

## Health indicators

### GETTING STARTED

Work in pairs to list ways to tell whether someone is well or not and how each way can be assessed.

### BEST PRACTICE

Every health and social care service provider should always be looking out for visual health indicators such as sweating and looking pale, as well as those that can be measured, as together they give a fuller picture of the health of the service user.

Health practitioners use physiological indicators (certain aspects of a person's health) to assess health and wellbeing. Some can be measured using pieces of equipment, but others are harder to assess.

### Health monitoring and illness prevention

Health monitoring means regularly checking that everything is as it should be. Monitoring in this way helps to detect any problems that may arise. These problems can then be dealt with quickly to give the best chance of sorting them out.

- A problem will continue to be monitored during its treatment.
- Support is given to help the person cope with all aspects of the problem.

An example of a problem detected in health monitoring is raised cholesterol. This could then be reduced through eating the correct diet. Lowering cholesterol could, in turn, reduce the risk of heart disease and stroke. Without health monitoring, these illnesses might have been undetected.

Illness prevention services aim to prevent people getting ill. Here are some examples.

- The National Healthy Schools Programme encourages children and young people to make informed health and life choices. It does this by providing knowledge, healthy school dinners, opportunities for exercise and an environment that increases emotional wellbeing.
- Health screening, such as dental and eye check-ups and breast screening, check that certain areas of our bodies are working as they should be or are in the condition they should be.
- Vaccinations help the body to fight infectious disease such as flu, tetanus, diphtheria and polio.

### Measurements of health

Measurements of health include measurable indicators, observed indicators and lifestyle.

#### Measurable indicators

These are shown in the diagram below. Measurable indicators can be taken using purpose-built pieces of equipment – for example, a thermometer to measure body temperature.

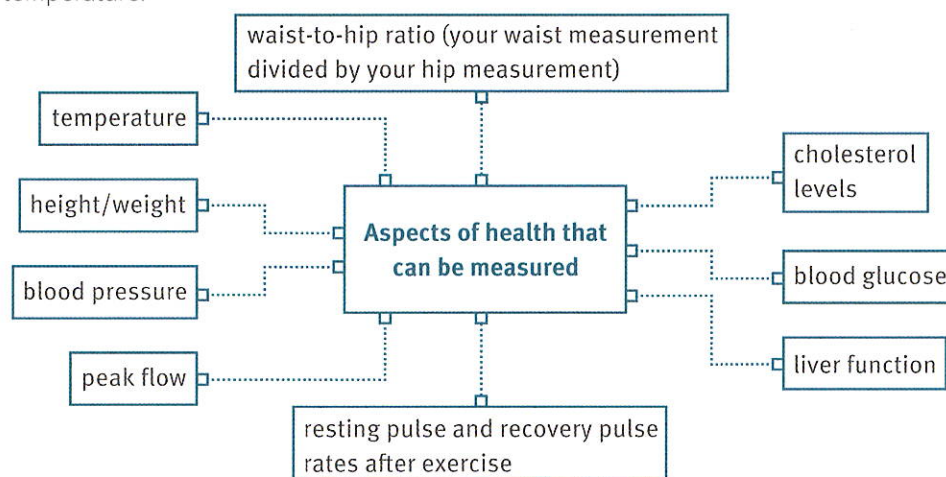


Figure 3.10: Examples of quantifiable health indicators

## Positive and negative aspects of lifestyle

Table 3.6 shows the positive and negative aspects of lifestyle. They are less easily measured than the ones shown in the diagram but are useful indicators of health. One way of assessing aspects of lifestyle is to collect the information in a questionnaire or at an appointment with a health practitioner.

■ **Table 3.6: Measuring the positive and negatives aspects of lifestyle**

Some positive aspects of lifestyle	Some negative aspects of lifestyle
<ul style="list-style-type: none"> <li>• Regular exercise</li> <li>• Personal hygiene</li> <li>• Supportive relationships</li> <li>• Adequate financial resources</li> <li>• Stimulating work</li> <li>• Use of health monitoring and illness prevention services, e.g. screening and vaccination</li> <li>• Use of services such as dentist and optician</li> <li>• Risk management to prevent accidents</li> <li>• Education</li> <li>• Leisure activities</li> <li>• Balanced diet</li> <li>• Enough sleep</li> </ul>	<ul style="list-style-type: none"> <li>• Genetic inheritance</li> <li>• Existing chronic conditions</li> <li>• Substance abuse (e.g. alcohol, nicotine, illegal drugs and misuse of prescription drugs)</li> <li>• Social isolation</li> <li>• Stress</li> <li>• Reluctance to seek help or access services</li> <li>• Poor housing</li> <li>• Environmental pollution</li> <li>• Poverty and/or unemployment</li> <li>• Unprotected sex</li> </ul>

## Observed indicators

A health practitioner will gain information by observing whether, for example, a person is pale or flushed, sweating, breathless, limping, behaving oddly, twitching, has a swelling, lump or rash and so on.

### LINK IT UP

To remind yourself about health care services and their roles (some include measuring health indicators covered here and in the next seven topics), go to Learning Outcome A in Component 2.

### ACTIVITY

- 1 Draw a body outline in the middle of an A4 page, leaving enough space to add some labels.
- 2 Use a height measure, bathroom scales, a blood pressure monitor, a body fat measure, a peak flow meter, a thermometer and a pulse reader or stopwatch to measure your pulse rate, height, weight, peak flow, blood pressure and temperature.
- 3 Add these measures of health to the body outline, with an arrow pointing to the correct part of your body.
- 4 You will be adding to this in future lessons so it becomes your health profile.

### CHECK MY LEARNING

- 1 Identify how different health professionals assess a person's health when someone has collapsed (a) in the street and (b) in hospital.
- 2 Explain how asking questions about an individual's lifestyle contributes to a GP assessment of their health and wellbeing.



## Resting heart rate (pulse) and recovery after exercise

### GETTING STARTED

Reflect on your own pulse rate and what you feel happening to it when you exercise or exert yourself in some way. Discuss with a partner what this may tell you about your level of fitness.

### KEY TERMS

**Cardiovascular system** is the system that moves blood, nutrients and gases around our bodies. It is made up of the heart, blood and blood vessels; also known as the circulatory system.

**Arteries** are blood vessels that carry blood away from the heart.



- Athletes often use their necks to measure pulse rate but it is easier for you to find the pulse in your wrist

A useful measure of health is to compare your resting heart rate with the rate after exercise and see how long it takes to return to its normal resting rate.

### Pulse rate

Your pulse rate is the measure of how fast your heart is beating. In other words, your pulse rate is the same as your heart rate. This is because:

Every time your heart beats it pumps blood into your **cardiovascular system**.



These beats cause a pulse, or shock wave, that travels along the walls of the **arteries**.



This pulse is strong enough to be measured wherever an artery crosses a bone – most easily in the radial arteries in the wrist and the carotid arteries in the neck.

To measure your pulse rate:

- put the tips of two fingers on the radial pulse (just below the base of your thumb) in your wrist
- count how many beats there are in a certain time
- use the number to work out your pulse rate in beats per minute (bpm).

Say, for example, you measure 12 beats in 10 seconds. Multiply  $12 \times 6$  to get the number of beats in 60 seconds. The answer is 72, which means you have a resting pulse rate of 72 bpm. You must use the tops of your fingers, because these are the most sensitive. And remember, the thumb has a pulse of its own, so do not use it to take your pulse anywhere else.

### Resting pulse rate

The average resting pulse rate for an adult is about 60–100 bpm. The average for an athlete is lower, about 40–60 bpm. In other words, the fitter you are, the lower your resting pulse rate. This is because the heart gets bigger and stronger with exercise, so it becomes more efficient at pumping blood around the body. It can pump more blood round the body with each beat, which means it needs fewer bpm to pump the blood around. Babies and children have faster pulse rates. A new baby's rate can be 70–190 bpm.

The best way to measure your resting pulse rate is to:

- sit quietly for about 5 minutes, so you are calm and rested
- take at least three readings
- work out the average by adding the readings together and dividing by three.

You can also measure your pulse rate using a heart rate monitor on a fitness watch or using an app on your smartphone.

## Recovery after exercise

Your pulse rate increases after exercise and then returns to normal. But this can happen at different rates.

- A professional dancer, say, in a TV dance competition, can get their breath back and speak almost as soon as a dance has finished because their pulse rate quickly returns to normal.
- Their celebrity partner is often out of breath because they are not so fit and it takes their pulse rate longer to return to normal.

Measuring your pulse rate before and after exercise and seeing how many minutes it takes to return to normal is a good way of measuring how fit you are. The shorter your recovery time, the more fit you are.

The predicted maximum pulse rate is 220 minus your age. A healthy pulse rate during or just after exercise is 60 to 80 per cent of this. Here's an example for a 30-year-old:

$$\text{Predicted pulse rate} = 220 - 30 = 190$$

$$60\% \text{ of } 190 = 60/100 \times 190 = 114$$

$$80\% \text{ of } 190 = 80/100 \times 190 = 152$$

### ACTIVITY

- 1 Check your own resting pulse rate, then exercise (star jumps or running on the spot) for 2 minutes. Measure your new pulse rate immediately afterwards. Take a record of it every minute until it returns to normal and add how many minutes it took to your health profile (started in previous lesson).
- 2 Draw a graph of pulse rate (y axis) against time (x axis) to show your own recovery after exercise.
- 3 On the same graph paper, plot your friend's measurements (if willing to share them). What can you tell by looking at the lines on the graph?

### CHECK MY LEARNING

Look at the table.

- 1 Identify what this information tells you about the effects of regular exercise on pulse and breathing rates.
- 2 Explain the effect regular exercise has on the heart volume and volume of blood pumped out of the body by every beat.

	Before 6 months of regular exercise	After 6 months of regular exercise
Pulse rate (bpm)	84	69
Breathing rates (breaths per minute)	18	16
Heart volume (cm <sup>3</sup> )	128	141
Volume of blood pumped out of the heart by each beat (cm <sup>3</sup> )	64	76



## GETTING STARTED

Go back to your health profile to find your blood pressure reading. Now look at the diagram below. What range does your blood pressure fall into? Add it to your health profile.

	Systolic (top number)	Diastolic (bottom number)
High blood pressure	140–190	90–100
Pre-high blood pressure	120–140	80–90
Ideal blood pressure	90–120	60–80
Low blood pressure	70–90	40–60

Figure 3.11: This chart helps you to see how healthy your blood pressure is

## DID YOU KNOW?

Your blood provides all the organs in your body with the material it needs to stay healthy. Your arteries carry blood *away* from the heart and your veins carry blood to the heart.

## Blood pressure

You might have heard someone say something like: 'You make my blood pressure go up!' But did you know that blood pressure can be a very important health indicator?

## Blood pressure

Blood pressure is the pressure exerted by your blood against the walls of your arteries. It is measured in millimetres of mercury (mmHg) as two numbers shown one over the other.

- The top number is your systolic pressure – the maximum pressure in the arteries as the heart pumps blood out around the body.
- The bottom number is your diastolic pressure – the minimum pressure as the heart relaxes between beats.

Normal healthy blood pressure is between 90/60 mmHg and 120/80 mmHg.

## High blood pressure

Blood pressure between 120/80 mmHg and 140/90 mmHg, is referred to as pre-high blood pressure. This means you are in danger of developing high blood pressure. High blood pressure is called 'hypertension'. It is 140/90 mmHg or above. Hypertension is a risk to health and needs to be reduced as quickly as possible. This can be done by any of these things:

- removing the source of the stress causing it
- treating the condition causing it
- treating the blood pressure with medication.

Hypertension does not usually have any noticeable symptoms. However, if it is left untreated, it puts extra strain on the blood vessels and organs, which can cause:

- heart disease, attacks and failure
- kidney disease
- strokes
- blindness
- vascular dementia.

The risk of having high blood pressure is increased by all the things shown in Figure 3.12. Blood pressure can be lowered by making lifestyle changes or through taking medication such as beta-blockers.

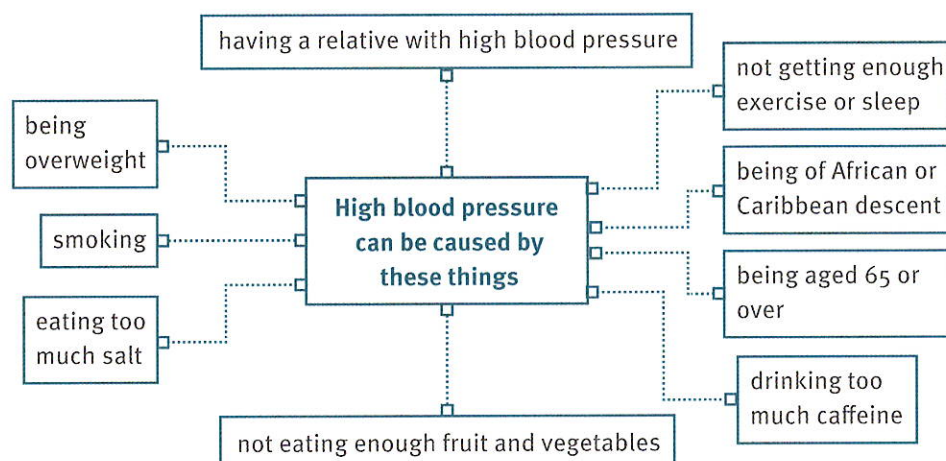


Figure 3.12: Hypertension risk factors



## Low blood pressure

Low blood pressure is called hypotension and is 90/60 mmHg or below. Some people have naturally low blood pressure and this can lead to a longer lifespan. Low blood pressure does not normally need treating unless it is causing symptoms. However, reduced blood pressure can restrict the volume of blood flow to your brain, so it can lead to dizziness (perhaps if standing up quickly), fainting or falls. Low blood pressure can also be the side effect of some medication or, more seriously, a sign of a more life-limiting problem such as Parkinson's disease.

## Measurement of blood pressure

Blood pressure can be measured manually using a sphygmomanometer – made up of a stethoscope, arm cuff, pump and dial. You roll up your sleeve and hold out your arm, which should be supported on something at the same level as your heart. The cuff is wrapped around the arm and pumped up to restrict your blood flow there. This can feel uncomfortable, but just for a few seconds until the pressure is released. The health practitioner uses a stethoscope to detect vibrations in your arteries as the blood flow returns to your arm. This is measured at two points.

These days, blood is also measured digitally using a blood pressure monitor, which automatically puts the blood pressure reading on a digital display. You can have your blood pressure measured at your GP surgery or health centre, at some pharmacies and in some workplaces.



- Can you remember the name of the piece of equipment that takes your blood pressure – either manually or digitally?

### ACTIVITY

Work on your own to research and produce an information leaflet called 'Blood pressure made simple'. The leaflet needs to be easy to read and attractive. It should include information about: what blood pressure is; high and low blood pressure and their risks; where people can get tested; how the test is carried out; and how to control and monitor it.

### DID YOU KNOW?

You can reduce the symptoms of low blood pressure by drinking lots of fluids, eating smaller meals more often, wearing support stockings and standing up slowly.

### CHECK MY LEARNING

- 1 What is the accepted range for healthy:
  - (a) systolic pressure and
  - (b) diastolic pressure?
- 2 An individual has a blood pressure of 145/103 mmHg.
  - (a) Assess what this means.
  - (b) Explain the possible long-term effects on the individual's health and wellbeing.



## GETTING STARTED

In small groups, discuss why you think children are having their height and weight measured in Reception class and Year 6 in primary schools as part of the National Child Measurement Programme. Is this a good idea?

## Body mass index

BMI is a measure of the amount of fat on your body in relation to your height to tell you if your weight is healthy.

### Why measure body fat?

We all carry some body fat. But someone who has too much (they are very overweight) is at risk of:

- cardiovascular disease
- high blood pressure
- diabetes
- arthritis
- stroke.

Having low amounts of body fat (being very underweight) can indicate problems such as:

- an undiagnosed illness
- an eating disorder (such as anorexia nervosa or bulimia nervosa).

### Calculating BMI

BMI is worked out using a formula, which divides an adult's weight in kilograms by their height in metres squared.

$$\text{BMI} = \frac{\text{Weight in kg}}{(\text{Height in m})^2}$$

## DID YOU KNOW?

For your assessment, you will be expected to know how to use both BMI calculation methods.

It can also be worked out using an online BMI calculator, where you add your weight and height and the calculation is done for you.

