## Health and Social Care (Single and Double Award)
### Unit AS 3: Health and Well-being

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Concepts of Health and Well-being

Definitions of concepts

When referring to health and well-being a range of concepts are often used, including health, ill-health, disease, stress-related illness, mental health and mental illnesses. There is no single agreed definition for each of these terms, but the definitions below help to explain their meanings.

Health is a state of physical, mental and social well-being and not merely the absence of disease or infirmity. (The World Health Organisation)

Ill Health is a state in which an individual is unable to function normally because of the presence of something negative like a disease, or the absence of something positive like adequate nutrition.

Disease is a diagnostic label given to a set of signs or symptoms, which are usually long term e.g. coronary heart disease.

Stress related illness refers to physical symptoms, which result from the physiological effects that occur when a person feels anxious and unable to cope with stressors like work or financial or family problems e.g. headaches, palpitations and stomach problems.

Mental Health is not just the absence of a mental illness, but a form of subjective well-being, in which an individual feels able to cope with life.

Mental illnes$s refers to a psychological condition that is characterised by behaviour which is abnormal and is often linked to chemical changes in the brain e.g. depression.

The physical, intellectual, emotional and social needs of service users and how they can be met

Service users have a range of needs or essential requirements for their health and well-being. These can be classified as physical, intellectual, emotional and social needs.
Intellectual needs are to do with thinking and learning; examples are shown in the diagram below.

![INTELLECTUAL NEEDS Diagram]

Emotional needs are to do with feelings about oneself and others and are represented in the following diagram.

![EMOTIONAL NEEDS Diagram]

Finally, social needs are to do with how individuals fit in society or with others, and some examples are shown in this final diagram.

![SOCIAL NEEDS Diagram]
Many of these needs are common to all service users e.g. children, older people, and service users with physical disabilities, learning disabilities and mental illnesses all have a physical need for nutrition.

The way this need may be met by staff in various health, social care and early years settings will, however, vary according to the setting and the individuals being cared for. Staff in a nursing home, for example, could meet the need for nutrition in an individual who has had a stroke by providing a ‘soft diet’ of pureed food three times a day and by helping to feed the individual if they have difficulty grasping and using cutlery as a result of the stroke. This, of course, would not be an appropriate way to meet the nutritional needs of adults attending a day centre for people with mental illnesses. In this case, staff could provide a healthy lunch based on the Eatwell Guide or perhaps run cookery classes to encourage service users to cook for themselves at home.

Activity:

Use the table below (expanded as much as you need) to give examples of how health and social care workers in different settings could meet the needs of each of the service user groups. Try to include a variety of needs and a range of settings in your answers. Some sections of the table have been completed for you.

<table>
<thead>
<tr>
<th>Physical</th>
<th>Intellectual</th>
<th>Emotional</th>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children</td>
<td>The need for exercise could be met in a crèche by the staff encouraging the children to use outdoor play equipment e.g. a climbing frame or slide</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
<td>Intellectual</td>
<td>Emotional</td>
<td>Social</td>
</tr>
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<td>--------</td>
</tr>
<tr>
<td><strong>Adults</strong></td>
<td></td>
<td>The need for <strong>knowledge about their condition</strong> could be met in a health centre by staff explaining the diagnosed condition, the prognosis and how it can be managed e.g. a GP could give an advice leaflet to a patient who has recently been diagnosed with asthma</td>
<td></td>
</tr>
<tr>
<td><strong>Older adults</strong></td>
<td></td>
<td></td>
<td>The need for interaction with family and friends could be met for older people in a care home by the staff welcoming family and friends in a way that encourages them to visit regularly e.g. by the manager putting up a poster in the foyer stating that family and friends are welcome to visit anytime between 9am and 9pm.</td>
</tr>
</tbody>
</table>
### Sample exam questions

1. Sanita is 4 years old and is a happy, healthy child who has achieved all her expected developmental milestones to date. Her mother has been worried about Sanita having opportunities to play with other children as she is an only child and she and her parents live in an apartment block, which means she hardly ever plays outside. Sanita’s parents are delighted that she has a nursery school place in her pre-school year. Identify one example of each of the following types of needs for Sanita and explain one way it could be met by the early years staff in her nursery school.

<table>
<thead>
<tr>
<th>Needs Type</th>
<th>Physical</th>
<th>Intellectual</th>
<th>Emotional</th>
<th>Social</th>
</tr>
</thead>
<tbody>
<tr>
<td>An example of a physical need</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One way this need could be met</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   a) **An example of a physical need** (1 mark)
      **One way this need could be met** (2 marks)

   b) **An example of a social need** (1 mark)
      **One way this need could be met** (2 marks)

2. Arthur has recently had a stroke and although he is now well enough to leave hospital, he is not able to go back to living alone at present and has been admitted to a nursing home. James is feeling upset and frustrated because of this and because his speech has been affected and he has little control of one side of his body.

   **Analyse how Arthur’s needs could be met by health and care staff in the nursing home.** (12 marks)
Being physically healthy can contribute positively to an individual’s psychological well-being, whilst experiencing physical ill-health has the potential to have a negative impact on an individual’s psychological well-being.

**Activity:**

Discuss this issue in a group. Without mentioning any names, discuss how someone you know has been affected psychologically by their physical ill-health. Perhaps this person has a chronic condition or has been diagnosed with a serious illness. How did affect their emotions?

You may have noted that physical ill-health has had a very negative effect on the psychological health and well-being of some people known to your group. You might expect therefore that having good physical health probably has a positive impact on psychological well-being, but someone in the group may know someone who is very ill but never lets it get them down. If you think about it, you may also know people who are perfectly healthy in a physical sense, but do not have good psychological well-being. This is illustrated in the table below.
THE POTENTIAL IMPACT ON PSYCHOLOGICAL HEALTH AND WELL-BEING OF

<table>
<thead>
<tr>
<th>PHYSICAL HEALTH</th>
<th>PHYSICAL ILL-HEALTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>People who have good physical health are perhaps more likely to:</td>
<td>People who experience ill health are potentially more likely to:</td>
</tr>
<tr>
<td>Be happy</td>
<td>Feel sad</td>
</tr>
<tr>
<td>Feel relieved</td>
<td>Feel depressed</td>
</tr>
<tr>
<td>Have a positive self-concept</td>
<td>Feel anxious</td>
</tr>
<tr>
<td>Have high self esteem</td>
<td>Feel worried</td>
</tr>
<tr>
<td>Feel confident</td>
<td>Be stressed</td>
</tr>
<tr>
<td>Be content</td>
<td>Feel unhappy</td>
</tr>
<tr>
<td>Have a sense of control over life (a sense of autonomy)</td>
<td>Have a negative self-concept</td>
</tr>
<tr>
<td>Feel emotionally secure</td>
<td>Have low self esteem</td>
</tr>
<tr>
<td>Experience freedom from worry</td>
<td>Feel down</td>
</tr>
<tr>
<td></td>
<td>Feel emotionally insecure</td>
</tr>
<tr>
<td></td>
<td>Feel vulnerable</td>
</tr>
</tbody>
</table>

This is not black and white

Some people who experience good health can still have emotional problems and negative feelings.
People who are physically well:
• May not always have positive psychology e.g. may be unhappy or stressed
• May have mental health problems like depression
• May have a negative self-concept or low self-esteem for reasons other than health e.g. bereavement, relationship problems at work, bullying at school.

