes needs help communicating with officials.	The social prescriber can
A patient's condition needs to be monitored regularly, but he has difficulty going to his GP surgery to have it done.	He can be provided with

Activity

Emotional/psychological

- A
- G
- L
- Q

Unrealistic expectations

- D
- H
- N
- T

Time constraints

- B
- F
- M
- S

Lack of support

- I
- O
- P
- R

Lack of resources

- C
- E
- J
- K

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