The information about your height and weight (and sometimes age and gender) can be used directly to determine which BMI range you fit in. You can do this using a graph (see Figure 3.13) or a table (see Table 3.7). BMI falls into different categories, for example:

- underweight
- normal
- overweight
- obese.

Roughly speaking, a range of 18.5 to 25 is about right for most adults. BMI is calculated differently for children aged 2 to 18. This allows for their BMI to be shown in relation to that of other children of the same sex and age.

BMI only takes into account body shape to give a healthy weight for a certain height. Health care practitioners will take other factors into account. These will be covered later in this component.



## BODY MASS INDEX (BMI) CHART

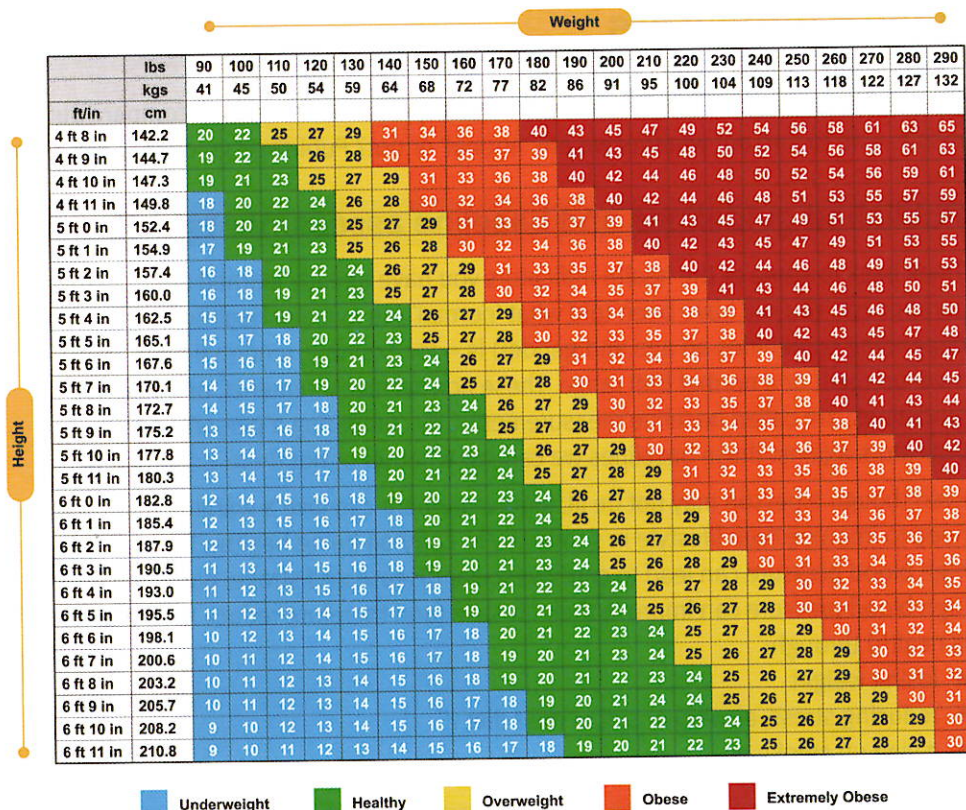


Figure 3.13: Where does your BMI fall?

Table 3.7: Beware: different organisations use slightly different ranges; this one is used by the NHS and is the one that will be used in your assessment

BMI	Meaning
Less than 18.5	Underweight
Between 18.5 and 24.9	Healthy weight
Between 25 and 29.9	Overweight
Between 30 and 39.9	Obese
40 and above	Severely obese

### Test your skills

Ali weighs 76 kg and is 1.89 m tall. Try calculating his BMI, then look at the calculation below.

$$\text{BMI} = \frac{76}{1.89^2}$$

$$\text{BMI} = \frac{76}{1.89 \times 1.89}$$

$$\text{BMI} = \frac{76}{3.57}$$

$$\text{BMI} = 21.3 \text{ kg/m}^2$$

### DID YOU KNOW?

The National Child Measurement Programme (NCMP) measures the height and weight of around 1 million UK schoolchildren every year. The figures for 2014/15 showed one-third of 10–11 year olds and more than one-fifth of 4–5 year olds were overweight or obese.

### ACTIVITY

- 1 Work out your own BMI mathematically.
- 2 Check it online and add it to your own health profile with a note saying what this has shown about your weight.

### CHECK MY LEARNING

- 1 State what BMI measures.
- 2 Jo is 94 kg and 1.63 m tall.
  - (a) Calculate her BMI.
  - (b) Assess what this BMI tells us about Jo.



## Using published guidelines to interpret health indicators

### GETTING STARTED

In small groups, discuss whether you have looked up symptoms on the internet when you have not felt well. How did it make you feel? What are the dangers of doing this?

How do we know what health test results actually mean? What do we compare our results with to find out whether we are 'normal' or not? Published guidelines can help.

### Published guidelines and baseline assessments

Think back to some of the health indicators you have already learned about in this component. You will have been told what 'normal' (an average healthy range – depending sometimes on age and gender) is – for example, a normal peak flow measurement or a normal BMI range. These normal measurements, or published guidelines, are called baseline measurements. By comparing a person's health indicators against these baselines we can say whether or not there is a problem.

Even though a person may not be ill, a measurement can give a warning that they may need to improve their lifestyle in some way to carry on being healthy. For example, high blood pressure can lead to cardiovascular disease and stroke, but a person with high blood pressure can improve their lifestyle (and therefore reduce their chances of ill health) through:

- losing weight
- reducing stress, alcohol or salt in their diet
- giving up smoking.

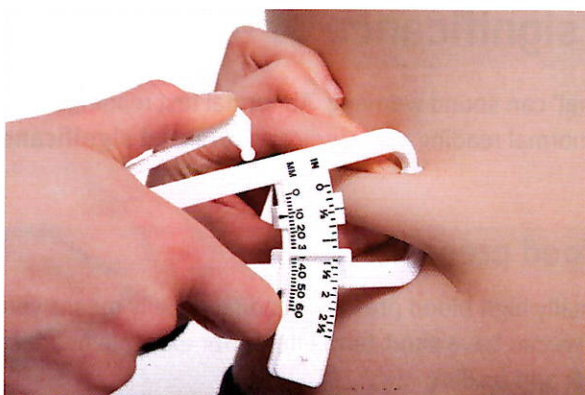
### Limitations to published guidelines

Health indicators are vital in diagnosing risks to health but they should never be used in isolation (on their own). For example, BMI is a good way to assess a person's weight in relation to their height. But, BMI cannot tell the difference between excess fat, muscle or bone or whether you are a man or woman. This means that:

- a very muscular person may fall into the overweight or obese category, even though their body fat is low
- older adults may fall into the healthy weight category even though they are carrying excess fat round their middle, because they lose muscle as they age
- women, who generally have more total body fat than men, are measured against the same BMI ranges as men.

Doctors do not use BMI normal ranges when treating people with eating disorders. They also need to consider factors such as age and sexual maturity when taking BMI measurements for children and young people.

Additional calculations may be needed in order to gain a more accurate overall picture than just one measurement in isolation. For example, a person's waist-to-hip ratio and body fat composition can give more information when assessing risks such as cardiovascular disease.



- Calculating body fat measurements and adding to other data gives a bigger health picture

## Presenting assessments

It is very important that all measurements are:

- accurate and precise
- collected together and presented clearly.

These approaches can help to avoid errors.

It is also important that evidence is validated (checked against something else). For example, if you are having trouble breathing, your peak flow reading should be taken three times and the highest reading noted. Your medical notes should then record:

- that you are having trouble breathing (observation)
- your actual peak flow measurements, which validates (supports) the observation.

## Reasoned judgements

Any data collected must be reviewed, taking every piece of information into account. A high total cholesterol level looked at on its own might suggest to your GP that something is wrong. However, if other factors are considered, a GP may feel there is less cardiovascular risk than they first thought. Other factors may include:

- a high percentage of good cholesterol
- a history of high levels of cholesterol in the family with no ill effects.

### ACTIVITY

Work on your own to research:

- 1 the limitations of using only BMI and the benefits of including the additional calculations of waist-to-hip ratio and body fat composition, in diagnosing risks to health.
- 2 the benefits of using blood test results combined with other factors such as family history when diagnosing risk to health.

### CHECK MY LEARNING

- 1 Give two reasons why a GP doesn't use an individual's BMI on its own when diagnosing risk to health.
- 2 Explain why judgements by health practitioners must be reasoned and clearly presented.



## GETTING STARTED

Work with a partner to reflect on why it is important to take part in health monitoring. Discuss why you should have your health indicators measured and analysed by a health practitioner.

## KEY TERM

**Potential significance** could develop into something important.

## DID YOU KNOW?

Around 4.9 million people in the UK are diagnosed with diabetes. But there are many people who do not know they have diabetes because it has not been diagnosed and they may also have high blood pressure.

## Potential significance of abnormal readings

The word 'abnormal' can sound worrying. Abnormal test readings might mean a risk to health. In fact, abnormal readings may indicate **potential significance**. Let us look at blood pressure.

### Abnormal blood pressure

Having an abnormally high blood pressure reading usually means you have high blood pressure. This can have short-term effects, for example headaches, shortness of breath, nosebleeds and anxiety.

In the long-term this can lead to:

- a range of diseases including heart disease, kidney disease, strokes and blindness
- death, because for every increase of 20 mmHg systolic above the normal of 120 mmHg the risk of cardiovascular death doubles

*For example: if your blood pressure is 140/90 mmHg, the systolic measurement of 140 mmHg is 20 mmHg higher than the norm of 120 mmHg, which means your risk of death from a heart condition doubles. If your blood pressure is 160/90 mmHg, the systolic measurement of 160 mmHg doubles again the risk of death.*

- even greater risk of health problems such as coronary heart disease if you have other conditions too – for example, diabetes and high cholesterol. Having diabetes may mean the nerves in your heart and blood vessels are damaged, so you may not feel the pain caused by a heart attack as much as someone without diabetes. This makes a heart attack harder to diagnose and therefore, slower to be treated.

### Taking blood pressure readings

It is very important that blood pressure readings are accurate, so that the right course of action can be taken to reduce it as quickly as possible. Having an abnormally high reading from one test does not always mean you have high blood pressure. Blood pressure can vary during the day depending on what you are doing (for example, exercising) and what is happening around you (for example, situations that may cause stress).

You might also get tense and anxious when you visit your GP or are in hospital, so your blood pressure increases. Your blood pressure may be as much as 30 mmHg higher when it is taken by a health practitioner in a medical setting than when it is taken at home. This is called 'white coat syndrome', because doctors traditionally wear white coats. In this case, you will probably be asked to take part in ambulatory blood pressure monitoring (ABPM). This means you will:

- either take and record readings of your own blood pressure at regular intervals with a home blood pressure monitor
- or wear a 24-hour monitor that automatically checks and records your blood pressure regularly throughout the day and night.

This will establish whether your blood pressure is consistently high.





- An automatic monitor can measure your blood pressure round the clock

### Acting on abnormal readings

Imagine someone has consistently abnormal blood pressure readings. This will need to be acted on as quickly as possible to avoid further health problems. For example, if that person's blood pressure is:

- consistently higher than the threshold figure of 140/90 mmHg, but their risks of other problems are low, they will be advised to make some lifestyle changes
- consistently higher than 140/90 mmHg *and* their risk of other problems is high, they will be offered medication to lower it
- consistently over 160/100 mmHg, they will be offered medication to lower it.

#### ACTIVITY

- 1 In a group, pick one of these health indicators: resting pulse and recovery rate after exercise; peak flow; BMI or blood tests.
- 2 Look back at, and do more research into, the risks to physical health indicated by an abnormal reading in the health indicator you have picked.
- 3 Produce a 2-minute long script or video of a health promotion advert for TV to highlight the risks. Accompany this with a fact sheet for each member of your class.
- 4 Show your adverts (or scripts) and give out the fact sheets. Peer- and self-assess each TV advert.

#### CHECK MY LEARNING

- 1 State why it is important for a diagnosis not to be made based on one abnormal blood pressure reading.
- 2 Explain why it is important that abnormal readings are dealt with as quickly as possible, and give an example.



## GETTING STARTED

Recap with a partner all the factors covered earlier in this component that can have a negative effect on health and wellbeing. Remember that these negative effects will pose a risk to physical health.

## DID YOU KNOW?

- The ONS ([www.ons.gov.uk](http://www.ons.gov.uk)) is the UK government's largest provider of statistics. The information it compiles provides an evidence-base for policy and decision making and the allocation of resources.
- NHS Digital ([digital.nhs.uk](http://digital.nhs.uk)) publishes a range of statistics about health. The data can be used by researchers, patients and health care professionals.
- It can take a long time for statistics to become available - up to 2 years. This is because it needs to be collected, collated, analysed and written up. Information you are reading now may have been collected up to 2 years ago.
- The word 'data' doesn't only refer to numbers. Data includes facts as well as statistics.

## KEY TERM

**Targets** are goals and aims.

## Interpretation of data on nutrition

We can measure our own lifestyle choices against officially prepared data. This can include information about healthy nutrition.

### An example of lifestyle data

The National Diet and Nutrition Survey in England is conducted every year, with results published every two to three years. A total of 500 adults and 500 children, representative of the UK population, are asked about their dietary habits over a four-day period. Their responses and different nutrient levels are checked by taking blood and urine samples. The report from December 2020 said:

- Although sugar consumption remains high, there has been a steady decline in both children's and adults' consumption since 2008.
- There is no decline in the consumption of sweets and chocolate, but that of sugary drinks has fallen.
- All adults now consume, on average, less than the maximum recommend daily intake of red and processed meat, which is 70g.
- Saturated fat intake is increasing in some groups, which is a major contributor to high cholesterol and heart disease. This is probably due to the big increase in people following lower-carb diets.
- The average intake of fibre is still far below the recommended daily amount.
- Average salt intake in 2020 was still 2.4 g higher than the recommend intake of 6 g a day.
- Most people are still not eating the recommended five portions of fresh fruit and vegetables a day, although this has risen a little since 2014 to 2016.
- Two-thirds of the population remain overweight or obese.

The conclusion was that we all need to avoid eating excess calories, sugar, salt and saturated fat, and eat more fruit, vegetables, fibre and oily fish to lower our risk of long-term health problems.

This kind of data can be used to develop realistic health improvement plans to tackle obesity. It might be used (for example, by the NHS) in areas of the country that have a high proportion of illness caused by obesity. In order to draw up a plan for a group of obese individuals (regionally or nationally) it will be necessary to:

- assess the present health status of that population by looking at lifestyle data
- set **targets** for health practitioners aimed at improving the situation
- provide support to help meet those targets – for example, trained staff, better buildings, facilities such as larger beds and scanners that will accommodate obese people, and information
- identify any difficulties that may arise and provide alternative strategies to meet targets to help overcome those difficulties. The Eatwell Guide, which you learned about earlier, outlines what and how much we need to eat, to keep us healthy.
- monitor and review progress made towards meeting targets and, if necessary, set new targets as time passes.



**BEST PRACTICE**

As a health and social care provider you must be careful how you suggest a service user makes a change such as losing weight. Always focus on the benefits of making a change, so you sound supportive rather than critical.

- On average one in ten children is obese and more than a fifth are overweight or obese by the time they start primary school. How will an obese child overcome their weight problem?

**ACTIVITY**

1. Look on the Eatwell Guide on the GOV.UK website.
2. Find the most up-to-date data based on nutrition and produce a health promotion poster showing the key data. If you quote any statistics make sure they are up-to-date (by checking the date the website was updated) and from a UK website.
3. Display your poster on the wall and make notes from the other posters.
4. Peer and self-assess each poster.

**LINK IT UP**

To remind yourself about lifestyle choices, go to Learning Outcome A in Component 1 and Learning Outcome A in Component 2.

**CHECK MY LEARNING**

- 1 State what is meant by lifestyle data.
- 2 Explain how lifestyle data can be used to help improve the health and wellbeing of a group of individuals.