This is not black and white

People who are experiencing ill-health can have positive psychological well-being. For example, they:
• May find inner strength to deal with their illness and therefore have a positive self-concept.
• May value and work hard on relationships and feel happy as a result
• May feel loved and cared for by family and friends
• May be determined to beat the illness
• They may get comfort by becoming more spiritual.

Sample exam questions

1. Explain two ways poor physical health could impact on psychological well-being. (2 x 2 marks)

2. Assess the potential impact of both physical health and ill-health on the psychological well-being of individuals. (12 marks)
Assess the potential effects of ill-health for both individuals and their families

Ill-health has the potential to affect many other aspects of an individual’s life, including their education, employment income, leisure activities and relationships. Of course when one individual in a family is ill, there is the potential that these aspects of life may also be affected for other members of the family too.

Taking education as an example, here are some ideas about how it could potentially be affected for both the person who is ill and for their family members-

Potential effects on education for an adult or child who is ill:

- Results in education may suffer as they may lose concentration in school/college/university due to worrying about their own ill health or simply due to feeling too unwell to focus on learning
- The individual may fall behind e.g. missing days at school can often mean missing out on work and falling behind of the rest of the class - this can also contribute to poorer educational achievement in the longer term
- The individual may miss out on opportunities for higher education e.g. university admissions for courses like nursing take attendance into account when offering places
- A sick adult may end up giving up a course if they fall behind e.g. leave their night class or university

Potential effects on education for family members of someone who is ill:

- Parents may have to miss out on their education e.g. at night classes if they have to look after a sick child. Missing these classes could lead to parents not getting the qualifications they need
- Brothers and sisters of a child who is ill or children who have a sick parent can get worried and lose concentration at school, which will have a negative effect on their educational achievement
- Family members may also miss days of school or college as they may be needed to help look after the sick individual.
- A child of a parent who is ill could get more help with homework than in the past because the parent is at home and has more time - this could perhaps improve the child’s attainment at school

Activity:

Working in small groups, suggest three ways employment could be affected for someone who is ill and three ways employment could be affected for family members if someone in their family is ill. Think about whether the individual who is ill or their family members might have to work less

- give up work altogether
- change to do a different kind off work
- miss out on training and promotion at work.

Give examples to illustrate your points. Share your group’s ideas with the class.

Ill-health also has the potential to impact on the income of individuals and their families.
For example,

**The individual who is ill:**

- May have less income because he/she can’t work and sick pay is usually much less than full pay
- May have to get his/her income from a different source e.g. if it’s a long term illness the individual may be asked to leave work and then may have to depend on benefits which can reduce income considerably
- May have his/her income drastically reduced in the longer term; the individual may not get another job because of his/her sick record or inability to work and long term dependency on state benefits means individuals often experience poverty.
- May have to be use their income in different ways e.g. may have to pay for travel for treatment and hospital appointments which eats into the individual’s income. Also, being at home all day due to illness can be expensive e.g. increased heating costs can use up more of the individual’s income than usual

**The individual’s family members:**

- May also find their income is reduced due to not being able to do overtime or having to work only part time so they can provide care
- May have to get their income from a different source e.g. a parent may have to leave work to look after a sick child or a partner may leave work to provide care and therefore depend on state benefits which usually means a lower income
- May also have to be use their income in different ways as there may be cost involved in accessing care, e.g. travel for treatment or hospital visiting can also eat into the family’s income.

**Leisure activities** may also be affected by ill-health for both individuals and their family members.

**The individual:**

- May not take part in leisure activities as often as they used to due to lack of time (because of treatment for the illness), or due to lack of energy or feeling less sociable due to their ill-health and therefore not wanting to participate in group activities
- May have to give up some activities altogether due to poor health e.g. no longer be well enough to play a favourite sport
- May have to change the type of leisure activities they do to suit their illness, e.g. someone suffering from cancer may not be able to take part in sport but could take up painting or light gardening
Family members:
- May not be able to do as many leisure activities as a family group as they did previously e.g. they may miss out on holidays or outings together because the individual is too ill to go
- May not be able to participate in leisure activities as much as they used to due to their caring responsibilities
- May have to give up some of their own leisure activities altogether, e.g. membership of clubs to care for the sick individual or to take on their responsibilities in the home
- May not be able to attend leisure activities as regularly as they did in the past e.g. children of a sick parent may not be able to get to clubs and activities, perhaps due to transport problems if their parent is not well enough to take them.

Finally the relationships of individuals who are ill and those of their family members could be affected by ill-health. You might initially speculate that an individual’s ill-health will probably have a negative impact on their own and their family members’ relationships, as they may see less of their friends, for example. Of course this would not necessarily be the case. Perhaps someone in your family has been ill and it has brought you all closer together or you feel that your friends have supported you when you were worried.

Activity:
Complete the table below to illustrate the potential positive and negative effects of an individual’s ill-health on their own and on their family’s relationships. Think about relationships with friends, within the immediate family, across the wider family circle and with colleagues at work.

<table>
<thead>
<tr>
<th>Two examples of a positive impact on relationships</th>
<th>For the individual who is ill</th>
<th>For the family members of an individual who is ill</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>2.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Two examples of a negative impact on relationships</th>
<th>For the individual who is ill</th>
<th>For the family members of an individual who is ill</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>2.</td>
</tr>
</tbody>
</table>
Sample exam questions

1. Explain two ways an individual’s ill-health might impact on his employment. (2 x 2 marks)

2. Jane has a serious illness which means she is often in pain and her mobility is reduced. Describe how Jane’s illness might impact on-
   a) Her children’s education (3 marks)
   b) Her husband’s leisure activities (3 marks)

3. Discuss how an individual’s ill-health might impact on her income, leisure activities and relationships. (9 marks)

Factors affecting health and well-being

A range of different types of factors affect the health and well-being of individuals. These include socio-economic, physical, environmental and behavioural factors. The three aspects of health and well-being that can be affected by any of these factors are physical health and well-being, social health and well-being and psychological health and well-being.

Socio-economic factors

These are to do with a person’s place in society or the opportunities some people have in society relative to others, which has a major influence on health.

Gender

In terms of physical health and well-being women are known to live longer than men but also to have higher rates of morbidity. It has been suggested that towards the end of the last century and in the early part of this century the gender difference in life expectancy is reducing. Of course these two points are linked as people tend to develop long term illnesses or diseases as they get older. Gender also affects the type of illnesses or diseases that people get e.g. heart disease is the biggest cause of death in men and women but the number of men that die of it is double the number of women. Breast cancer is the second highest killer of women and affects only small numbers of men. Obviously, some other diseases are exclusive to one gender, for example only men can develop testicular cancer and only women can develop ovarian or cervical cancer. Men are more likely to have accidents that cause death or serious injury; for example, involvement in motor vehicle traffic accidents is the second highest killer among men.

news.bbc.co.uk/1/hi/health/7699457.stm
Social health and well-being refers to the opportunities people have to interact with others e.g. to meet people or spend time with friends. 90% of single parents are women – they may find it difficult to afford childcare to allow them to go out without their children and so may find it difficult to maintain their contact with friends. It could be argued that more women than men may be isolated by being at home all day with young children, so that their social contacts may be limited, but on the other hand it could also be argued that they have social opportunities to meet new people through their children’s activities e.g. more women than men belong to parent and toddler groups where they can chat to other parents. Also, a study by Independent Age Isolation The Emerging Crisis for Older Men suggested that isolation is a bigger problem for older men than older women. www.independentage.org/media/828364/isolation-the-emerging-crisis-for-older-men-report.pdf

In terms of psychological health and well-being, statistics would suggest women are more likely to experience mental health problems. For example, eating disorders are much more common in females than males, with 9 out of 10 people with anorexia nervosa being female. Similarly, more females than males seek help for depression and some types of depression are only experienced by women e.g. postnatal depression or depression linked to menopause. It has been suggested, however, that depression in men is a more hidden problem as they are less likely to report their depression to a GP or to talk to friends and family about it and are more likely than women to abuse alcohol or drugs to try to cope with emotional problems. This appears to be supported by the evidence that males are more likely to commit suicide and to self-inflict injury than females. According to the Samaritan’s Suicide Statistics Report 2015 more than 3 times the number of males than females committed suicide in Northern Ireland in 2013. www.samaritans.org/sites/default/files/kcfinder/branches/branch-96/files/Suicide_statistics_report_2015.pdf

**Social class**

Most people have some idea of what social class means but it is quite difficult to define precisely. It is widely understood that those who belong to the higher social classes have higher incomes and more opportunities in life generally than the lower social classes. The class system can simply be viewed as consisting of three groups-

- An upper class
- A middle class and
- A working or lower class.

People might decide what class someone belongs to on the basis of a whole range of indicators, for example where they live, the clothes they wear, the school they go to, the way they talk, the places they go on holiday or the leisure activities they engage in. Sociologists use an individual’s job title to place them in one of the social classes. Traditionally they used the Register General’s Classification to do this. This placed people in one of five social classes. Recent research suggests there are now seven social classes in the UK as described following a BBC survey. www.bbc.co.uk/news/uk-22007058

**Activity:**

Watch the video Poor Kids originally shown by the BBC in 2011. This shows the lives of children from lower class backgrounds in the UK. As you view the video, make notes on the impact of social class on the three types of health and well-being - physical, social and psychological. www.youtube.com/watch?v=8BN7ml6b-e4
In terms of physical health and well-being infant mortality rates are higher in lower class families. This may be because they live in poor housing, perhaps suffering from respiratory problems as a result, and are less likely to continue with health checks after the birth, perhaps due to lack of access to transport. Children from lower class families are over three times more likely to be in poor health children than children from middle class families e.g. levels of asthma are much higher. The middle classes have longer life expectancy than the lower classes, with middle class people living on average seven years longer. This may be because they can afford better diets, live in better houses in less polluted areas, and are much less likely to smoke, so are less likely to develop serious illnesses. Middle class people are often able to access specialist health services more quickly by paying privately or because they have been able to afford private health insurance, which means their health problems may be dealt with more quickly or before their condition deteriorates. The lower classes can’t afford this and sometimes face long waiting lists for hospital appointments. Older people from lower class backgrounds have a 3 to 4 times greater risk of having a physical dysfunction than older people who are middle class. A notable anomaly with regard to physical health and well-being is that breast cancer is more common in middle class women. This is probably because of delayed childbearing due to their careers, as this is a major risk factor. Middle class women are, however, more likely to survive the disease.

Moving on to the effects of social class on social health and well-being, middle class people on higher incomes can afford more social activities e.g. going out for dinner with friends. In contrast lower class people on low incomes may find it difficult to afford to socialise by going out or entertaining friends at home. Class tends to influence the type of social activities people engage in e.g. it is usually middle class people on higher incomes who can afford activities like golf and skiing.

There is a lot of evidence to show that there are social class differences in psychological health and well-being. People from the lower social classes are more prone to anxiety and stress and are also more likely than middle class people to suffer from depression. People from the lower social classes may have low self-esteem because they may feel they cannot get things that other people have or perhaps that they are not providing adequately for their families.

**Housing**

Poor housing can be cold, damp, unsafe due to poor maintenance e.g. of electrics, overcrowded or infested with vermin.

The Poor Kids video demonstrated how mildew can impact on the physical health of young children. The charity Shelter campaigns on housing issues. The physical effects of poor housing for both children and adults are explained on Shelter’s website. Clear comparisons are made to the health of the population of people who live in good housing. In addition to the points made by Shelter it can also be argued that vermin in houses can spread disease e.g. rats can be a danger to human health.
Disease also spreads more easily where people live in overcrowded conditions e.g. they can catch illnesses like stomach upsets and flu more easily.

Housing also impacts on social health and well-being. For example, living in high rise flats with no gardens makes it more difficult for children to interact with others through play. Also, people who live in sub-standard housing are less likely to invite friends to their house. Conversely, good housing may encourage social contact as both adults and children will invite others to their home.

With regard to the effects of housing on psychological health and well-being, the perception of a safe home is a major psychological benefit as it gives individuals a refuge from the outside world and enables the development of a sense of identity and attachment. Poor housing is associated with high levels of mental health problems, particularly depression. Living in inadequate housing can have an adverse effect on self-esteem as individuals may feel embarrassed or ashamed of their homes and living in crowded conditions often means that individuals experience stress because of a lack of privacy.

**Culture and ethnicity**

The terms culture and ethnicity are often used together. Culture refers to the practices, beliefs, traditions and customs of a particular group of people. This is often linked to ethnicity but can also be applied to other groups in society e.g. middle class culture or youth culture. A person’s ethnicity refers to his belonging to a group of people of similar origin and culture and the adjective ethnic is often used to refer to the culture a minority group within the wider population e.g. the Chinese population in Northern Ireland.

In terms of physical health and well-being, belonging to a particular ethnic group can be associated with increased risk of suffering from a particular disease or condition e.g. within the UK all ethnic minority groups (apart from Irish and Chinese) are more likely to suffer from diabetes than the wider population; Asian men are more at risk of angina and heart attack than other groups; and Black Caribbean and Pakistani women are more likely to be obese which has a negative impact on physical health in terms of obesity-related illnesses and diseases. In fact, some conditions affect only particular races due to their genetic origins e.g. sickle cell anaemia only affects black people.
It can be argued that some individuals from ethnic minorities may find it more difficult to access health services because of knowledge or language barriers so their health status may deteriorate as a result. Also, some people's beliefs can affect the way they use health services, e.g. Jehovah's Witnesses will refuse blood transfusions which can have a negative impact on their physical health if they are in need of emergency treatment.

The health and well-being of ethnic minority groups can also be linked to levels of income and housing conditions, as some ethnic minority groups have high levels of poverty which has a negative effect on physical health.

Culture and ethnicity may have both positive and negative effects on social health and well-being.

Individuals from ethnic minorities may choose to limit their social contacts to others in their own community who share the same culture as they do, perhaps because of language barriers. Some may face prejudice and discrimination which causes them to restrict their social contacts in the wider community. People from some ethnic minorities may feel socially isolated when using health and social care services e.g. staff and other service users in a hospital or care home may not understand their cultural practices or beliefs. On the other hand, there may be strong social support networks for people in ethnic minorities because of a sense of belonging within their communities – this can be positive for social health and well-being. For example, belonging to an ethnic minority may provide enhanced opportunities for social contacts through meeting regularly with others for religious worship or community events.

Belonging to an ethnic minority also increases the risk of poor psychological health and well-being as statistics suggest people from ethnic minorities are more likely to suffer from mental disorders or phobias, such as obsessive compulsive disorder or panic disorder than the wider population. As mental ill-health is also linked to poverty, this may be explained to some extent by the poor living conditions of some groups. People from black and ethnic minority communities are over-represented in psychiatric hospitals, and it has been suggested that this may be because may receive different diagnoses and treatment e.g. research shows that Afro-Caribbean men are far more likely to be categorized as schizophrenic on their first admission to hospital than their white counterparts and people from black and ethnic minority communities are more likely to sectioned or detained than white people.