## Interpretation of data on physical activity

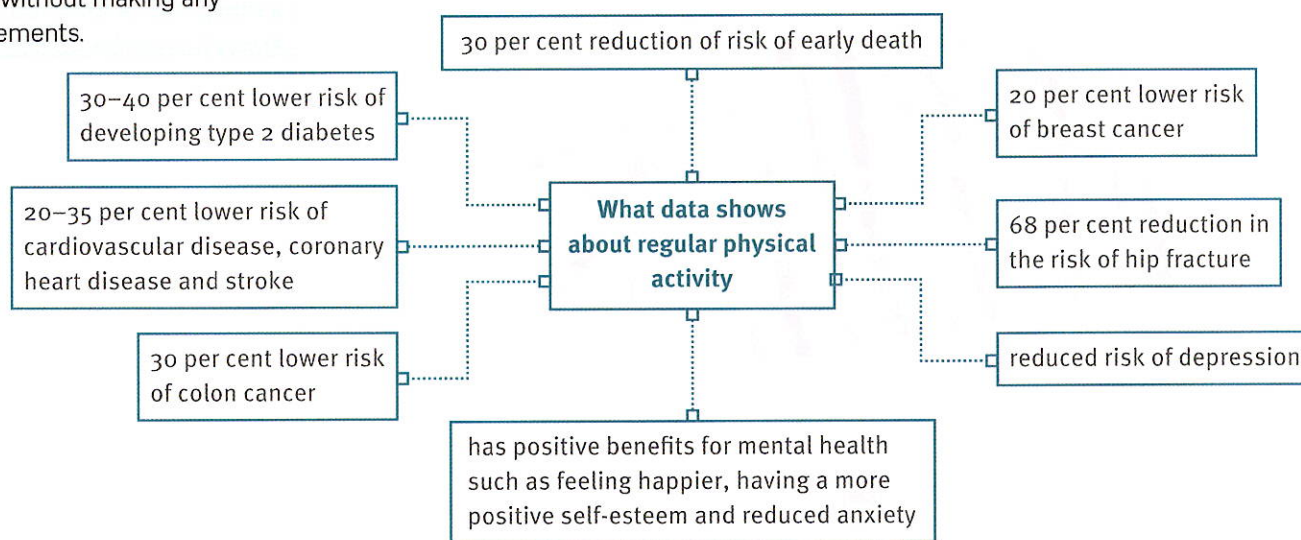
### GETTING STARTED

With a partner, discuss how active you and your family members are in a week. Talk about the possible consequences or benefits. Remember to gather your data without making any judgements.

Lifestyle data relating to inactivity lets you know exactly what is meant by inactivity and what you need to do in order to be active enough to make you healthy.

### Data on regular physical activity

As you have already learned, activity decreases the risk of many conditions such as stroke, diabetes, cancer, obesity, arthritis and cardiovascular disease. Data says that regular physical activity can make a positive difference, as Figure 3.14 shows.



■ Figure 3.14: The many benefits of physical activity

Because of data such as this, guidelines were issued by the Chief Medical Officers (CMO) of England, Scotland, Wales and Northern Ireland in 2011 for recommended levels of physical activity for:

- adults aged 19–64 years
- adults aged 65 years and over
- children and young people aged 5–18 years
- children under the age of 5 who can walk.

The physical activity guidelines also suggested that everyone should aim to be active every day. For example, children and young people aged 5 to 18 years should do:

- moderate to vigorous intensity activity for at least 60 minutes and up to several hours every day
- vigorous intensity activities, including those that strengthen muscles and bones, at least three days a week
- less sitting for extended periods.

These (and more) facts can be found on the GOV.UK website by searching for 'UK physical activity guidelines'.



- Adults aged 19–64 should do moderate intensity activity for 2.5 hours a week, according to UK Government guidelines

## Who produces and uses lifestyle data on inactivity?

The ONS produces data in the UK on levels of activity and how these relate to various risks to physical health. Other organisations, such as the British Heart Foundation and Public Health England, use it to plan health promotion campaigns that encourage people to be more active.

### The British Heart Foundation

The British Heart Foundation ([www.bhf.org.uk/](http://www.bhf.org.uk/)) is a UK heart charity. It was founded in 1961 and is funded by:

- donations from fundraisers
- money from cardiovascular research projects that help fight heart disease.

The British Heart Foundation aims to prevent people dying prematurely from heart disease. It uses data to highlight the importance of physical activity for cardiovascular health. For example, its report *Physical Activity Statistics 2015* includes data on:

- physical activity levels
- types of physical activity.

This data is broken down by UK country, gender, age and sedentary behaviour. Breaking it down this way means information can be used to target the groups that most need to become more active.

### Public Health England

Public Health England (on GOV.UK website) was established to protect and improve the nation's health and wellbeing. It is sponsored by the UK Government's Department of Health. It uses data sources such as the annual *Health Survey for England* to provide information on inactivity. This information helps policy makers and practitioners deal with the risks to health such as obesity.

## The cost of inactivity

Data on inactivity and its consequences can be used to estimate how much physical risks to health could cost the NHS. This helps the UK government to plan:

- how to cope financially
- campaigns that reduce inactivity (and therefore reduce the financial strain on the NHS).

For example, data has helped to estimate that by 2050, the health risks created by being overweight could cost the UK almost 50 billion pounds.

### ACTIVITY

- 1 Flora is 9 years old. She is obese, hates exercise and uses any excuse she can to get out of PE. Do some research and draw up a set of recommendations on how much exercise she should be doing. What kinds of exercise would you recommend?
- 2 Write a plan and layout your recommendations in a table. Highlight the benefits of each exercise type you suggest and include at least one relevant statistic at the top of the plan.
- 3 Swap your plan in class with a partner to peer-assess.

### Check my learning

- 1 State how data on inactivity is used to try to reduce risks to the health of the nation.
- 2 Explain why data on inactivity can be used by the UK government to help the NHS.



## Interpretation of data on smoking

### GETTING STARTED

In a small group, discuss whether a pregnant woman has the right to smoke.

### DID YOU KNOW?

Smoking in pregnancy causes around 5,000 miscarriages, 300 perinatal deaths and 2,200 premature births in the UK each year (Royal College of Physicians, 2010). Perinatal generally means the period of time just before and after birth.

### DID YOU KNOW?

Public health refers to the field of medicine concerned with safeguarding and improving the health of the community as a whole.

Smoking is a lifestyle choice. But it comes with many risks to physical health. As you might imagine, there is much lifestyle data associated with smoking.

### Who produces lifestyle data on smoking?

The ONS collects data relating to smoking. It publishes both statistics and reports giving key findings. For example, in 2019 it found that men are slightly more likely to smoke than women and smoke more each day in England (16.4% of men, 12.6% of women).

ASH (Action on Smoking and Health), a public health charity, works towards eliminating the harm caused by smoking tobacco. It uses data about smoking to:

- influence policy (guidelines)
- inform, educate and raise awareness about the risks of smoking
- campaign for tighter controls on the tobacco industry.

ASH receives funding from the British Heart Foundation and Cancer Research UK. It has also received project funding from the UK government's Department of Health to support tobacco control.

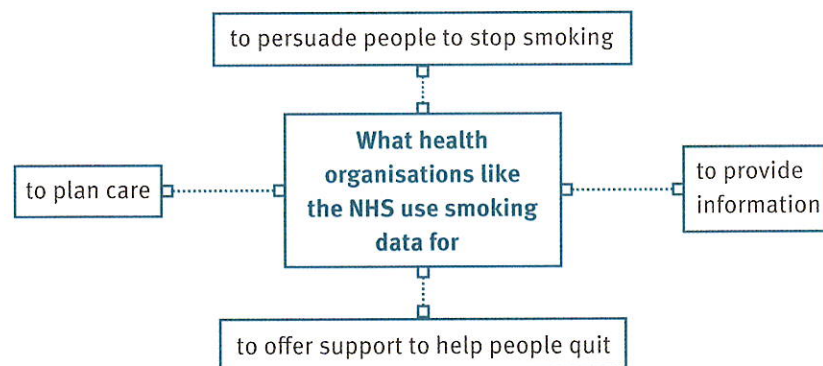


Figure 3.15: The uses of smoking statistics

### What the data achieves

The data on smoking provides the UK government with evidence it can act on by:

- planning national health promotion campaigns to reduce smoking and its associated risks to physical health
- passing laws about smoking (for instance, where you can and cannot smoke).

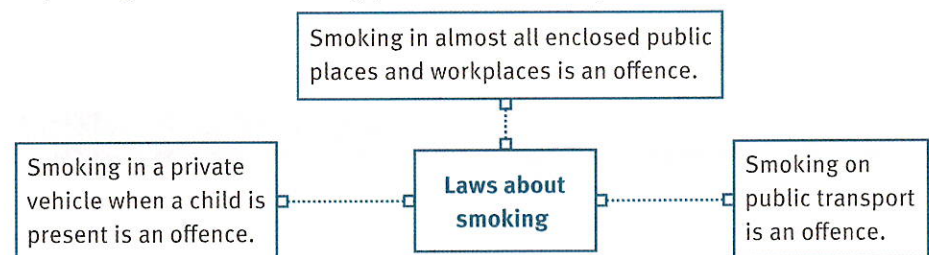


Figure 3.16: Smoking is now banned in many places

Data also delivers hard-hitting anti-smoking campaigns, led by Public Health England. These may be seen on TV, billboards and online. They use graphic images such as:

- cancerous tumours growing from the end of a cigarette (2012)
- blood polluted by smoking products flowing through the body (2013)
- fumes travelling through arteries and veins into the brain (2014)
- smoke rotting the body from within (2015).

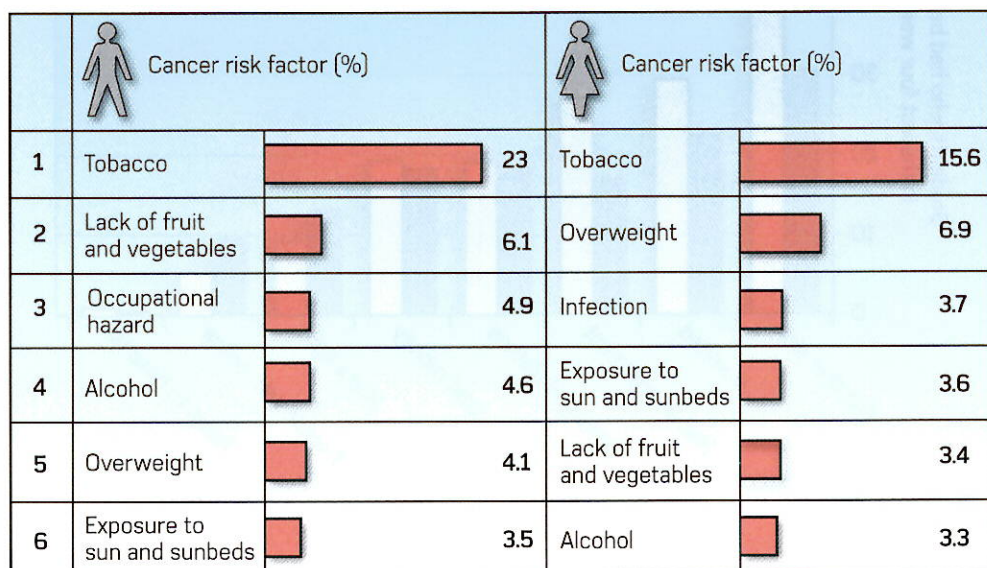


## What the data shows

Another important source of data on smoking, is the **UK Chief Medical Officers' Smoking Guidelines**, which can be found at gov.uk. It identifies that:

- although the number smoking continues to decline, 13.9% of adults in England still smoke, which was over 6 million people in 2019
- smoking is the leading cause of preventable illness and premature death and killed about 64,000 people in England in 2019
- there were about 506,100 smoking-related admissions to hospital in 2019 to 2020
- one in four patients admitted to hospital is a smoker
- smokers see their GP 35% more than non-smokers
- around one in ten babies in England is born to a mother who smoked throughout her pregnancy, which can lead to low birth rate, neonatal complications and sudden infant death syndrome
- around 40.5% of people with a mental illness smoke
- the government aims to achieve a smoke-free society in England by 2030, which would mean that no more than 5% of adults will be smoking by then.

There is therefore, a wealth of material available on the risks smoking poses to health. By providing this information in a suitable format that is attention-grabbing and easy to read, people are more likely to decide to try to give up smoking.



■ Figure 3.17: What does this diagram tell you about the impact of smoking on cancer? (Source: Cancer Research UK)

### ACTIVITY

- 1 Download fact sheets giving lifestyle data on smoking from reliable websites such as [www.ash.org.uk](http://www.ash.org.uk) and [www.nhs.uk/smokefree/why-quit](http://www.nhs.uk/smokefree/why-quit).
- 2 Work in a group to prepare a presentation. The presentation can be in any form your group chooses. Make sure you use the most relevant data to highlight the risks of smoking to physical health. Your presentations must include facts and figures about risks to physical health presented in picture and diagram form – for example, pie charts – so that everyone can easily understand the information you put together.
- 3 Show your presentation to the rest of the class.

### CHECK MY LEARNING

- 1 Identify how organisations such as ASH and the NHS use lifestyle data on the risks to physical health of smoking.
- 2 Assess the relative risk of cancer caused by smoking compared with the total risk from the other factors shown on Figure 3.18.



## Interpretation of data on alcohol and substance misuse

### GETTING STARTED

In small groups, discuss the example of someone about your age who drinks alcohol. What do you think their positive and negative experiences might be? Reflect on how alcohol may be affecting this person's physical health.

Drinking alcohol and substance misuse are lifestyle choices. It may seem appealing and social, but it comes with risks to physical health. Lifestyle data about alcohol and substance misuse helps to inform us about those risks.

### Who produces and uses lifestyle data on alcohol?

There are various organisations that either gather data or use data on alcohol use. The ONS collects information and publishes reports on various aspects of health risks due to alcohol. The UK Chief Medical Officers publish Alcohol Guidelines, and the Drinkaware Trust is a UK alcohol education charity.

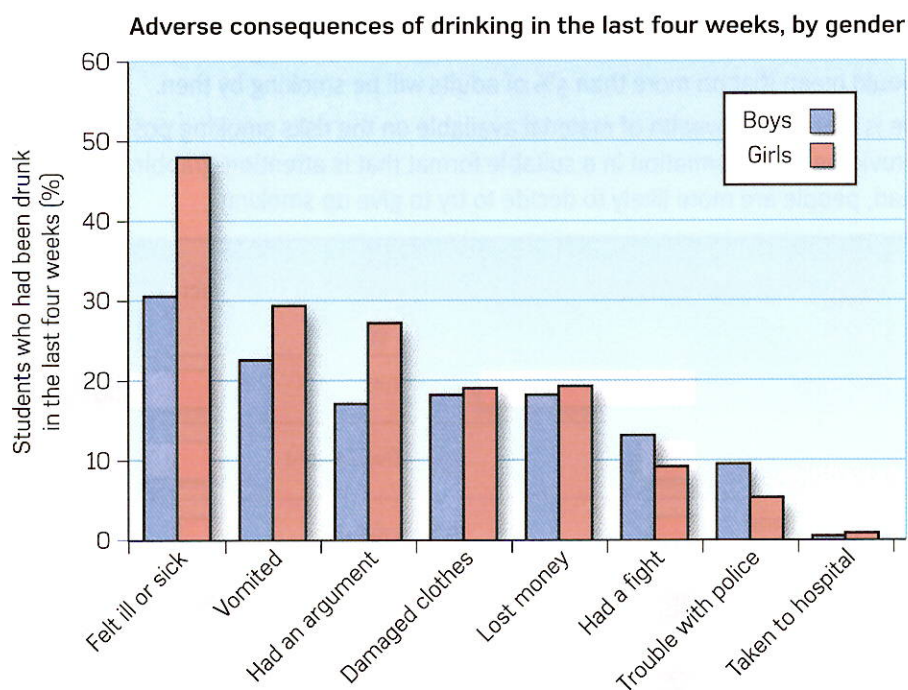


Figure 3.18: Lifestyle data on drinking alcohol can help to produce information like this

### What the data shows

Here are some examples of what current lifestyle data on alcohol shows.

- It is strongly linked to at least seven types of cancer. For example, a lifetime of drinking too much alcohol can increase your risk of bowel cancer by 23 per cent.
- Alcohol-related liver disease accounts for 37 per cent of liver disease deaths.
- Two-thirds of cases of chronic pancreatitis are caused by heavy drinking, most commonly in men aged between 45 and 54. (Pancreatitis is an inflamed pancreas that has damaged cells.)
- More than 25,000 people were admitted to hospital with acute pancreatitis in 2013 and 2014.
- Around 1,000 people die from acute pancreatitis every year.