Activity:

Read the report Which Ethnic Groups Have the Poorest Health? and make additional notes on how culture and ethnicity affects health and well-being.

www.ethnicity.ac.uk/medialibrary/briefingsupdated/which-ethnic-groups-have-the-poorest-health.pdf
Physical Factors

Physical factors that can impact on physical, social and psychological health and well-being include a range of conditions, illnesses or diseases. These may be genetically inherited or associated with ageing.

Genetically inherited conditions

Whilst genetics can often predispose people to a whole variety of illnesses and diseases, there are some conditions that have a proven genetic cause i.e. they are directly genetically inherited. Examples include:

- Sickle cell anaemia [www.nhs.uk/conditions/Sickle-cell-anaemia/pages/introduction.aspx]
- Cystic Fibrosis [www.cysticfibrosis.org.uk/about-cf/what-is-cystic-fibrosis]
- Turner Syndrome [www.nhs.uk/conditions/turners-syndrome/Pages/Introduction.aspx]

Click on the links to learn about these conditions and their physical effects. Make notes on their impact on physical health and well-being.

The impact of genetically inherited conditions on social health and well-being will vary from one individual to another and also for any one individual according to stage of the development of the condition. These conditions are likely to affect individuals socially at some point e.g. there may be times when individuals are too ill to go out to see friends. Physical problems can impact on opportunities for leisure activities e.g. it may be difficult to do sports which can give people the opportunity for social interactions. Some people who have genetically inherited conditions may be unable to be in employment or may have to leave their employment because of the physical effects of the condition which also may have a negative impact on social well-being. Effects of having a genetically inherited condition on psychological health and well-being might be that individuals may have low self-esteem because they see themselves as less attractive and less successful or happy than people who are healthy or they may experience worry and stress about how their condition will impact on their future. If the condition affects their appearance it can have a negative impact on self-concept, as body image affects self-esteem.

Activity:

Watch the video Love on the Transplant List which tells the story of Kirsty’s experience of cystic fibrosis. As you watch the video, make notes on how this genetically inherited condition affects her physically, socially and psychologically. Does anything surprise you about Kirsty’s psychological health and well-being? [www.youtube.com/watch?v=V--DNTRZAko]

Chronic illness or disease associated with the ageing process

Most people develop chronic conditions as they grow older and many are classified as disabled as a result. Examples include diabetes, coronary heart disease, osteoarthritis and osteoporosis.

Common examples and their physical effects are described by Age UK. [www.ageuk.org.uk/health-wellbeing/conditions-illnesses/]
Activity:

Use Age UK and other websites to research and describe the physical effects of ONE chronic illness or disease associated with the ageing process.

- Like any disease or illness, those associated with ageing are likely to affect both social and health and well-being. For example, loss of mobility and independence can reduce social opportunities for interaction with friends and family and individuals may find it difficult to get take part in some of the hobbies which they once enjoyed that involved mixing with others. Individuals may tire more easily and so may have less energy to engage in social activities. The chances of becoming depressed are increased by chronic illness and this could also affect individuals socially as they may not feel like interacting. They may feel useless if they need help with the tasks of daily living they could previously manage and this may negatively affect self-esteem.

Environmental factors

Geographical location

Where someone lives within the UK can have an influence on health and well-being. In terms of the effects of geographical location on physical health and well-being, there may be services available in one area and not another, some health trusts may allow doctors to prescribe a drug that is unavailable to patients in another part of the country, or staff shortages may mean long waiting lists in some parts of the country. This has been referred to as ‘the postcode lottery’ in health and clearly there can be a negative impact on the physical health and well-being of service users. Some may suffer unnecessary pain and distress and they may even suffer premature death when waiting for care and treatment.

Activity:

Read the following reports which claim there is a postcode lottery in health


The Mirror Postcode Lottery Keeping Life-extending Drugs From Thousands of Cancer Sufferers in Northern Ireland www.mirror.co.uk/news/uk-news/postcode-lottery-keeping-life-extending-drugs-3453170
Some would also argue that access to services can be restricted for people living in some rural areas. For example, some people may not have good access to transport in rural areas and so may be less likely to make GP appointments to enquire about their symptoms or to attend check-ups, so their physical health can deteriorate before they access medical help. They are less likely to have access to dental care and so may have problems with their teeth. This may, however, be more complex than an urban rural divide: some people who live in cities may not access the services available to them, particularly those living in areas of deprivation. People who live far away from a hospital may have to wait a long time for an ambulance in an emergency and their condition could deteriorate significantly before it arrives.

It could also be argued that geographical location affects social health and well-being. For example, people who live in isolated rural areas may not have as much chance to interact with other people as those who lives in an urban area or in an area that is well served by public transport, which gives people the opportunity to visit friends. Some people live in geographical locations where there are many facilities that provide opportunities for social interaction e.g. day centres for older people or people with mental health problems, youth clubs, leisure centres or restaurants. Once again, however, this is not a simple difference between rural and urban areas, as people in cities may not know their neighbours or may live in an area where they feel socially isolated due to fear of crime.

Similarly, geographical location can affect psychological health and well-being. People who live in an isolated rural environment may feel isolated and lonely as they have less chance to communicate with other people. Others may find that living in a hectic urban environment makes them feel stressed. Some people live in areas where facilities for individuals with mental illnesses are very sparse e.g. there may be no local day centre for them, so this can have an adverse effect on their psychological health.

**Activity:**

Read the BBC report on the postcode lottery in talking therapies. How do the waiting times vary in different parts of the country? What would be the impact on psychological health and well-being for patients who have to wait a long time for therapy? [www.bbc.co.uk/news/health-34583155](http://www.bbc.co.uk/news/health-34583155)
Pollution

There are different types of pollution and they all have different effects. Examples that might impact on people's health and well-being in the UK are air pollution and noise pollution.

Activity:

Read the following news articles about pollution from the BBC

UK air pollution – how bad is it? www.bbc.co.uk/news/uk-26851399
What will pollution do to us? www.bbc.co.uk/news/health-26850177
Make notes on how air pollution can affect physical health and well-being.

Noise pollution e.g. from air traffic can also impact on physical health and well-being by disrupting sleep patterns, causing excessive tiredness.

Pollution also has the potential to affect social health and well-being. For example, people living in urban areas with a lot of traffic fumes or near polluting factories who are suffering from respiratory illnesses such as asthma or bronchitis may feel that they can't go out in public very often as the pollution may worsen their illness. As a result their social well-being may be adversely affected. Similarly, people suffering from respiratory illnesses caused by pollution may not be able to take part in some sporting or leisure activities as the illness can affect their breathing patterns and they may find that they experience shortness of breath.

With regard to the effects of pollution on psychological health and well-being, people suffering from illnesses caused by the pollution may suffer from stress and worry about their condition – they may feel disempowered as they can't stop it happening. People suffering from pollution related illnesses might feel depressed, as they may not be able to go out as often as they would like due to their illness. There is also some evidence that children exposed to high levels of lead from traffic fumes are prone to behavioural disorders.
Occupational hazards

The term occupational hazard is used to refer to a risk or danger associated with a particular job.

Going to work carries risks of many different injuries and illnesses, depending on the particular job. These are a few examples of the potential physical effects of some occupational hazards:

- People who work with chemicals are exposed to many illnesses, including the potential for damage to the respiratory system. Some chemicals cause asthma or dermatitis. Other substances like uranium, chromium and nickel cause lung cancer.
- Asbestos can cause asbestosis, which is a scarring of the lung tissue which leads to poor circulation and breathing. This is an occupational hazard for people in the construction and demolition trades. There are a wide range of accidents that can occur on construction sites. Falling off ladders or scaffolding is an example. Tripping over objects left lying around can cause injuries – back pain, broken bones etc.
- People who work in a variety of jobs including warehouse workers and nurses regularly have to lift or move heavy loads, which can cause back pain.
- Some jobs leave people open to physical abuse. It has been shown that many paramedics have been physically attacked while on emergency call outs. They can suffer a whole range of injuries as results e.g. cuts and bruising.
- Those who work in laboratories or with explosives are at risk of burns.
  - People who work with transport have a risk of being involved in traffic accidents and can suffer a range of injuries as a result.
  - In nightclubs or other situations where workers are exposed to high levels of sound (noise pollution), their coordination and concentration can decrease. This also increases the chance of accidents happening. Noise at work increases stress, which can lead to a number of health problems, including heart, stomach and nervous disorders. It is suspected of being one of the causes of heart disease and stomach ulcers. Noise can also cause temporary even permanent hearing loss.
  - Professional sportsmen are at risk of physical injuries e.g. breaks and sprains.
Activity:

Every year in the UK people die as a result of accidents at work. Click on the link to read about the 5 most dangerous jobs in the UK.

If people get injured at work they may have to take a lot of time off and this may have a negative impact on their social health and well-being as they may not see colleagues or be able to go out with friends. Stressful jobs may leave people exhausted, which makes it difficult for them to have a social life. People who work unsociable hours or long shifts may not get to see their friends much.

Some occupational hazards also impact on psychological health and well-being. Workers exposed to excessive noise levels may experience stress and may complain of nervousness, sleeping problems and fatigue, contributing to psychological stress. Some occupations are particularly associated with high levels of sickness due to stress e.g. teachers and those who work in the medical field are prone to stress. People who work in the care sector or in emergency services may find it difficult psychologically when they see someone die. This can have a lasting effect on the person. Workers such as nurses or police officers may be exposed to verbal abuse, which can make them feel disempowered and even depressed.

Behavioral factors

A range of health behaviours can contribute to all aspects of health and well-being. These include exercise, diet, smoking, alcohol consumption and illegal drug use.

Exercise and lack of exercise

Exercise is known to be very beneficial for the physical health and well-being of individuals, whilst a lack of exercise contributes to poor health. Exercise makes the heart stronger and larger so it can pump more blood around the body and can sustain its maximum level with less strain. This lowers the risk of heart problems and improves circulation. Exercise reduces obesity and prevents diabetes. It builds bone strength and prevents osteoporosis. It helps to protect individuals from developing cancers such as colon or breast cancer. Exercise tones the body and improves muscle strength.

People who don’t exercise are more likely to get colds, have heart problems, their chance of having a stroke is raised, they are more likely to get diabetes or osteoporosis and generally their lives are shortened. People who don’t exercise are likely to put on weight which can affect individuals in many other ways, including making it harder for women conceive and putting strain on the heart.
Activity:

Are you achieving the recommended physical activity levels for your age?
Use the advice and information at [NHS Choices](https://www.nhs.uk) to make an informed judgement.

Exercise in team sports has a positive influence on social health and well-being as it encourages relationships and co-operation with others. People who exercise often do so in a social context e.g. at a dance or exercise class where they can develop friendships. In some cases it could negatively affect social life e.g. if someone gets too involved with exercise and goes to the gym all the time, neglecting relationships with others. If someone is overweight due to not exercising they may not want to go out with friends very much due to lack of confidence and they can also lack the confidence needed to go out and meet new people.

With regard to psychological health and well-being, exercise can relieve stress, depression and anxiety. For anyone who is overweight, exercise often has beneficial psychological effects, as improvement of body shape often leads to a more positive self-image and higher self-esteem. Working in a team during exercise creates more social interaction, contributing to a feeling of well-being and acceptance. By feeling fitter through exercise, and being able to do things that they couldn't do before, people can become more confident. Endorphins released by the brain when exercising help people to feel good. Conversely, people who don't exercise are more likely to be overweight, which can leave them depressed and with low self-esteem.

**Poor diet and healthy diet**

A healthy diet is often referred to as a balanced diet, which means consuming from all the different food groups in the recommended proportions. According to nutritionists there are five main food groups – these are whole grains, fruit and vegetables, protein, dairy products, and fat and sugar. A healthy, balanced diet is often represented by the Eatwell guide. [www.gov.uk/government/publications/the-eatwell-guide](https://www.gov.uk/government/publications/the-eatwell-guide)

A poor diet refers to over-eating (and sometimes under-eating, though this is much less common), in particular consuming too much food and drink that is low in fibre and high in fat, salt and sugar and not enough of the recommended healthy foods.

The negative effects of a poor diet on physical health and well-being are well documented. For example:

- Lack of calcium in the diet can cause rickets in children and osteoporosis in adults.
- Lack of iron in the diet can lead to anaemia especially in women who loose a lot of iron due to menstruation. Vegetarians are at high risk of anaemia, as they are not getting enough iron from animal sources.
- A large intake of saturated fat in the diet can lead to high blood pressure, heart disease and obesity.
- High intake of red meats can lead to increased risk of colon cancer.
Activity:
Read the NHS Choices article How does sugar in our diet affect our health? and make notes on how too much sugar impacts on physical health. www.nhs.uk/Livewell/Goodfood/Pages/sugars.aspx

A healthy balanced diet, on the other hand, has benefits such as lowering cholesterol levels. Consuming fruit and vegetables has been shown to protect against strokes and reducing salt decreases the risk of cardiovascular disease and strokes. Maintaining a healthy weight (a BMI of under 25) decreases the risk of cancers e.g. colon and breast cancer. Increased dietary fibre reduces the risk of pancreatic and colorectal cancers.

In terms of social health and well-being, people who are suffering from obesity because of poor diet may find it difficult to move around or to be in some social situations and may be restricted in social opportunities. They are often tired and lethargic and are likely to be quite sedentary as a result, meaning they may not go out with other people very much. People who have a good diet are more likely to take part in sports and leisure activities and therefore are more likely to socialise with people who have similar interests. Some people who decide they need to improve their diet and lose weight will do so by joining a group, and may therefore meet new friends.

Diet may also impact on psychological health and well-being. People who have poor diets that have made them obese may have low self-esteem and lack self-confidence. Those who have poor diets may feel anxious and stressed because of their weight problems. Mental health problems have been linked to poor diet according to the Mental Health Foundation. www.mentalhealth.org.uk/help-information/mental-health-a-z/D/diet/

Conversely, people who have healthy diets see themselves as caring about their own well-being, which can give them a positive self-concept. People who have healthy diets usually look good and have a positive self-image as a result.
Smoking
Smoking has many negative effects on the body as described by the NHS. Click on this link for a description of the negative impact of smoking on circulation, the heart, stomach, skin, bones, brain, lungs, mouth and throat, as well as its impact on reproduction and fertility.
www.mentalhealth.org.uk/a-to-z/s/smoking-and-mental-health

Activity:
Use the information from the NHS to make notes on the physical effects of smoking.

Smoking can also have a negative impact on social health and well-being. Smoking makes the breath and clothes smell, which can be off-putting for other people in social situations and can make some people feel that they don’t want to be around smokers. Smoking is not allowed in some social situations e.g. it is not possible to smoke in cinemas or leisure centres or restaurants – this may limit the places a heavy smoker goes to socialise as he may feel he cannot do without smoking. It could also be argued that because smoking is very expensive, smokers may have less money to spend on socialising with friends. Some smokers and their friends would argue, however, that smoking brings opportunities to interact with others e.g. in the smoking area outside a club or nightclub.