- You are between two and five times more likely to have an accident or injure yourself if you drink five to seven units of alcohol in one sitting.
- Less than one-third of the British public knows about the link between alcohol and breast cancer.
- Each drink per day increases the risk of breast cancer in women by between 7 and 13 per cent.
- In 2011, 3,000 cases of breast cancer were directly caused by alcohol consumption.

This data can be used in health campaigns to show everyone the risks of drinking alcohol, how to lower their consumption and how to reach safe limits.

## New safe limits

In January 2016, the UK government published new guidelines on drinking alcohol. The guidelines say that:

- any amount of alcohol can increase the risk of cancer
- men and woman who drink regularly should consume no more than 14 units a week (the equivalent of six pints of beer or seven glasses of wine)
- people should not binge-drink all 14 units in one go.



■ Did you know about the links between breast cancer and alcohol consumption?

### ACTIVITY

- 1 In a group, share and discuss your ideas for persuading people to either reduce their alcohol consumption to at least the latest recommended safe limits, or not use substances such as illegal and prescription drugs, based on the lifestyle data available.
- 2 Plan a school or house assembly to persuade young people of your own age not to binge drink or go over the recommended new limits or use drugs, by highlighting the possible short- and long-term risks to their physical health.
- 3 Perform your planned assembly for the rest of the class.

## Who produces and uses lifestyle data on substance abuse?

As with alcohol, the government publishes lifestyle data on substance abuse ([gov.uk](http://gov.uk)), as do various other organisations, such as the National Institute for Health and Care Excellence (NICE) ([nice.org.uk](http://nice.org.uk)) and the ONS.

### ACTIVITY

Do some research and bullet point at least 8 facts or statistics on the misuse of drugs in the UK.

### CHECK MY LEARNING

- 1 Give one reason why the comparison of data on alcohol use with that of an individual is useful for a GP assessing their health and wellbeing.
- 2 Explain why the government recommends that men and women who drink regularly should consume no more than 14 units a week, but also says there is no safe limit for alcohol consumption.



## Person-centred approaches to improving health and wellbeing

### GETTING STARTED

Discuss with a partner what you think is meant by a person-centred approach. What would a person-centred approach involve?

We are all individuals. So when you help other people to improve their health and wellbeing, it is important to consider their particular needs, wishes and circumstances.

### A history of the person-centred approach

Until quite recently, care was done 'to' a person rather than 'with' the person. People receiving care were expected to fit in with the practices that already existed, regardless of their needs. Then, in the early 1960s, the American Psychologist, Carl Rogers, developed a person-centred approach. He believed that service users were capable of, and should be trusted with, making decisions about their own care.

This approach continues to develop in the UK. *The NHS Plan* (2000), a document about reform, suggested a need for personalisation and coordination. In 2009, a document called *The NHS Constitution in England* said that:

- 'NHS services must reflect the needs and preferences of patients, their families and carers'
- 'Patients ... will be involved in and consulted on all decisions about their care and treatment'.

Today person-centred care is central to the policies of all four UK countries. But there is still work to be done. Services still need to be more flexible; they need to work with people and their families to find the best way to provide their care and support.

### Understanding the approach

A person-centred approach means that:

- the service user is at the centre of their care and support
- the service user is included in any planning and decision making about their care and support
- service providers work **collaboratively** with service users
- service providers require empathy and a willingness to see things from the service user's perspective.

### Needs, wishes and circumstances

A person-centred approach takes into account an individual's needs, wishes and circumstances (see Table 3.8).

Table 3.8: Needs, wishes and circumstances

Need	Reduces their health risks by improving health and wellbeing (physical, intellectual, emotional and social needs). This might include referring them to appropriate services.
Wishes	Respects their preferences, choices and wanted health outcomes. They feel they are being listened to and can get the help they want when they need it. They know what suits them best and feel included in decisions about their own care.
Circumstances	Tailors their care to their age, ability, location, living conditions, support, physical and emotional health. This enables them to retain their dignity and some independence.

### KEY TERM

**Collaboratively** involves working well together.



In the UK, people are living longer and the population is growing. This means there is a growing demand for health and social care services, but there are still limited resources. When a person is at the centre of their own care, they are more likely to stick correctly to their treatment plan.

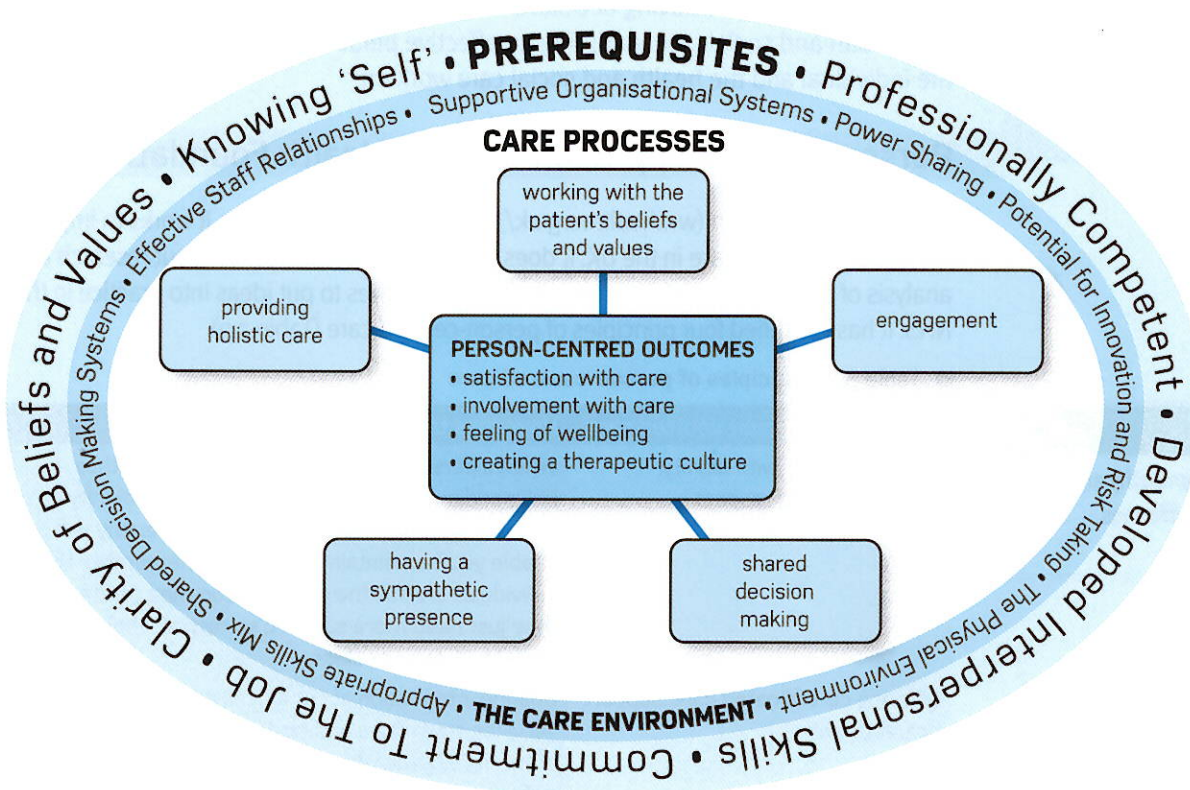


Figure 3.19: A person-centred approach, combined with appropriate resources, training and systems, can lead to improved outcomes for service users

#### ACTIVITY

- 1 Work individually. Read the notes on this double page spread on what is meant by a person-centred approach.
- 2 Reflect on your own needs. Think back to a time when you have been ill or had a problem that led you to feel down and/or depressed. What did you need? How were you treated? Was it as you felt you needed to be treated?
- 3 What qualities and skills does a service provider need to be able to adopt a person-centred approach?

#### LINK IT UP

To remind yourself about care values, which are integral to a person-centred approach, go to Learning Outcome B in Component 2.

#### CHECK MY LEARNING

- 1 Identify the three key factors that need to be taken into account when adopting a person-centred approach.
- 2 Explain why these three key factors need to be taken into account when adopting a person-centred approach.



## The importance and benefits of a person-centred approach

### GETTING STARTED

With a partner, discuss the benefits of a person-centred approach.

Most people don't like having decisions made for them and this includes about their own health and social care. Adopting an effective person-centred approach helps both the individual and the health and social care workers.

### Person-centred approach and The Health Foundation

The Health Foundation ([www.health.org.uk/](http://www.health.org.uk/)) is an independent charity. It works to improve the quality of health care in the UK. It does this by, for example, carrying out research and analysis of policy and funding improvement programmes to put ideas into practice in the NHS. It has identified four principles of person-centred care (Table 3.9).

■ Table 3.9: Principles of person-centred care

Principles of person-centred care	How does this help?
Treating people with dignity, compassion and respect	When a person enters care, they often lose their independence, so feel they also lose their dignity. Treating them with <b>compassion</b> and empathy will enable you to maintain their dignity. Remember that individuals are still the same person they used to be, they just need more support; so respect their feelings, views, beliefs and values.
Offering co-ordinated care, support or treatment	Sharing information about an individual between services saves time and removes the frustration of having to keep repeating their health story to different agencies. Care must be taken to ensure information is kept confidential.
Offering personalised care, support and treatment	Taking the same approach to everyone's needs will affect recovery or the ability to manage their condition properly. What works for one person doesn't always work for another.
Helping people to recognise and develop their own strengths and abilities, which can help them to live an independent and fulfilling life	By involving individuals in their decisions, it's making them feel in greater control of their own life. Getting the balance right can be hard, which is why it is important for a service worker to keep talking to the service user.

### KEY TERM

**Compassion** is sympathy and concern for the sufferings of others.

### The importance of a person-centred approach for individuals

A person-centred approach:

- makes an individual more comfortable with recommendations, advice and treatment
- gives them more confidence in recommendations, advice and treatment
- ensures their unique and personal needs are met
- increases the support available to more vulnerable individuals
- improves their independence
- makes it more likely they will follow recommendations/actions to improve their health
- motivates them more to behave in ways that positively benefit their health
- makes them feel happier and more positive about their health and wellbeing.



## The benefits of a person-centred approach for health and social care workers and services

A person-centred approach:

- improves job satisfaction for health and social care workers
- saves time for health and social care services
- saves money for health and social care services
- reduces complaints about health and social care services and workers.

### ACTIVITY



■ How do you think Asif is feeling?

Asif is 45 years old and has had a major operation. It is recommended that he stays in hospital for at least two weeks. He needs help with day-to-day tasks as well as medication and drugs. His family and friends live quite far away, so he doesn't get many visitors. He seems bored and slightly depressed, and he threatens to discharge himself. The nurse makes sure she chats with him whenever she has a spare five minutes. She finds out that he enjoys reading and is unhappy because he hasn't been able to pray, which he usually does five times a day. She moves his bed so that it is facing towards Mecca and draws the curtains round him to give him some privacy. When he is well enough to sit in a wheelchair, she asks a porter to push him to the multi faith prayer room five times a day. She also finds Asif some books to read until his family can bring him some. He is very grateful and thanks her for all her help.

- 1 Is Asif receiving a person-centred approach? Why do you think this?
- 2 How will this aid his recovery?
- 3 How will this have helped the nurse and other health and social care workers who treat him?

### BEST PRACTICE

Remember to always take into account an individual's needs, wishes and circumstances if you go to work in the health and social care sector.

### CHECK MY LEARNING

- 1 Give three ways in which a person-centred approach helps the individual at the centre of their own care.
- 2 Explain three benefits of a person-centred approach for health and social care workers.



## Recommendations and actions to improve health and wellbeing

### GETTING STARTED

Reflect on your own health, thinking about what you could change to improve it and how you could go about tackling the task.

Part of the role of health care workers, such as practice nurses and GPS, is to make recommendations and suggest actions, to help an individual improve some aspect of their health and wellbeing.

### ACTIVITY

- 1 Imagine you are aiming to improve the health and wellbeing of a young adult who smokes and binge drinks, and works as a website designer and spends his free time on social media on his phone.  
In a group, discuss what your first task should be.
- 2 Make some recommendations and suggest some actions he can take.

### LINK IT UP

To remind yourself about the risks to health (for the improvement plans covered in this Learning Outcome), go to Learning Outcome A in Component 1 and Learning Outcome B in Component 2.

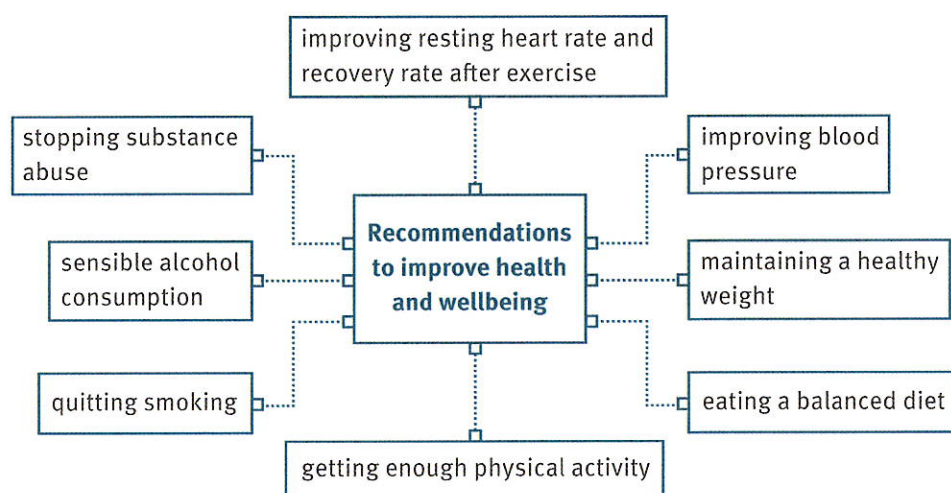


Figure 3.20: Some established recommendations for helping to improve health and wellbeing. Would any of them help you?

### Recommended actions based on a person's physiological indicators

If you look at a person's health indicators and compare them with what is considered normal, you can tell if that person needs to improve one or more aspects of their health and wellbeing. The aim for that person is to improve their health to match the 'norms'. Now take a look at these health indicators.

- A 22-year-old adult has a pulse rate during, or just after, exercise of 165 bpm. For their age, this should be between 119 bpm and 158 bpm. The bpm could indicate: a sedentary lifestyle, with little activity; an active lifestyle but overweight; or a sedentary lifestyle and overweight. Actions for this adult might be to reduce their pulse rate during or just after exercise to below 158 bpm; they could do this by becoming more active – for example, by going for a brisk walk every day, building up to running, or joining a gym/exercise class.
- A person with a reading of 160/93 mmHg has high blood pressure. This could be because they are overweight or stressed, they smoke and/or drink alcohol; they

### KEY TERM

**Norm** is something that is usual, typical or standard.



are inactive; or they do not get enough sleep. An assessment of their health would identify the key factors. Recommendations could then be made such as to stop smoking, to reduce alcohol consumption and go on a diet to lose weight.

- A 40-year-old woman is 1.45 m tall. Her peak flow is 350 L/min. Her 'norm' should be 450 L/min. If she is not asthmatic, this could be because she smokes. A recommended action would be to stop smoking.
- A person with a BMI of 37 is classed as severely obese. A recommended action might be to go on a diet and do more exercise to reduce their BMI until it falls below 24.9, which is in the healthy weight category.

## Recommended actions based on a person's lifestyle indicators

Some people may need to improve their lifestyle to achieve good health and wellbeing. Recommended actions will help to bring improvements in lifestyle. Think about these examples.

- A recommended action for a person who smokes would be to stop smoking. The person could get some nicotine replacement patches or gum, or swap to e-cigarettes to start with.
- A recommended action for a person who consumes too much alcohol would be to reduce their consumption to the safe level of 14 units a week, spread out over a few days. They could perhaps have a soft drink between alcoholic drinks when at a party.
- A recommended action for an inactive 40-year-old adult would be a weekly target: of at least 150 minutes (2.5 hours) of moderate activity (such as cycling or fast walking); or 75 minutes vigorous aerobic activity (such as running); or a mix of moderate and vigorous aerobic activity each week. Strength exercises working all the major muscles should additionally be done two days or more each week.

### DID YOU KNOW?

Vigorous activity of one minute provides the same health benefits as two minutes of moderate activity.



- This person is taking recommended action for inactivity; what other types of exercise might they be doing?

### CHECK MY LEARNING

- 1 Give two actions you would recommend to a 16-year-old with a high BMI and high blood pressure to improve their health and wellbeing.
- 2 Explain two actions you would recommend to a 40-year-old adult who drinks 3 units of alcohol and smokes 20 cigarettes every day.



## Support available when following recommendations to improve health and wellbeing

### GETTING STARTED

Draw a mind map showing all the different people and groups of people who have given you support since starting secondary school. Remember to say what *kind* of support they gave you.

We all need help and support sometimes. It's often easier to follow a certain action, such as eating a balanced diet, if someone helps you with it or does it with you.

### ACTIVITY

- 1 Pick one of the following types of support: informal; formal; voluntary or other (such as health promotion materials, alternative medicines, practical aids).
- 2 Prepare a six-slide PowerPoint presentation on your type of support.
- 3 Show your PowerPoint slides to the rest of the class.
- 4 Peer- and self-evaluate presentations.

### Formal support from professionals

Formal support is provided by health and social care professionals. These are people who are trained and paid to give support. Formal support is also provided by trained volunteers, support groups and charities. Take a look at Figure 3.21 to see what formal support can include.

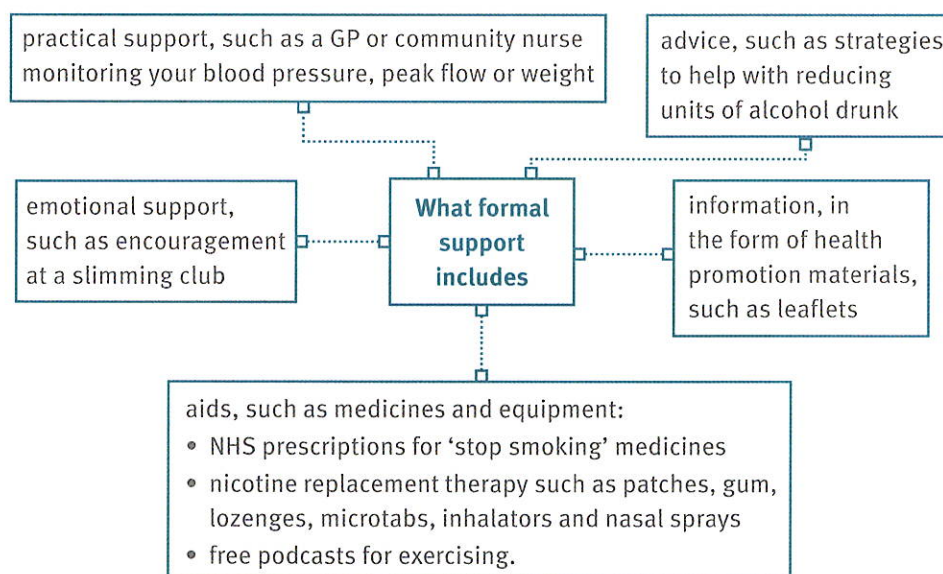


Figure 3.21: Professionals can help in many ways

### Formal support in the voluntary sector

Voluntary organisations often run events that help you meet a target such as weight loss or improved activity levels, and some of them also raise money for the charity through the events.

For example, the charity Cancer Research UK runs sponsored 'Race for Life' events throughout the UK. These provide:

- a good opportunity for exercising
- a feel-good factor, because you are raising money for charity at the same time.



Another example is Walking for Health, a voluntary group that supports others to improve activity rates and wellbeing through walking. Its volunteers lead groups of walkers (some of whom may be very inactive), helping them along the way.

There are also many self-help groups. One example might be a weight loss group where people can discuss aspects of weight loss such as nutrition, emotions and exercise, and also take part in exercise sessions.

## Informal support

Informal support is often provided by family and friends. They are not paid to help, but they do anyway. Other sources of informal support are neighbours, community members and work colleagues. Now take a look at Figure 3.22 to see what informal support can include.

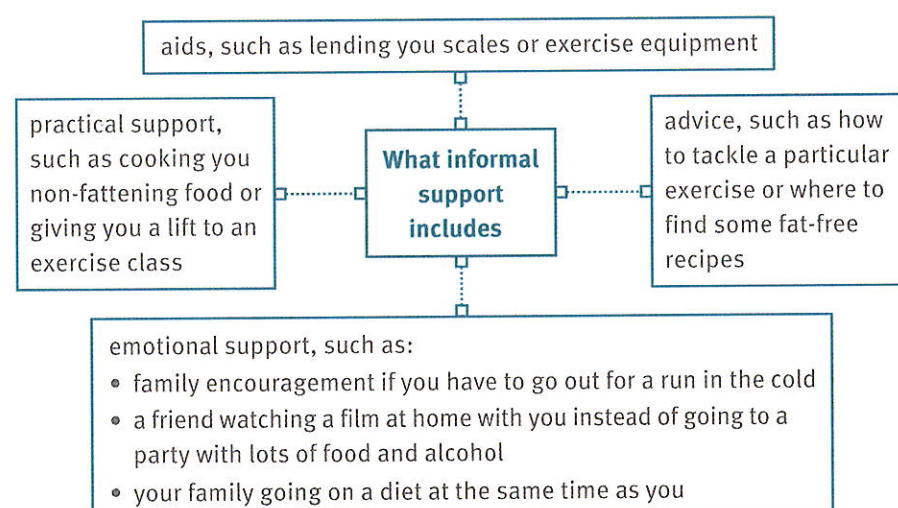


Figure 3.22: Family and friends are very important sources of support



Support from friends and family can really help you to stay on target

## CHECK MY LEARNING

- 1 Identify two sources of informal support for someone who is trying to follow a recommendation to improve an aspect of their health and wellbeing.
- 2 Explain how a voluntary organisation, such as a charity, can be a source of formal support for someone trying to quit smoking.



## Social, cultural, language and speech impairment barriers

### GETTING STARTED

In a small group, discuss examples of when you have felt frustrated with an older family member because they haven't understood what you are saying. Reflect on why that was and how you overcame it.

Barriers can occur when an individual doesn't have the same views on health and social care, or is unable to communicate with health and social care service workers.

### Barriers to people with different social and cultural backgrounds

The health and wellbeing of a person, and their willingness to access help or services, are influenced by their social or cultural background. This means the values, traditions, way of life and beliefs of the society or group the person was born into. If their social or cultural background is not understood by a health and social care service worker, barriers can stop them accessing the services they need. For example, in some cultures:

- it is not customary for men to be open about their personal health or circumstances because it could be seen to reflect badly on the family
- diet may be restricted at certain times, which could affect someone recovering from illness
- the use of first names is only acceptable from close family members and friends, so an individual might be offended if a health and social care worker calls them by their first name
- many older people in the UK, regardless of culture, find it disrespectful to be called by their first names. They would prefer if someone asked them what they would like to be called.

Education is part of your social background. Different people have different intellectual abilities, and different levels of education. For example, someone may go to university whilst another person may choose to leave the education system at 16 or 18, preferring to start earning money or learn in a more practical, hands-on way. In terms of health and social care, education differences mean different people have a different level of awareness and knowledge of what services are available to them. For some, this becomes a barrier. For example, research shows a clear link between education and a willingness to seek help or access services. A better-educated person is more likely to be aware of and look out for signs and symptoms of illness and understand the need to seek help early – for example, after finding a breast lump. A better-educated person may also be more aware of which services are available. Those with less knowledge may not be aware of long-term health complications if they don't access services early. They may also not know what services are accessible to them or know where certain services are located.

### Language barriers

Individuals who speak English as a second language, or no English at all, may have problems accessing the health and social care system. They may not understand the way things are expressed because of jargon, slang or dialect.

Those who have language or speech impairments will also face barriers. No two people who are classified as having a language or speech impairment are the same, so may have differing problems accessing services. Those with language or speech impairments can include:





- How does this waiting room at a clinic help overcome some barriers for those with sensory disabilities?

### ACTIVITY

Li has recently moved and has made an appointment to see her new dentist. She is visually impaired and worried about accessibility. The dental receptionist assures her that there are no steps to get into the building and others find it accessible. Li is unsure whether the receptionist really understands, so she asks her husband to come with her. The paving slabs leading to the main entrance are slightly uneven. There is a small step into the narrow hallway, with a sharp left turn into the waiting room. The receptionist tells her to take a seat 'over there', without considering that Li can't see the seats. The dentist's room is up a flight of narrow, steep stairs. There is no lift. There is a dentist room downstairs, but it is currently occupied by a dental hygienist.

- 1 What might have happened if Li had gone on her own?
- 2 What type of barriers were there and how could the dental practice overcome them?
- 3 The receptionist has obviously not given much thought to how she answered Li's questions when she rang to make the appointment. How will this attitude, along with the trip to the dentist, have affected Li's health and wellbeing?

### CHECK MY LEARNING

- 1 Give two examples of (a) a physical barrier, and (b) a sensory disability barrier.
- 2 Explain the difference between a physical and a sensory disability.



## Social, cultural, language and speech impairment barriers

### GETTING STARTED

In a small group, discuss examples of when you have felt frustrated with an older family member because they haven't understood what you are saying. Reflect on why that was and how you overcame it.

Barriers can occur when an individual doesn't have the same views on health and social care, or is unable to communicate with health and social care service workers.

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- the use of first names is only acceptable from close family members and friends, so an individual might be offended if a health and social care worker calls them by their first name
- many older people in the UK, regardless of culture, find it disrespectful to be called by their first names. They would prefer if someone asked them what they would like to be called.

Education is part of your social background. Different people have different intellectual abilities, and different levels of education. For example, someone may go to university whilst another person may choose to leave the education system at 16 or 18, preferring to start earning money or learn in a more practical, hands-on way. In terms of health and social care, education differences mean different people have a different level of awareness and knowledge of what services are available to them. For some, this becomes a barrier. For example, research shows a clear link between education and a willingness to seek help or access services. A better-educated person is more likely to be aware of and look out for signs and symptoms of illness and understand the need to seek help early – for example, after finding a breast lump. A better-educated person may also be more aware of which services are available. Those with less knowledge may not be aware of long-term health complications if they don't access services early. They may also not know what services are accessible to them or know where certain services are located.

### Language barriers

Individuals who speak English as a second language, or no English at all, may have problems accessing the health and social care system. They may not understand the way things are expressed because of jargon, slang or dialect.

Those who have language or speech impairments will also face barriers. No two people who are classified as having a language or speech impairment are the same, so may have differing problems accessing services. Those with language or speech impairments can include:



- deaf people with no other impairments and just need extra support
- those with severe learning difficulties so can't easily understand what is being said to them
- those with conditions, such as autism, which affect the development of verbal and non-verbal communication and social interaction.

Individuals with language barriers can be supported by an advocate. An advocate is someone who can help them navigate the system, provide practical support and advice, speak on their behalf if necessary, and make sure they are getting the care they need. Some sources of information are translated into other languages, for example, leaflets.

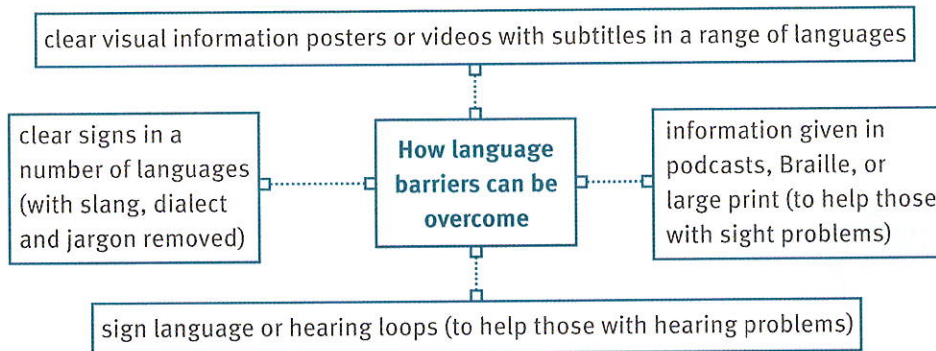


Figure 3.24: Making communication accessible



- Braille used beside the buttons in a left will help those with sensory disabilities to access the right floor

### ACTIVITY

- 1 Research different types of speech and language disorders. Design a fact sheet to raise awareness of these conditions. Include the names, causes and effects of at least five disorders.
- 2 Pick one disorder and draw a mind map showing the barriers a person with the disorder may face when trying to access a health or social care service. How could these barriers be overcome?

### CHECK MY LEARNING

- 1 State three reasons why a person's culture or first language might make them reluctant to access a service.
- 2 Explain how an individual's social background may affect their access to services.



## Geographical, resource and financial barriers

### GETTING STARTED

Imagine an individual has been told to stop taking drugs and to go into a rehab centre. With a partner, discuss possible geographical, resource and financial barriers that might prevent them accessing the rehab centre.

Barriers to accessing health and social care services can be caused by the location of the service, the service not having the right resources and any costs to the individual.

### Geographical barriers

Geographical barriers are to do with where a person lives and where health and social care services are located. Barriers to accessing services can happen if, for example:

- an area does not have many health and social care services
- a rural area does not have good transport links
- individuals have to spend time travelling long distances to access a service
- a location does not have enough parking spaces.

Geographical barriers can be overcome by services such as hospital transport. Alternatively, travel to a hospital can sometimes be avoided by using health centres, pharmacists or helplines.



■ How does a designated hospital bus help patients access health care?

### ACTIVITY

A town has a high level of people who are on low incomes and a decision has been made to close the local hospital. Many people have reacted angrily to the news that they will have to travel to a new hospital being built ten miles away.

- 1 How might the hospital closure affect individuals who have been using services based there?
- 2 How can the hospital help individuals overcome the barriers created by the hospital closure?



## Resource barriers for service providers

Health and social care resources are things like staff, appointments and services. Resource barriers are created when there is a shortage of any of these things. For example, staff shortages mean people have to wait longer for appointments, and for beds in hospital or residential care. Other situations that create resource barriers include events such as a **pandemic**. Staff and beds are occupied by emergency cases and are not available to provide other, less urgent services.

When COVID-19 swept across the world in 2020, hospitals struggled with resourcing, in particular with staff shortages, lack of specialised equipment and space. The number of COVID-19 patients needing intensive care made it extremely challenging to also care for patients with other needs. Difficulties with the availability of staff were increased. Staff shortages were extremely difficult because so many people had to take time off work due to catching COVID-19.

## Financial barriers

Financial barriers to accessing services can happen because of charges and fees, for example for health services that are not provided by the NHS. This can exclude those who do not have the money to pay for these services. These might include, for example, disability aids and prescriptions. Some services are means tested. This means an individual or family is examined to see whether they are eligible to receive benefits and free treatments.

You have now learned about seven different types of barriers. Remember that a barrier is something unique to the health and social care system, such as where a health care facility is located. A barrier is not personal to someone who is trying to take action to improve their health and wellbeing.

### ACTIVITY

- 1 Research services in your local area that help individuals overcome barriers.
- 2 Draw a concept map based on the seven types of barriers to accessing services. Then include more branches leading to strategies for overcoming them.

### CHECK MY LEARNING

- 1 State how a pandemic will affect the waiting list for people waiting for a routine operation.
- 2 Explain why a lack of resources may delay a knee replacement operation for an elderly person, and how it may affect their health and wellbeing.

### KEY TERMS

**Pandemic** is an **epidemic** of an infectious disease such as coronavirus disease that spreads across several countries, continents or even the world.

**Epidemic** is an outbreak of an infectious disease such as flu in a community.



## Emotional/psychological obstacles

### GETTING STARTED

In a small group, discuss what is meant by the term 'emotional/psychological obstacle'. Give some examples.

An obstacle is something personal to an individual. It blocks them from moving forward. An obstacle could also prevent an action, or make it more difficult. One type of obstacle is emotional/psychological.

### ACTIVITY

- 1 Each member of the class will be given a risk to physical health to consider (diet, drugs, smoking, alcohol or inactivity).
- 2 Write examples of how 'lack of motivation', 'low self-esteem' and 'acceptance of current state' can become emotional/psychological obstacles in following a plan to deal with the health risk. Give examples of how to overcome these obstacles.
- 3 Find others in the class working on the same risk. Form a group and compare.
- 4 In your group, produce an advice sheet for overcoming emotional/psychological obstacles to the health risk. Make this sheet informative and easy to read.
- 5 Print copies for the class.

### Lack of motivation

It can be hard to get started on any task – including those on a health and wellbeing improvement plan. In fact, some people might find it easier not to start at all! They might also get bored once they *have* started. This is known as lack of motivation.



Figure 3.25: What ways can you think of to kick-start motivation?