In terms of the effects of smoking on psychological health and well-being, smokers may feel a sense of failure or powerlessness if they have tried to give up smoking without success. Smoking may also lower self-esteem because individuals know it is very bad for them and continuing to do it makes them feel they don’t value themselves properly. As smoking is an addiction it is a strain on psychological well-being when people try to quit e.g. the smoker may feel very tense and irritable. Conversely, smokers may argue that smoking helps them to relieve stress.
Alcohol misuse

Drinking too much alcohol has a very negative impact on physical health and well-being. [www bbc co uk/news/uk-35252650](http://www bbc co uk/news/uk-35252650). In the short term drinking too much can cause nausea, vomiting, headaches, dehydration and hangovers. Alcohol misuse can also lead to death or injury due to drink driving or accidents in the home and at work. In the longer term, alcohol misuse can lead to a whole variety of health problems, including diabetes, inflammation of the pancreas, internal bleeding, weakening of the heart, high blood pressure and stroke. Alcohol can lead to deterioration of the nervous system so that people who drink heavily can suffer from loss of balance, impotence, numbness of the feet and hands, tremor and blindness. The organ of the body most at risk from excess alcohol is the liver, which may become progressively damaged through a condition known as cirrhosis, which may lead to liver failure, liver cancer and death. Other cancers, like breast cancer in women, have also been linked to drinking alcohol.

With reference to the impact on social health and well-being, it is well known that aggressive and criminal behaviour and the consumption of alcohol are linked- nearly half of the offenders of sexual offences, burglaries, street crime and crimes in pubs and clubs have been found to be intoxicated. Many alcoholics are more likely to stay in their homes while drinking to try to disguise their problem, which means they can be quite isolated. Many alcoholics find that their relationships with friends and family break down due to their problem and they no longer have social support from them.

Psychological health and well-being is also negatively affected. Many alcoholics develop brain damage due to the amount of alcohol consumed and therefore often have problems with their memories and with information processing. Alcoholics may feel shame and guilt because of their addiction and the problems it causes, which can lead to low self-esteem and even self-loathing. Alcohol misuse is often associated with feelings of anger, which can range from being touchy and irritable to explosive, violent outbursts. Anxiety is also common in alcoholics, ranging from feeling generally fearful to a loss of trust and clinical paranoia. Alcoholics often develop depression, ranging from feeling very down and helpless to being suicidal.
Illegal drug use

Examples of illegal drugs include cannabis, cocaine, mephedrone, ecstasy and amphetamines. All have both short and long term effects, although these vary from one type of drug to another. Their effects on physical and psychological health and well-being are summarised by the NHS on the NHS Choices website.

www.nhs.uk/Livewell/drugs/Pages/Drugsoverview.aspx

Activity:

Click on the link above and make notes on the physical and mental health effects of at any three different types of illegal drug.

The effects of illegal drug use on social health and well-being are similar to those of alcohol misuse. Drug users often experience difficulties in family and other relationships and may experience loneliness and isolation as a result. Financial problems may arise because of the expense of buying drugs and the user may have no money for any other social activities. Work attendance record and level of performance may drop and the user may become unemployed, losing contact with work colleagues. Due to the physical effects of the drugs, users may lack interest in taking part in leisure activities and spending time with peers an individual may find himself resorting to crime to feed drug habit – this may lead to a jail sentence, removing the individual from society altogether. Of course being caught with drugs could also lead to this consequence.

Apart from the increased risk of mental illnesses and impact on cognitive functioning described by the NHS, there are other effects of drug misuse on psychological health and well-being. Users may experience guilt about their use of drugs and their actions during intoxication, which can lead to low self-esteem. Drugs often lead to reduced emotional control, so that the user may suffer dramatic mood swings and anxiety reactions. Attention and concentration spans may decrease and the user may become forgetful as a result of the effects on the nervous system. They may suffer blackouts (total loss of memory for a period of time). They often make poor decisions and develop poor judgement.
Sample exam questions

1. Social class is one socio-economic factor that impacts on health and well-being. List two other socio-economic factors that can affect health and well-being
   1. (1 mark)
   2. (1 mark)

2. Describe how exercise impacts positively on each of the following aspects of health and well-being.
   Physical health and well-being
   (3 marks)
   Social health and well-being
   (3 marks)
   Psychological health and well-being
   (3 marks)

3. Discuss the potential impact of illegal drug use on physical health and well-being.
   (6 marks)

4. Analyse how social class can affect health and well-being.
   (12 marks)
Health promotion

The World Health Organisation has defined health promotion as “the process of enabling people to increase control over their health and its determinants, and thereby improve their health”. Health promotion campaigns can be large scale, aimed at everyone in the country, using media like television and radio as well as websites, posters and leaflets, or they can be smaller scale like a healthy eating week in a school or workplace. In Northern Ireland the Public Health Agency is responsible for large scale health promotion campaigns.

Activity:

Over a three day period, make a note of all the health promotion campaigns you come across. You might see posters, television advertisements or leaflets, for example. Keep a note of the topics they cover and what health messages they were trying to deliver. Share these with your class.

Approaches to health promotion

There are different approaches that can be taken when running a health promotion campaign, with some campaigns adopting more than one approach. These are summarised and evaluated below.

The medical approach is also sometimes referred to as the preventative approach as it aims to prevent ill health. It focuses on preventative measures such as immunisation and screening and thus focuses on the role of health professionals in promoting health. A good example is ‘Catch the vaccine, not the ‘flu’ (see the poster here) the Help Protect Yourself campaign to encourage uptake of the HPV vaccine. fluawareni.info/publication/protect-yourself-catch-vaccine-not-flu-poster

Strengths of the medical approach

• These campaigns are usually based on medically sound scientific evidence and research, so they are convincing to the public e.g. the ‘flu vaccination is medically proven to prevent deaths due to ‘flu in vulnerable groups such as older people.
• It is expert led – doctors and other medical workers are usually people the public feel they can trust with their health.
• This approach has a history of success – for example the smallpox and measles vaccination programmes practically eradicated these diseases in the UK

Weaknesses of the medical approach

• Fear among public of side effects can put people off taking up immunisations e.g. some parents believed the MMR vaccination was linked to developing autism and refused to have their children vaccinated and there have been reports of girls becoming ill after the HPV vaccine. Even where claims are not supported by medical evidence, rumours can lead to reduced uptake.
• This approach ignores the holistic person by focusing on the physical aspects of health rather than overall well-being, including psychological aspects like self-esteem.
• This approach reinforces the ‘medicalisation’ of life – screenings and jabs are seen as the answers to health issues rather than seeing health as being about lifestyle and choices. It encourages dependency on medical profession and treatment rather than individuals taking responsibility for their own health.
The **social change approach** acknowledges the importance of socio-economic conditions e.g. social class and income as factors that influence health and therefore recognises the responsibility of government to take a lead in tackling health inequalities. It is a top down approach with policy makers and health planners taking the lead. Examples include the government’s smoking ban in some public spaces like pubs and restaurants and changes in the law in the age for buying cigarettes and on the way cigarettes are displayed in shops.

**Strengths of the social change approach**

- This approach usually sets out clear rules and regulations so people don't have to make decisions for themselves e.g. smoking ban removes the choice to smoke in pubs.
- This approach makes it easier to challenge the damaging behaviour e.g. the smoking ban gives individuals the back-up to challenge smokers to stop smoking in places where it can affect others. People do not want to be seen as being different to everyone else in society by engaging in socially unacceptable behaviour.
- This approach usually reaches a large group, perhaps nearly everyone in the population if there is a change in the law.
- Making people change their behaviour through the law will sometimes make them change their attitude as well e.g. since the smoking ban, many smokers agree it is unacceptable to expose other people to passive smoking.
- It acknowledges the impact of socio-economic determinants on health behaviour e.g. working class people are more likely to smoke so this approach recognises the government has a responsibility to take action.

**Weaknesses of the social change approach**

- People may not be happy about the decisions made for them e.g. smokers unhappy they can’t smoke when having a drink in a bar.
- People dislike the idea of a ‘nanny state’ telling them what they should and should not do e.g. people may resent that they are not allowed to drink alcohol in a public area.
- Needs a large scale and usually expensive approach with many organisations having to become involved e.g. the smoking ban involved not only a campaign to explain the new law, but the co-operation of businesses and enforcement by local councils.

The **educational approach** aims to provide information and enhance knowledge so individuals can make informed choices about their health behaviour. This might take the form of information sessions like talks in schools or the workplace where the benefits of healthy living are explained e.g. how exercise benefits health. Alternatively informative literature, such as a leaflet describing the effects on the body of different foods and perhaps giving statistics on obesity and its health effects, would be another example of this approach. The Public Health Agency’s leaflet Eat Well, Keep Well and reduce your risk of cancer illustrates this approach by using statistics and research to educate people about the link between diet and cancer.

[www.publichealth.hscni.net/sites/default/files/Eat_Well_Keep_Well_02_15_2.pdf](http://www.publichealth.hscni.net/sites/default/files/Eat_Well_Keep_Well_02_15_2.pdf)
Strengths

• It delivers information that allows individuals to make informed decisions e.g. helps people to understand why they should be exercising regularly rather than just telling them to do it
• Where educational talks are involved, they can be delivered to a large group at once e.g. to groups of children or young adults in educational settings or to groups of workers in a business organisation
• This approach can be time constrained e.g. a health promotion activity on healthy eating run in a school or workplace for a week
• As information is given and not imposed, people may feel they have been given a choice
• Where leaflets and booklets are used it can give something to target group to take away with them and read again e.g. leaflet on healthy eating
• It works well with groups who are used to having information delivered to them in this way e.g. school pupils or people who have recently left education

Weaknesses

• This assumes the target group can read the written material if used, however, this is not the case for everyone so the approach does not reach them
• The detailed information given, for example in the form of statistics, can be confusing for some people and some people may be turned off by it. For example, individuals who have had negative experiences at school may not respond well to this approach
• It can be very difficult to know if learning has taken place or whether information is retained – people can listen to talks and take away leaflets but never think about the issue again or refer back to the information again
• People may feel that they are being lectured at and may not like it – their resistance can mean they don’t engage with the material

The behaviour change approach simply aims to encourage people to adopt healthier behaviours in order to improve their health. The focus is on what people can actually do to be healthier rather than explaining in any great detail why changes should be made e.g. ‘Go Walking’ or ‘Eat 5 a day’. This approach encourages people make real improvements to health by changes to lifestyle.

Strengths

• Encourages personal change in a very straightforward way by showing individuals how they can take action to improve their health e.g. ‘go walking’ television advertisement
• This approach sees health as the property of the individual as it gives them ideas that they can personally act upon to have healthier lives, such as using a record book to track the amount of exercise they are doing
• This appeals to the ‘adult’ in people as they feel they are talking responsibility for their own health e.g. by introducing more physical activity into their lives.
• It provides just enough information to encourage sensible lifestyle choices with short messages that can be very memorable e.g. the phrase ‘Eat 5 a day’ is very well known in the UK with most people knowing exactly what it means.
Weaknesses

- Behaviour is not easy to change – old habits die hard and people may be full of good intentions but not do anything to change e.g. people may find it difficult to break habits like sitting down to watch television every evening despite the ‘Go Walking’ advertisements.
- People are susceptible to so many other influences on their behaviours – they may know what the healthy behaviour is but not act upon it, for example they might remember the message that they should limit alcohol intake but then be encouraged by the behaviour of their peer group to drink more alcohol than is healthy.
- People may dislike being told what to do, therefore they don’t respond to messages like ‘Eat 5 a day’.

The fear arousal approach attempts to gain the target audience’s attention by providing them with frightening images or statistics in an effort to get them to change their health behaviour. A good example is the anti-smoking campaign Every Cigarette is Doing You Damage that use images such as clogged arteries to frighten smokers into stopping. www.youtube.com/watch?v=IEc-Rsv9pMc

Strengths

- This approach grabs the attention of the target group – people tend to take notice of shocking images like blackened lungs.
- The use of graphic images helps people to more fully understand the negative effects of unhealthy behaviour on their body e.g. exactly how smoking harms the arteries or lungs.
- Shocking images may be memorable and have a lasting effect, for example, who can forget the fat being squeezed out of the artery on the TV campaign?
- This approach often encourages discussion and gets people talking e.g. the advertisement where the brain is sliced in half to show a clot caused by smoking was a topic of conversation in many homes and work places when it first appeared so it encourages people to think about the issue.
- This approach can successfully scare people into taking action e.g. the sight of blackened and missing teeth in children might scare parents into withholding sugary drinks.

Weaknesses

- People often become resistant to the message or think it will never happen to them e.g. an image of a clot in a brain is shocking the first couple of times one sees it but the shock wears off after a few times.
- This approach can cause annoyance and upset for some individuals e.g. if they had a family member who died of a particular health problem that is graphically portrayed.
- Individuals may feel that they are being manipulated by these shock tactics so may respond by saying they aren’t going to be persuaded by government propaganda.
- Images can have different effects on different people – this approach may work for some people more than others and for some issues more than others. The effects of this approach may not be long lasting for some people – the images can be forgotten.
- Some media for portraying visual images can be very expensive e.g. television advertisements tend to be very expensive to make and run.
Activity:

Choose any three examples of health promotion campaigns from the previous activity. What approach/es did each of them use?

Sample exam questions

1. A poster encourages older people to get the vaccine for influenza. Identify the health promotion approach being used. (1 mark)

2. Describe the behaviour change approach to health promotion. (3 marks)

3. Evaluate the educational approach to health promotion by explaining two strengths and two weaknesses of the approach.
   **Strengths**
   1. (2 marks)
   2. (2 marks)
   **Weaknesses**
   1. (2 marks)
   2. (2 marks)

3. Evaluate the social change approach to health promotion. (12 marks)

Health promotion campaigns by the Public Health Agency in Northern Ireland

The Public Health Agency (PHA) is the statutory organisation that takes the lead in developing health promotion campaigns in Northern Ireland. There are a whole range of campaigns at any time and links for them can be found on the home page of the PHA (links for the website of each campaign are listed at the bottom of the page under ‘Our websites’). [www.publichealth.hscni.net/](http://www.publichealth.hscni.net/)
Activity:

You need to study one health promotion campaign in detail, so click on your chosen campaign from the list referred to above and take notes on the campaign details.

You need to cover the following:

(a) Firstly, you need to identify three objectives of the campaign – some campaigns list their objectives, whilst for others the objectives are derived from government strategy documents, so you may have to do a little research to find them. You don’t need to identify statistically precise objectives. Depending on the campaign, examples of objectives might be –

- To reduce the percentage of the Northern Ireland population classified as obese
- To increase participation in physical activity in children to one hour per day
- To raise awareness of the signs of a particular type of cancer
- To increase the uptake of a particular vaccine in the target population.