For some people, a lack of motivation to make an informal plan and set targets can be overcome by:

- reminding themselves of the benefits of sticking to their plan (for example, feeling fitter, having more energy, reducing health risks and feeling better about themselves)
- choosing activities they enjoy; they will be more likely to stick to something if they like what they are doing
- doing activities at a time when they feel most energetic
- having a variety of strategies (for example, on a fitness plan, swimming instead of walking, joining a gym or going hiking)
- building in rewards (for example, for every 7 kg of weight lost, treat themselves to a new item of clothing).

## Low self-esteem

Low self-esteem can affect almost every aspect of life – from what you think about yourself to the way you react to situations. For some people, low self-esteem could result in:

- negative thoughts about themselves and their abilities
- feeling less able to take on the challenges life presents – such as sticking with their health and wellbeing improvement plan
- giving up on challenges before they even begin.

But sticking with a plan, and making the effort to meet targets, can help to overcome obstacles and increase self-esteem. For example, a person on a fitness plan might feel great that they stuck with it (however hard it felt at first) because they have lost weight and feel fitter.

## Acceptance of current state

Someone who accepts their current state of physical health, because they feel fine now, has probably convinced themselves they do not need to take any action. For example, they may have high blood pressure but not feel any different from normal. They may have a low peak flow reading but do not really notice any issues with their breathing. The same applies to lifestyle factors. A person who smokes or drinks too much alcohol, for example, may feel perfectly all right now and therefore not even consider giving up.

However, as you have already learned, an abnormal health indicator can lead to a number of conditions. These conditions may have serious consequences and could even be life-threatening.

### CHECK MY LEARNING

- 1 Compare the different fact sheets and identify the three main categories of emotional/psychological obstacle.
- 2 Explain how a person accepting their current state of health because they feel fine, might be an obstacle to following a recommendation to help improve their health.

### LINK IT UP

To remind yourself about negative attitudes towards health and wellbeing, go to Learning Outcome A in Component 1.



## Obstacles caused by time constraints

### GETTING STARTED

Reflect on what commitments you have that might sometimes stop you having enough time for looking after your own physical needs.

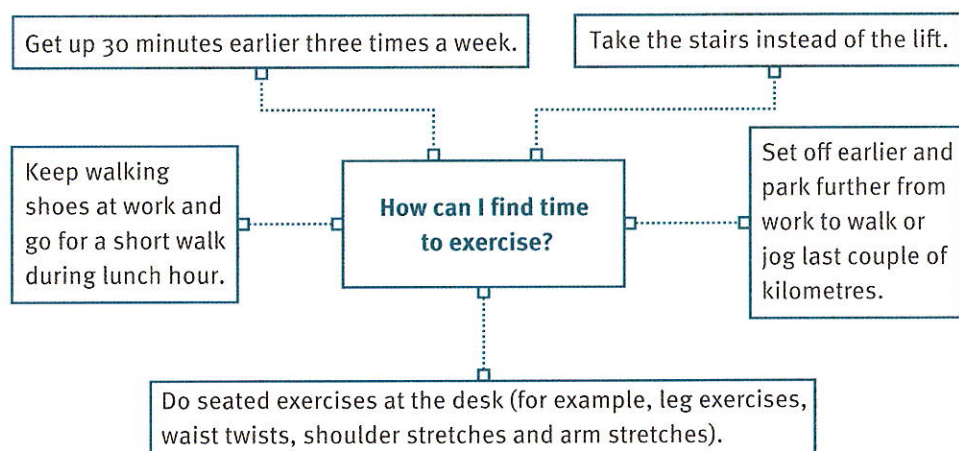
We all have busy lives nowadays and some people struggle to fit everything in. These time constraints can often become an obstacle to implementing a health and wellbeing improvement plan.

### Why time can be an obstacle

A common excuse when sticking to any plan is: 'I don't have enough time.' People may feel they have too many other commitments such as work and family. A good health and wellbeing improvement plan will help to present solutions to this obstacle.

### Work/study commitments

Work or study can often be demanding and evenings can often be busy. These things can leave people feeling tired. They can also be used as an excuse not to stick to, for example, a plan to improve activity levels. But there are strategies that can help to overcome these obstacles, as Figure 3.26 shows.



■ Figure 3.26: Suggestions for making more time to exercise



■ It is even possible to exercise while you are sitting at your desk!



## Family commitments

Away from work, family commitments may take up a lot of time. There may be children who need to be taken to places, older relatives who may visit or family friends to socialise with. Trying to take action to follow through on a health improvement recommendation alongside so many other things could be achieved through advanced planning and involving the whole family, as Figure 3.27 shows. It is also important that the family supports the person doing the plan and understands how important it is that the person makes the recommended changes.

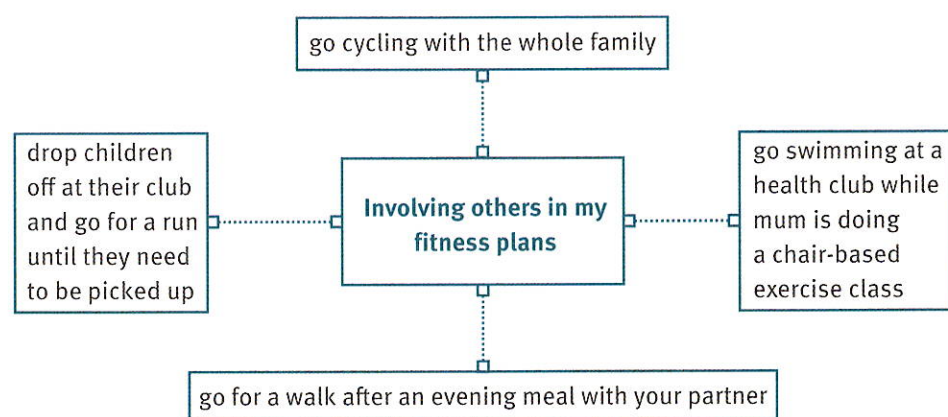


Figure 3.27: Suggestions for family-friendly exercise

### ACTIVITY

- 1 Working in pairs, pick someone you know or a character from TV who is very busy with work and family commitments. Their lifestyle may create risks to their physical health.
- 2 Write a case study on this person/character.
- 3 One of you role plays the person/character while the other interviews them for a one-to-one chat show, on how time constraints are an obstacle to making lifestyle changes that could improve their health and wellbeing.
- 4 Show your interview to the rest of the class.
- 5 After each interview, suggest ways the time constraints can be overcome for the character.

### DID YOU KNOW?

Many adults spend more than 7 hours a day sitting down at work, on transport or in their leisure time. Many adults aged 65 and over, spend 10 hours or more each day sitting or lying down.

### CHECK MY LEARNING

- 1 Give three ways the potential obstacle of lack of time due to work commitment to becoming more active can be overcome.
- 2 Explain three ways in which time for family commitments can be used as an advantage, rather than an obstacle, to sticking to a plan to help with eating a more balanced diet.



## GETTING STARTED

In a small group, discuss how availability of resources can be an obstacle to sticking to a health and wellbeing improvement plan. Think of all the different risks to physical health.

## Obstacles caused by availability of resources

Imagine a health worker recommending some actions for someone who cannot afford, or does not have what they need, to do some of it. Not having enough money or the correct equipment might be an obstacle to achieving success.

### Financial resources

When making a plan, you need to think about the cost of each action, to avoid money becoming an obstacle to someone's health and wellbeing improvements. For example, if you are drawing up an exercise plan that includes a person joining a gym, you need to:

- consider if they can afford gym membership
- provide details of free alternatives.

It is also important to point out on the plan:

- how much things cost
- how to access funding to help.

For example, a number of aids that help people to stop smoking are available on prescription from the NHS. Depending on the financial circumstances of the person, this means they may spend a small amount or nothing at all. Those on a low income may be able to get help with NHS costs through the NHS Low Income Scheme.

The NHS website ([www.nhs.uk/Livewell/fitness](http://www.nhs.uk/Livewell/fitness)) has a section called 'Get fit for free'. You could direct someone on an exercise plan to this website and discuss the suggestions with them before adding them to their plan. Also, local authorities offer initiatives to encourage people to get fitter such as:

- free exercise classes or swimming sessions
- free weight advice and exercise classes for morbidly obese people.

You could find out the details of your local authority, check what initiatives they provide, then add them to the person's plan.

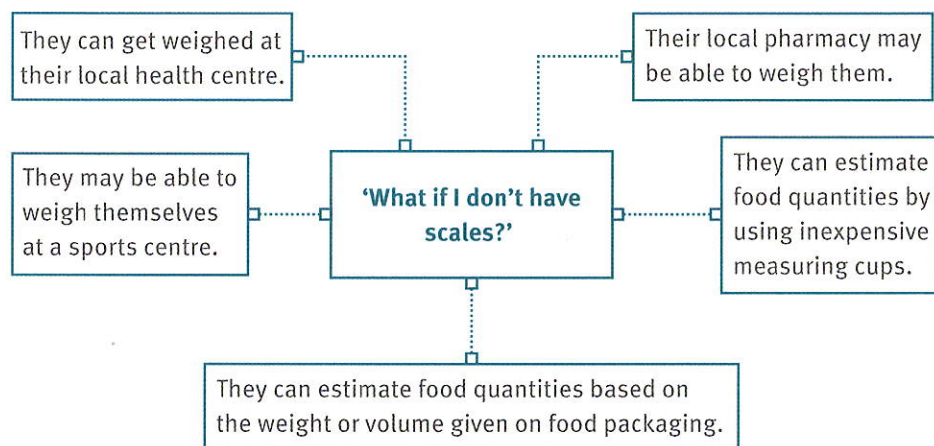


- Check out the free resources to add to someone's fitness plan to help keep them motivated



## Physical resources

Physical resources could mean equipment. An obstacle could occur if the person following the plan does not have access to the equipment they need. Look at the example below of someone who is on a diet: they need bathroom scales to weigh themselves and kitchen scales to weigh their food. You could make suggestions like these on their plan.



■ Figure 3.28: Think of ways you can get round an apparent problem

The NHS website suggests ways of accessing free equipment – for example, free running podcasts. Community websites such as Freecycle, Freecycle.org® and SnaffleUp may also be useful resources for finding free equipment. It may be possible to find weights, skipping ropes, exercise balls and even exercise machines – all being given away by people who no longer need them.

Other ideas for free physical resources include:

- local authority outdoor gyms, tennis courts, football pitches and basketball hoops in parks around the area
- free gym taster sessions to check out the environment and range of options, before committing to membership
- a 'green gym', if there is one in your area, where people can volunteer to exercise by digging, planting and path clearing, which means they can be helping the environment while getting fitter.

### ACTIVITY

- 1 Work in a small group to research and produce a presentation, in whichever form your group chooses, on the availability of resources in your local area to help a person stick to a plan to increase their physical activity based on a risk to physical health of your choice.
- 2 Deliver the presentation and give out handouts to other members of the class.

### CHECK MY LEARNING

- 1 Give one reason why the cost of resources needed to follow through on a recommendation to become more active can be an obstacle.
- 2 Explain how local council outdoor gyms, tennis courts, football pitches and basketball hoops in parks, or a community setting up a shared garden, can remove the obstacle of availability of resources to someone who wants to become more active.

### DID YOU KNOW?

The Conservation Volunteers charity runs 'green gym' schemes across the country. To find out if there is one near you, check [www.tcv.org.uk/greengym/find-green-gym](http://www.tcv.org.uk/greengym/find-green-gym)



## GETTING STARTED

In a small group, discuss how it makes you feel if you are given a big task to complete in a short amount of time.

## Obstacles caused by unachievable targets

Setting and meeting targets to complete any task is encouraging. However, if those targets are unrealistic, they remove motivation and are more likely to become an obstacle to taking action.

### Unachievable for the individual

Why might an individual find their targets unachievable? Table 3.11 gives some reasons that should be considered before suggesting some targets which will be realistic and achievable.

■ Table 3.11: Why targets might be unachievable

Reason	Examples of how to avoid the problem on a plan
Too ambitious	The individual may be very overweight and unfit. They may not have exercised for years. Instead of sending them to, for example, an aerobics class, which they may not be able to finish, suggest a gentler class to begin with.
Not appropriate	<ul style="list-style-type: none"> <li>The individual may have many time commitments. Instead of suggesting daily 10 km runs or long swims, plan them in for twice a week.</li> <li>The individual may be an older person who lives alone. Instead of suggesting they take a long walk alone, try to team them up with another person who can go with them. Ensure their exercise is age-appropriate – perhaps a class specifically for older people.</li> </ul>
Lack of understanding	The individual may not understand what is expected of them because the instruction on the plan is either too vague or too technical/complicated. Make sure the language of the plan is very clear and very simple. Be aware that some people may have difficulties understanding the written word.
Not in the right frame of mind	An individual may be depressed, upset about something or just not emotionally ready to commit to a plan (perhaps they have other things that they feel will stand in their way). Discuss a new start date – one they feel happy with. It is better that the person is feeling determined and positive from the start.
Timing	Some people may find they have too much going on at certain times of the year – for example, a lot of socialising around Christmas might make a weight loss programme that starts in early December difficult to carry on with, or dark cold mornings and evenings during the winter months can make a running programme difficult. Start a weight loss programme after special events and plan exercise that can be done inside or outside.
Fear of failure	An individual may make excuses because they are afraid of failing. Many people who fear failure often find doing new things very difficult – in case they do not do them well enough. Ensure the targets are very realistic and easily achievable to give the individual confidence.
Task is too big	An individual with several health concerns (e.g. is morbidly obese, leads a sedentary lifestyle, smokes and drinks too much alcohol) may feel that making any of the necessary changes is too big a task to tackle and will take years, so do not bother. Again, ensure the targets are realistic – encouraging the individual to look at permanent lifestyle changes rather than for a fixed period.





- An unrealistic deadline for meeting health targets can be very stressful and off-putting

## Unrealistic timescales

A person who feels their goals are unrealistic may already feel as though there is no point in trying. For example, if a person is given a plan with a goal of losing 20 kg in 4 weeks, they may not even attempt to start the plan. Some timescales need to be much longer to ensure success and give the individual confidence that their health and wellbeing improvement plan is working.

### ACTIVITY

- 1 Write ten targets for any risk to physical health (e.g. obesity) – some of which are achievable and others that are not.
- 2 Swap with a partner, who will identify which targets are achievable and which are not.
- 3 Swap back and read what your partner has written.
- 4 Discuss with your partner whether you agree with them and why.

### CHECK MY LEARNING

- 1 Give an example of a target which is unachievable. Think of one not already given.
- 2 Explain why a target of giving up drugs in the space of 2 weeks is unrealistic for someone who uses them regularly.



**GETTING STARTED**

With a partner, reflect on times when you have felt unsupported by either family members or friends. How did it make you feel?

## Obstacles caused by lack of support

We all need support sometimes – whether to take up something new or finish off something.

### Lack of support

Lack of support could lead an individual following a plan to improve their health and wellbeing to give up. If no one is properly supporting the individual, they could feel there may be difficulties with, for example, keeping to a diet, stopping smoking or cutting down on alcohol.

#### Diet

Difficulties could occur if a person on a healthy eating plan is:

- surrounded by family and friends who enjoy 'ready' meals and takeaways
- fed by someone who is a good cook and gives generous helpings
- tempted by chocolates and biscuits bought for special occasions
- treated to regular meals out.

To overcome these obstacles, the individual will need to explain why they need to lose weight and why family support would be useful. To support the individual, a family could:

- join in with eating the same healthy, balanced diet as the individual
- hide away biscuits and treats
- go bowling, for example, rather than eating out
- pick healthy options from a takeaway menu that the whole family could share.

These kinds of support will help to keep the individual on track with their plan.

#### Smoking

If an individual is on a plan to stop smoking, they may find it difficult if friends and family continually offer them cigarettes. We all know that smoking is bad for us. But some people lack the willpower to give it up. So they may try to persuade the individual not to give up, because it makes them feel better about smoking.

Being offered cigarettes is a constant temptation and an obstacle. To overcome this potential obstacle the individual could:

- explain they *want* to give up to feel better and improve their health
- ask family and friends not to offer them cigarettes
- try to persuade family and friends to also give up cigarettes with them.

The individual may also need the support of aids (such as nicotine patches, special chewing gum and so on) to help them. If you were writing a 'quit smoking' plan for someone, you would research all the aids available and add them to the plan.

#### Alcohol consumption

An individual who is used to regular drinking with family and friends may find it hard to cut down or give up without their support. For example, it may be difficult to avoid pressure if:

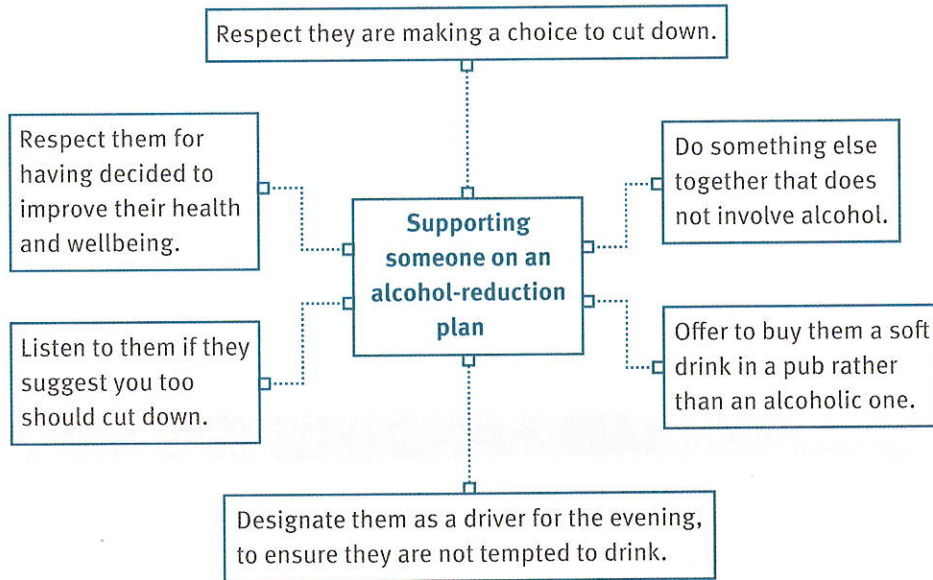
- a family regularly drinks wine with meals
- friends centre a night out on drinking heavily at clubs and pubs.



■ How would you feel if you were trying not to smoke and were offered a cigarette?



Figure 3.29 shows how others could support someone on an alcohol-reduction plan.



■ Figure 3.29: Ways to support someone to cut their alcohol intake

#### ACTIVITY

- 1 With a partner, write down how having support would help an individual implement a plan to improve habits such as having unprotected sex after binge drinking.
- 2 Do a short piece of creative writing in a style of your choice to sum up the effect it has on you when family and friends do not support you.

#### CHECK MY LEARNING

- 1 Give three examples of how a lack of support from family and friends can be an obstacle for someone wanting to follow a plan to improve the quality and length of their sleep.
- 2 Explain how a lack of support from family and friends to someone wanting to reduce their alcohol consumption can be overcome.



## ASSESSMENT PRACTICE

### How you will be assessed

You will be assessed with a written examination under supervised conditions. This will allow you to demonstrate your knowledge and understanding of factors that affect health and wellbeing, physiological and lifestyle indicators and person-centred approaches, and how to make recommendations and action to improve health and wellbeing. It is worth 40% of the overall grade for the qualification.

The first questions use words such as complete, give, identify or state, to test your recall of facts. Further into the examination questions become longer, based on some facts about various individuals and asking you to discuss or explain those facts.

#### CHECKPOINT

##### Strengthen

- What are the aspects of health and wellbeing and the factors that affect them?
- What are health indicators, and what might abnormal readings mean?
- What are the importance and benefits of a person-centred approach to, and recommendations and actions for, improving health and wellbeing? Do you know the difference between barriers and obstacles?

##### Challenge

- Can you recall facts and explain them clearly and accurately when asked to?
- Do your answers demonstrate accurate knowledge and understanding and contain points relevant to the scenario given?
- Are your answers well-developed and logical, showing you have considered a range of different inter-relating aspects?

## ASSESSMENT ACTIVITY COMPONENT 3

Thomas has arthritis which causes pain in his joints. He takes painkillers several times a day, and now can't manage without them. Physical activity is hard for him, although he would like to be able to do more. He watches a lot of television in his free time, and drinks alcohol every evening.

Thomas has recently visited his GP, who expressed concern about his health and wellbeing.

Complete the table by:

- stating three actions that the GP could suggest that will improve Thomas' health and wellbeing
- giving three ways these actions could improve Thomas' health and wellbeing.

	Three actions	Ways the actions could improve Thomas' health and wellbeing
1		
2		
3		

Thomas lives with his partner Patrick in a house in the middle of a busy town. The medical centre and various facilities, such as a leisure centre, are within easy walking distance.

Explain two ways formal support can improve Thomas' health and wellbeing.

## TAKE IT FURTHER

Read through your answer. Have you correctly identified two sources of formal support for Thomas as well as clearly explained how both sources of support will help him? Does your answer show that you have taken into account Thomas' needs, wishes and circumstances?

## TIPS

This component builds on what you have already learned in Components 1 and 2, so it is worth looking through your notes on those units before you start your revision.

## TIPS

Read each part of the question carefully. If it asks you to **state three** actions, make sure your answer includes **three** points, not two!



# Glossary

**Acute** illness comes on quickly, is short term and can be cured, such as a cold.

**Acute services** provide care for illnesses or injuries that become serious very quickly but do not last very long.

**Adapt** – adjust to new conditions or circumstances.

**Addiction** is not having control of doing, taking or using something to the point where it could be harmful to you.

**Addictive behaviour** is a compulsion to do something despite the possibility of negative consequences.

**Adrenaline** is a hormone that helps you respond quickly to a threat or stress.

An **obstacle** is something personal to an individual that blocks a person moving forward or when an action is prevented or made difficult.

**Arteries** are blood vessels that carry blood away from the heart.

**Aspirations** are hopes and ambitions of achieving something.

**Barriers** are something unique to the health and social care system that prevents an individual accessing the service/s they need

**Bullying** is the repetitive intention to harm, coerce or intimidate.

**Cardiovascular disease** is any condition affecting the heart or blood vessels.

**Cardiovascular system** is the system that moves blood, nutrients and gases around our bodies. It is made up of the heart, blood and blood vessels; also known as the circulatory system.

**Character traits** describe a person's disposition, and whether they are positive or negative about events and circumstances.

**Characteristic** is something that is typical of people at a particular life stage.

**Chronic** illness is one with long-term symptoms. The symptoms may be eased, but the illness cannot usually be cured.

**Classification** involves grouping similar things into a category.

**Coerce** is to make someone do something they don't want to.

**Collaboratively** involves working well together.

**Compassion** is sympathy and concern for the sufferings of others.

**Confidentiality** is not passing on information or discussing a private conversation to anyone else.

**Contentment** is an emotional state when infants and children feel happy in their environment and with the way they are being cared for.

**Cyberbullying** is the use of electronic communication to send messages that intimidate or threaten.

**Development** involves gaining new skills and abilities such as riding a bike.

**Dexterity** means how skilfully and easily you can use your hands for fine movements and precise tasks.

**Disability** is a condition that limits a person's movements, senses or activities.

**Discrimination:** treating a person or group of people differently from others.

**Diversity** means recognising and valuing the differences between people and treating people's values, beliefs, cultures and lifestyles with respect.

**Domiciliary care** is care and support given at home by a care worker to help a person with their daily life.

**Empathy** is being able to understand and share the feelings and views of another person.

**Epidemic** is an outbreak of an infectious disease such as flu in a community.

**Expectations** are beliefs that something will happen.

**Exploitation** means taking advantage of someone for your own benefit.

**Formal support** is provided by trained, paid employees such as health and social care professionals.

**Gender expression** is how someone expresses their gender identity externally, for example through their clothes and behaviour.

**Gender identity** is how someone feels internally about their gender.

**Gender role** is the role and responsibilities determined by a person's gender.

**Growth** describes increased body size in terms of height and weight.

**Health and wellbeing** events that cause changes to the body, physical or mental health or mobility.

**Hierarchy** is a list of things or people arranged in rank order from lowest to highest.

**Holistic** considers looking at the whole person rather than just the part that requires treatment or care.

**Identity** is how you describe or define yourself.

**Illness** is a disease or period of sickness that affects the body or mind.

**Impairment** is a loss or abnormality of a body function.

**Infancy** begins from birth and ends at 2 years.

**Informal support** is provided by people who are not paid, such as family and friends.

**Inheritance** is money, property or possessions that are passed on after the death of someone.

**Intimidate** is to frighten someone.

**Jargon** is the use of special or slang words, expressions or technical language that are difficult for others outside the profession or group to understand.

**Life circumstances** refer to the way a person lives, their day-to-day life and the choices they make.

**Life event** is something that happens to people as they move through life that has a major impact on their health and wellbeing.

**Life stages** are distinct phases of life that each person passes through.

**Lifestyle** involves the choices made that affect health and development such as diet and exercise.

**Long term** is 6 months or more.

**Low self-esteem** is when you do not feel good about yourself for any reason.

**Menopause** is the ceasing of menstruation.

**Milestone** is a significant change in development.

**Monitor** is to check progress over a period of time.

**Neurological** problems relate to the brain, spinal cord and nerves; for example a brain injury, stroke or multiple sclerosis.

**Nicotine** is a powerful, addictive drug found in tobacco.

**Norm** is something that is usual, typical or standard.

**Oestrogen** is a hormone produced by ovaries that maintains female characteristics.

**Open questions** encourage people to give longer answers in their own words to express, for example, thoughts, needs and wishes. The opposite of open questions are closed questions which require a specific response such as 'yes' or 'no'.

**Pandemic** is an **epidemic** of an infectious disease such as coronavirus disease that spreads across several countries, continents or even the world.

**Paralympian** is a disabled, elite athlete who has competed in the Paralympic Games.



**Physiological** – relating to the function of parts of the body.

**Pollution** is the act of introducing harmful substances or irritants that cause damage to living organisms into the environment.

**Potential significance** could develop into something important.

**Prejudice:** an unreasonable feeling against a person or group of people.

**Pride** is a celebration of people coming together to show how far LGBTQ+ rights have come.

**Professional** describes a member of a paid occupation who has formal qualifications and skills.

**Psychological** relates to the mental and emotional state of a person.

**Relationship changes** are the building or breakdown of friendships or relationships.

**Residential care** is short- or long-term care provision, in which the individual lives in a care home rather than in their own or family home.

**Respite care** provides temporary care for an individual with ill health to provide a short break for the usual carer (s).

**Role model** is someone a person admires and strives to be like.

**Savings** is money set aside for something specific such as a holiday, or for the future.

**Secondary care** is specialist treatment or care such as psychiatry usually given in a hospital or clinic referred from a primary care service provider.

**Secrete** means to produce and discharge a substance.

A **selective mute** is a person who finds it impossible to talk in certain situations due to severe social anxiety.

**Self-esteem** is how good or bad an individual feels about themselves and how much they value their abilities.

**Self-image** is how individuals see themselves or how they think others see them.

**Sensory impairment** is a weakness or difficulty that prevents a person from doing something.

**Short term** is less than 6 months.

**Stigma** is when you feel that others disapprove of your circumstances and you have strong feelings of shame or embarrassment about something.

**Targets** are goals and aims.

**Team:** a group of individuals with a shared purpose for which they are accountable, and which requires interaction between team members.

**Tertiary care** is advanced specialist treatment or care given in hospital such as cancer treatment referred from a secondary care service provider.

**Values** are principles and standards that we use to guide our thoughts, decisions and behaviour.

**Vulnerable** means a person can be more easily influenced or abused.



paying attention to Mei Zhen's verbal and body language to identify issues and meet needs.

- 2 Not having glasses and being unable to give consent is a difficult situation as is explaining medication to someone with Eric's needs. Care workers should remain calm and professional whilst following procedures to uphold standards and ensure consent is obtained. Respecting Eric and ensuring his needs are at the centre of decision making about his treatment ensures he receives quality care.

**p129**

### Activity

**Skills:** Organised multi-disciplinary working; problem solving; overcome obstacles and meet needs

**Attributes:** Empathy to show respect and understanding; patience when communicating

**Values:** Care – Ruth has a positive experience and receives quality care; communication needs are met; care workers are competent in their roles and demonstrate compassion

**Benefits:** Promotes independence – adaptations and equipment; person-centred care, involved in decision making; treated with respect; receives high quality care; dignity upheld

### Check my learning

Communicate effectively when providing information and support

Demonstrate competence by knowing best practice to promote independence using techniques and equipment

Work with service users to problem solve and find ways to be independent

Develop trusting relationships to help build confidence and self-esteem of service users

Be patient whilst service users develop the skills and confidence to be independent

Use courage to uphold rights and empower service users

**p131**

### Activity

The healthcare assistant (HCA) did not demonstrate empathy, care, competence, communication skills, compassion. Learners might justify each in a sentence or two using examples from the case study.

The nurse could support Sasha to make a complaint:

**Skills:** ability to deal with this difficult situation professionally, calmly and with patience to empower Sasha to uphold his right to complain

**Values:** communicate effectively (active listening, observe non-verbal language); demonstrate

competence to follow procedures; demonstrate care to ensure Sasha has a positive experience and receives quality care

### Component 3

**p137**

### Activity

- 1 Physical aspects of health – food, water, shelter, warmth, clothing, rest, exercise and good personal hygiene

Social aspects of wellbeing – mixing with others in appropriate environments and having access to leisure facilities and activities

Emotional aspects of wellbeing – being loved, respected and secure; we need to be able to feel, express and recognise different emotions so we can cope with whatever situations arise in life

- 2 NA

- 3 Physical factors: inherited conditions, physical ill health, physical abilities, sensory impairments

Lifestyle factors: nutrition, physical activity, smoking, alcohol, substance misuse

- 4 Social factors: supportive and unsupportive relationships with friends, family, peers, colleagues

Cultural factors: religion, gender roles and expectations, gender identity, sexual orientation, community participation

Economic factors: employment situation, financial resources

Environmental factors: housing needs, condition, location, home environment, exposure to pollution

Life changes: physical events, relationship changes, life circumstances

### Check my learning

- 1 Physical, intellectual, emotional and social
- 2 Without our basic physical needs being met we would eventually become ill and die; the others can only be met if we are alive.

**p138–139**

### Activity

Q4.

Physical: pain in varying parts of the body, more likely to catch infections, anaemia, headaches, faster heartbeat, dizziness and fainting, need for blood transfusions, delayed growth, delayed puberty, leg ulcers, lung condition so cough, chest pain and breathing difficulties, gallstones, jaundice, vision loss, high blood pressure, kidney or urinary problems

Intellectual: lots of time off school/college/university/work due to illnesses and treatments

Emotional: distressing due to feeling ill, need for regular treatment and shorter life expectancy, feel different from others, lonely

Social: miss out on opportunities to socialise with family and friends or make new friends, due to illnesses and treatment, can't join in some physical activities with others, may lead to social isolation

### Check my learning

- 1 Answers could include: haemophilia, Huntingdon's disease, cystic fibrosis, sickle cell disease
- 2 People can inherit heart disease from a parent but lifestyle factors such as diet, smoking and drinking alcohol can increase the risk.

**p141**

### Activity

Learner research.

### Check my learning

- 1 a Answers could include: shortness of breath, sweating, low self-esteem, raised blood pressure  
b Answers could include reduced mobility, tooth decay, increased risk of serious conditions, such as cancer, stroke, cardiovascular disease, type 2 diabetes, missed learning and social opportunities such as travel to new places, museums, theatres, other countries
- 2 Risk of cardiovascular disease, which can cause damage to arteries or body organs, leading to an increased risk of blood clots and possibly death

**p143**

### Activity

- 1 Sample answer:

The cost of living may mean a person has to work long hours. These working hours may mean there's not enough time for exercise or hobbies, leading to stress. Excessive working hours may cause conflict with a partner at home. If the person has children, they may feel stressed about not spending enough time with them.

- 2 Sample answer Gardener:

Physical: very active, so whilst it will keep them fit, it could cause stress if they injure themselves, catch colds working outside in winter or get sun burned in the summer. It may leave them too tired to enjoy other hobbies outside of work.



Intellectual: if working in a garden centre, there may be added stress of sales figures and general admin, organising staff rotas and deliveries. If working alone, e.g. running their own business, earning enough money may be stressful. If they get a lot of clients, managing their workload might cause stress.

Emotional: intellectual stresses may lead to emotional stresses, such as low mood.

Social: if working alone, they may feel lonely at times. If they work long hours outside, they may be too tired to socialise with family and friends after work.

### Check my learning

- 1 Examples include: anxiety, stress, depression, eating disorders, addictive behaviours
- 2 Anxiety is a mental health disorder with similar symptoms to stress but much longer lasting, whereas stress is a short-lived reaction to demands put on a person.

p145

### Activity 2

Answers could include:

- 1 Andrew may need support by having adjustments made to his work area, so he has the space to move around comfortably. He may need to work adjusted hours to allow him extra time to commute, or to work from home some or all of the time to stop him from getting too tired, and to allow him flexibility to attend medical appointments.
- 2 In the future, Andrew may need more space if he has to use a wheelchair, as well as specialised equipment/technology to assist him in doing his job. He may need to be given different tasks to do; for example, not requiring him to talk to customers/clients directly if he has trouble with his speech. Instead he could use email, instant messaging or assisted speech technologies.  
Create more space for wheelchair by moving out unnecessary clutter, lower surfaces to work on, specialised equipment and technology.

### Activity 3

- 1 Loss of smell: viruses such as cold or flu, covid-19, sinusitis (sinus infection), allergies such as hay fever, growth in nose (nasal polyps)  
Loss of, or change in, taste: viruses such as Covid-19, gum disease, certain medicines and treatments, colds, sinus infections, indigestion, pregnancy  
Loss of touch: burns, diabetes, conditions such as carpal tunnel syndrome

2 Table could include:

Visual: more chance of accidents (P), issues accessing some information (I), frustration (E), miss out on signals such as body language during chats (S)

Hearing: not hear warning of danger or someone coming too close (P), not able to hear what is being said so may miss some important information (I), frustration (E), may miss parts of conversations (S)

### Check my learning

- 1 Answers might include: may be unable to see what others are doing or playing, take part in certain activities and games, recognise people, make eye contact which can convey openness and warmth, see body language.
- 2 They may feel upset, annoyed, frustrated, ignored or undervalued. Their needs include all those of an able-bodied person, such as conversation, laughter and company.

p149

### Check my learning

- 1 Help them lose weight and develop muscles
- 2 Helps them exercise to keep fit without putting any strain on their knees or hips

p151

### Check my learning

- 1 Answers could include three of the following: alcohol, nicotine, illegal drugs, prescription drugs
- 2 Common effects include: relaxation, increased sensations, blood pressure changes, senses, increased risk of disease such as cancer, affects development of baby in pregnancy

p153

### Activity

- 1 Answers could include:  
Positive: physical support and help, intellectual stimulation, emotional support, happy, someone to share social life with  
Negative: physical harm, abuse, someone to solve problems with, unhappy, distracted, lonely, low self-esteem

### Check my learning

- 1 Family, friend, work
- 2 Physical: develop muscles, flexibility, stamina, strength, suppleness, during PE, new sports at clubs or on residential, fine motor schools during subjects such as art and DT  
Intellectual: learning new skills, acquiring new knowledge and experiences every day  
Emotional: happy with friends, develop relationships with various partners, self-

satisfaction when learning or achieving something, appreciate support of teachers

Social: mix with lots of others of own age, spend time with friends, make new friends

p154–155

### Activity 1

1 Answers could include:

Physical symptoms of stress, such as sleeplessness, high blood pressure, tense muscles, pain, injury (P), unable to concentrate (I), upset, loss of control over life, anxious, afraid, suicidal (E), withdrawn, loss of confidence, excluded, isolated (S)

### Activity 2

Answers could include:

- 1 Physical symptoms of stress, such as sleeplessness, high blood pressure, tense muscles, pain, injury (P), unable to concentrate (I), upset, loss of control over life, anxiety, afraid, suicidal (E), withdrawn, loss of confidence, excluded, isolated (S)
- 2 Direct discrimination, indirect discrimination, harassment, victimisation

### Check my learning

- 1 When someone is treated differently and unfairly because they are seen as different
- 2 Similar – bullying is a form of discrimination

p157

### Check my learning

- 1 Personal beliefs and preferences may mean someone is reluctant to access health and social care services. They may be reluctant to see a doctor of the opposite sex, for example, or eat during a religious festival even if it hinders their recovery.
- 2 Being part of a group building a community garden can increase fitness levels (P) teach someone new skills and knowledge (I) help them to forget personal issues for a while, lowering their stress levels, feel a sense of achievement (E) and they may enjoy spending more time with their friends and making new friends (S).

p159

### Activity 2

Answers could include:

- 1 Physical symptoms of stress such as butterflies, trouble sleeping (P), unable to concentrate properly (I), anxious, nervous, apprehensive, (E), withdrawn, quieter (S)
- 2 Stress symptoms gone, can show physical signs of affection in public now (P), no longer distracted by worry so can concentrate on other things better (I), happy, relived (E),



more confident, can include Craig in social events (S)

### Check my learning

- Answers could include: so you can identify who may struggle to access services because of their gender roles and expectations; so you can understand what pressures someone might feel based on gender roles and expectations; so you can be aware of any discrimination someone may face due to gender roles and expectations.
- Someone may feel physical symptoms of stress, for example headaches, loss of appetite, they may put off visiting a doctor for any illnesses (P); they may be unable to concentrate properly, may have to put off higher education or career progression due to family needs (I); they may suffer from anxiety, depression or often feel frustrated at how their lives are restricted (E); men staying at home to care for children may feel isolated if they are in the minority (S).

p160–161

### Activity 1

Answers could include:

#### Bricklayer

Physical: very active so keep fit, risk of injuries, dirty, out in all weathers so catch colds, get sun and wind burned

Intellectual: improving skills all the time, lack of mental stimulation

Emotional: job satisfaction as see quick results, bored because repetitive, enjoy banter and chat with workmates

Social: make friends, spend breaks with workmates, socialise with workmates in free time

#### Office job

Physical: more sedentary, less fresh air

Intellectual: little mental stimulation if repetitive such as filing all day, more varied mental stimulation as progress

Emotional: warm, with other people, happy if enjoy the work

Social: make friends, spend breaks with work friends, socialise with work colleagues in free time

### Activity 2

- Concept map could include the following points:  
Physical: afford nutritious diet, car, holidays, nice home, garden, clothes, warmth, gym membership, private health  
Intellectual: afford learning opportunities such as courses and travel, books, visits to museums and galleries

Emotional: happy, no money problems to worry about, enjoy that can afford luxuries

Social: afford to socialise with friends, social opportunities such as theatre visits, days out

### Check my learning

- Level of education, skills, qualifications, talents, how hard they work, area of work
- Positive: same as above  
Negative: physical: can afford substances such as alcohol and drugs so may be tempted, may put on weight if eating out a lot  
Intellectual: may worry about losing job or money, may be under a lot of pressure so become distracted and find it harder to concentrate  
Emotional: may feel stressed, anxious, because of responsibilities  
Social: may cause some resentment with less well-paid friends, may miss events having to work

p163

### Activity

- Answers could include:  
Physical, sexual, verbal/emotional, mental/psychological, neglect, financial/material, self-neglect  
Bruises, broken bones, burns, headaches, stomach ache, withdrawn, change in behaviour, aggressive, difficulty sleeping, frightened, anxious, underweight, infections, low self-esteem  
Failure to provide for a child's basic needs,
- Short-term: poor hygiene, bruises, weight loss, hungry, cold, sad, tired, behind at school, truancy  
Long term: mental health problems, relationship problems, poor dental health, poor life choices such as drugs/alcohol/sex/crime, unplanned pregnancy, low self-esteem

### Check my learning

- Answers could include three of: close to amenities such as shops, cinema, leisure centre, GP, dentist, optician, close to friends
- Physical: develop physical symptoms such as headaches, stomach pains and bed wetting, become withdrawn, difficulty sleeping because of the noise  
Intellectual: won't be able to concentrate on anything, including their schoolwork  
Emotional: aggressive, distressed, upset to see their parents fighting, embarrassed because the neighbours will hear  
Social: won't want to bring friends back in case they witness any fights

p165

### Activity

Answers could include:

- Air pollution:  
Physical: cause and aggravate respiratory conditions, irritates eyes, nose, throat  
Intellectual: missing learning due to illness  
Emotional: feel low  
Social: stay indoors instead of seeing friends  
Noise pollution:  
Physical: high blood pressure, sleeplessness, hearing loss  
Intellectual: hard to concentrate  
Emotional: stressed, tense, upset  
Social: can't hear what others are saying, limits conversation

Answers could include:

- Large cities with large populations and less strict rules on burning of fossil fuels, industries and cars releasing gases have highest pollution, falls off as reach cities with stricter environmental laws and more electric cars
- Strict rules for industry, car emissions etc. and more electric cars

### Check my learning

- Measures to reduce the burning of fossil fuels
- Cars, airplanes and industries are still emitting higher levels of gases and particles into the air

p167

### Activity

Learners' own research.

### Check my learning

- Marriage/partnership, divorce, bereavement
- Answers could include:  
Physical:  
Positive: more time to exercise, do physical activities such as gardening, dancing, walking  
Negative: physical capabilities decline, skin loses elasticity, so wrinkles appear, muscle tone slackens, sight and hearing deteriorate  
Intellectual:  
Positive: more time to return to education, wisdom based on experience  
Negative: memory not as quick as it was  
Emotional:  
Positive: contented, positive self-esteem, maybe no worries about money as mortgage paid off, happy spending more time with grandchildren and other family members



Negative: upset when friends and family members die, lonely when lose life partner, sad because feel lost role and purpose in life, saddened by body changes

**p169**

### Check my learning

1 Answers could include: improve gross motor skills, develop fine motor skills, develop different muscles through PE and outdoor play

2 Physical:

Positive: Enjoy cuddles, do physical activities such as running around, sports, visiting farms, more fresh air with child

Negative: less time for self so less time for own physical activities such as gym, less energy, less sleep

Intellectual:

Positive: help children with homework, read to children

Negative: more tired/more to think about so may find it harder to concentrate at work

Emotional:

Positive: love for and from children, positive self-esteem, happy spending time with children

Negative: worry about children's safety

**p171**

### Check my learning

1 Answers could involve: (i) check breathing and pulse rate (ii) check oxygen levels, pulse rate, temperature, blood tests, cholesterol/glucose levels and liver function using blood tests, height, weight

2 Helps the GP identify possible reasons to explain any symptoms the individual is having.

**p173**

### Check my learning

1 Regular exercise slows down your pulse rate and breathing rate.

2 The heart becomes bigger and stronger with exercise and so more efficient at pumping blood around the body. It can therefore pump more blood round the body with each beat.

**p175**

### Check my learning

1 (i) 90–120 mm Hg (ii) 60–80 mmHg

2 (i) High blood pressure

Answers could include:

(ii) Puts extra strain on the blood vessels and organs, can cause heart disease, attacks and failure, kidney disease, strokes, blindness, vascular dementia

**p177**

### Check my learning

1 The amount of fat on your body in relation to your height to tell you if your weight is healthy

2 (i)  $94/1.63^2 = 94/2.66 = 35.3\text{kg/m}^2$

(ii) Jo is obese

**p179**

### Check my learning

1 BMI only takes into account height and weight, it cannot tell the difference between excess fat, muscle or bone.

2 To help avoid errors and to make sure all pieces of evidence are taken into account.

**p181**

### Activity

Learners' own research.

### Check my learning

1 Answer could include: can vary during the day depending on activity, how much stress under, may be too high because of anxiety about having it measured

2 Answers could include: to avoid further health problems, for example, consistently high blood pressure can be treated with medication to prevent risks such as heart disease, attacks and failure, kidney disease, strokes, blindness, vascular dementia heart

**p183**

### Activity

Learner's own research.

### Check my learning

1 Information about lifestyle choices including safe limits for smoking, drinking alcohol and taking exercise.

2 It can identify trends in behaviour and be used to develop realistic improvement plans to tackle issues such as obesity.

**p185**

### Activity

1 Must refer to the guideline of at least an hour a day of moderate or vigorous aerobic activity

### Check my learning

1 Used to plan health promotion campaigns that encourage people to be more active.

2 To identify likely numbers of people who will develop some form of condition related to inactivity, such as obesity, in the coming years, so they can plan how to cope financially, also plan campaigns to reduce inactivity so reduce the strain on the NHS.

**p187**

### Activity

Learners' own research and presentation.

### Check my learning

1 Produce fact sheets of smoking statistics and data about, for example, teenage smokers and second-hand smoke, to help persuade individuals to give up smoking.

2 For men the risk of cancer caused by smoking is about the same as the total of the risks from all the other factors identified (23% compared with 23.2%). For women the total risk of the other factors is about 5% higher (15.6% compared with 20.9%). This is because men are more likely to smoke than women (16.4% compared with 12.6%) and also smoke more cigarettes a day.

**p189**

### Activity 1 and 2

Learners' own planning and research.

### Check my learning

1 It helps the GP assess whether a person's alcohol consumption is higher than recommended limits, so posing a risk to their health.

2 They accept that people will drink alcohol so give guidelines to encourage people to limit their drinking, while wanting them to know that any amount of alcohol can increase the risk of at least seven types of cancer, such as bowel cancer, or the risk of an accident or injury.

**p191**

### Activity

3 Answers could include:

Skills: communication, time management, organisational, planning, interpersonal, relationship building, team working, decision making

Qualities: empathy, collaboration, compassion, kindness, patience, trustful of other professionals, supportive, respectful, flexible

### Check my learning

1 Needs, wishes, circumstances

2 Needs: reduces their health risks by improving health and wellbeing (physical, intellectual, emotional and social needs)

Wishes: respects their preferences, choices and wanted health outcomes. They feel they are being listened to and can get the help they want when they need it. They know what suits them best and feel included in decisions about their own care.

Circumstances: tailors their care to their age, ability, location, living conditions, support, physical and emotional health. This enables



out of town pass the hospital regularly and that there are bus stops outside the main entrance.

## Activity 2

Learner's own research.

### Check my learning

- 1 Operations likely to be delayed and waiting lists get longer

Delay caused because: hospital beds are full, staff are overwhelmed with pandemic patients, staff shortages due to staff being ill, shortage of other resources such as personal protective equipment (PPE)

- 2 Physical: knee pain gets worse, mobility deteriorates, may become dependent on prescription painkillers, may put on weight and lose stamina, suppleness and strength because less mobile

Intellectual: hard to concentrate when in continual pain

Emotional: upset, worried

Social: can't take some social opportunities because in too much pain and mobility worsening, therefore becoming withdrawn and isolated

## p205

### Check my learning

- 1 Lack of motivation, low self-esteem, acceptance of current state
- 2 They may convince themselves that they feel fine so don't need to follow the recommendation made. However, if a symptom such as high blood pressure is

left untreated, or no changes made to an unhealthy lifestyle, both can lead to a number of conditions with serious consequences and may even be life-threatening.

## p207

### Check my learning

- 1 Answers could include: get up 30 minutes earlier three times a week, set off earlier, park further away and walk or jog the rest of the way, use the stairs rather than the lift at work, do exercises such as stretches while sitting at desk, go for a quick walk during the lunchbreak
- 2 Invite family members to share a healthy meal, so can spend time with them while sticking to the diet, organise social events that don't involve eating out, such as going to the theatre, so socialising with friends but not eating, tell friends you are dieting and ask them to not eat anything that isn't healthy while with them, can spend time with them but only healthy snacks on offer.

## p209

### Activity

Learners' research and presentation.

### Check my learning

- 1 Might not enjoy walking or running, which are free, but would prefer to join a leisure company to swim or a gym to use the various exercise machines.
- 2 Facilities such as these are free, so remove the financial obstacle of not being able to afford a gym membership or swimming sessions. It also means additional physical resources are available in the area.

## p211

### Check my learning

- 1 One example could be to for an 80-year-old to train to run their first ever marathon.
- 2 Someone who regularly takes drugs is likely to experience some form of withdrawal each time the drug wears off. Gradual reduction is the best way to quit, and it will take longer than two weeks.

## p213

### Check my learning

- 1 Answers could include: family members playing loud music in the room next door, family members arriving home drunk from a night out, banging doors, putting the television on, banging pans and generally making too much noise, someone playing with the children or dog, so they make a lot of noise, really early in the morning, friends ringing after a certain time of night, friends encouraging them to stay out later than they planned
- 2 Answers could include: volunteering to be the designated driver, asking family to join in so all limit drinking in the house to a couple of drinks on Friday, Saturday and Sunday, explaining to friends what they are trying to do for health reasons and reminding them before going out that they want to alternate drinks between alcohol and non-alcoholic