Whilst these examples relate to a variety of topics, you need to identify three objectives for the one chosen campaign.

(b) Secondly, you need to describe all the ways the campaign tried to get its message across to meet the objectives. For example, make notes on what is on the website. If it uses posters, describe what is on them. Describe the content of any radio or television campaigns. Were there any leaflets produced? If so, what is in them, for example statistics, visual images, graphs, narratives or other information? Were there talks or community events like roadshows? If so, what did they involve?

Sample exam questions

1. Identify a health promotion campaign you have studied and list three of its objectives. (3 marks)

2. Explain three ways the campaign attempted to get its message across.
   1. (2marks)
   2. (2marks)
   3. (2marks)
How individuals can take responsibility for their own health and well-being

Whilst the government’s health promotion campaigns are designed to improve the health of the public, individuals can take responsibility for their own health and being through their actions.

With regard to **lifestyle choices** individuals can choose to eating a healthy diet based on the Eatwell Guide and include 5 portions of fruit or vegetables a day. They can take regular exercise, such as going walking or swimming, making sure they achieve the targets for their age. They can limit their alcohol intake making sure it is within the government’s recommended units per week and avoid binge drinking. They can also avoid using any illegal drugs e.g. smoking marijuana. They can also avoid smoking tobacco and also passive smoking.

**Accessing health and social care services**

Individuals can also make use of available health and social care services. For example, they can attend for regular check-ups e.g. dental check-ups every six months. They can also take up invitations for screening e.g. for breast cancer in women over fifty. They can make GP appointments before a health condition deteriorates too much e.g. see their GP about a chest infection. They can take up opportunities for health checks offered at work or through voluntary organisations e.g. blood pressure checks conducted by occupational nurse or breast screening offered by a cancer charity. They can also make use of a local day centre e.g. for older people or for people with mental health problems.

**Self-advocacy**

An advocate is someone who speaks up for another person so self-advocacy simply means to speak up for oneself. There are lots of ways individuals can do this when it comes to health and social care services. Examples include

- Asking a G.P. for a referral to a specialist e.g. a gynaecologist or neurologist
- Asking a hospital doctor for a second opinion e.g. a referral to another specialist in the same field
- Researching one’s own condition and possible treatments in libraries or the internet and requesting the most up-to-date treatment e.g. finding out about a new drug for one’s condition and asking the GP to prescribe it.
Sample exam questions

1. Identify a health promotion campaign you have studied and list three of its objectives. (3 marks)

2. Assess how individuals can take responsibility for their own health and well-being. (9 marks)

Organisations responsible for health and well-being

A whole range of organisations, large and small, contribute to the health and well-being of the populations they serve.

The World Health Organisation (WHO)

WHO is an international organisation that is attached to the United Nations and is concerned with public health on a global scale. This organisation provides advice, guidance and practical support on health for countries all over the world. Some of the ways it contributes to health and well-being are illustrated by the diagram below.
Activity:
Explore the WHO website and make some additional notes on how this key international organisation contributes to the health and well-being of people all over the world. www.who.int/en/

Statutory organisations

Department of Health (DOH)
This is a key statutory organisation concerned with the health and well-being of the people of Northern Ireland. It is the government department in the Stormont legislature with responsibility for health and social services, with its own minister and committee. The department introduces policy relevant to health and well-being, for example ‘Transforming Your Care’ is a key policy document for the health and social care sector in Northern Ireland. It also produces strategy documents for the delivery of health and social care services for more specific areas of health and well-being e.g. for autism and mental health. It commissions research such as surveys of health behaviour in the population to inform its policies and strategies, for example on alcohol consumption in different age groups in Northern Ireland. It attempts to ensure service provision meets the needs of the population i.e. that there is adequate provision in terms of hospitals, GPs, and social services for the population of Northern Ireland. The department sets standards and provides statistics on the delivery of health and social care services, for example on emergency care waiting times in hospitals across Northern Ireland, which it publishes on its website. It provides information and advice on good practice to a range of professionals, including doctors, nurses, allied health professionals, pharmacists and dentists.

Activity:
Explore the DOH website and make additional notes on what it does to meet its responsibilities for health and well-being in the population of Northern Ireland. www.health-ni.gov.uk/

Public Health Agency (PHA)
Public health refers to the activities of the state in promoting good health and well-being and preventing ill-health and disease; it aims to improve the health and well-being of the whole population rather than focusing on individuals. In Northern Ireland the Public Health Agency is the statutory body responsible for public health. Its key role in running a whole range of health promotion campaigns has already been explored in the health promotion section of this unit.

The PHA also contributes to health and well-being in the following ways

- It provides information through news bulletins on up-to-date issues relevant to the health of people in Northern Ireland e.g. on carbon monoxide poisoning and how the risks can be minimised.
- It conducts research about health in Northern Ireland e.g. a survey of parents of children with autism and mental illnesses on their experience of health and social care services for their children.
- It produces leaflets relevant to the health and social care workforce in Northern Ireland e.g. “Don’t Infect. Protect” gives employees information on hand washing procedures.
- It publishes books giving health advice to the public, e.g. the “Pregnancy” book that is given out by midwives to the women in their care to promote healthy pregnancies.
• It informs the public about health and care services in Northern Ireland e.g. gives the number for Lifeline on its website so people in mental distress can access someone to speak to immediately.

Activity:
Return to the PHA’s website and review the range of health promotion campaigns and activities it is currently running. Explore the website more fully and add to the list above by noting what else it does to promote the health and well-being of the Northern Ireland public. www.publichealth.hscni.net/

Health and Social Care Trusts

The Trusts in Northern Ireland are responsible for delivering integrated health and social services within the areas they serve. There are five area trusts in Northern Ireland and a separate trust for the ambulance service. It is the services provided by the five area trusts that we are focusing on here. All five trusts have a similar role providing the following services to their communities
• hospital services including acute medical hospital services, mental health hospitals and hospitals for learning disabilities
• primary health care services e.g. access to GPs, midwives and health visitors in community medical practices
• day care services e.g. for adults with learning disabilities, people with mental health problems and older people
• residential services for those who cannot live independently or in their families e.g. children’s homes and care homes for older people
• home care e.g. support for older people to live in their own homes such as care workers to help with getting up in the morning and going to bed at night
• other social services support for vulnerable people through social workers e.g. social workers run fostering and adoption services for children and develop care plans for older adults, service users with learning disabilities and service users with mental illnesses
• provide advice, guidance and support on healthy living e.g. information and help with smoking cessation.
Activity:

Click on the link Health and Social Care Trusts to identify the trust that serves the area you live in. Move on to the website of your local trust, choosing from

- Belfast HSC Trust [www.belfasttrust.hscni.net](http://www.belfasttrust.hscni.net/)
- Northern HSC Trust [www.northerntrust.hscni.net](http://www.northerntrust.hscni.net/)
- South Eastern HSC Trust [www.setrust.hscni.net](http://www.setrust.hscni.net/)
- Southern HSC Trust [www.southerntrust.hscni.net](http://www.southerntrust.hscni.net/)
- Western HSC Trust [www.westerntrust.hscni.net](http://www.westerntrust.hscni.net/)

Explore what your local trust does to contribute to the health and well-being of the people in the area you live. Expand on the points above and add any additional information you find.

Voluntary organisations

Voluntary organisations are not-for-profit organisations that together with private organisations make up the independent sector with a role in the health and well-being of the people of Northern Ireland. Examples include Marie Curie, Age NI, Heart and Stroke, Praxis, Childline, Simon Community and Mencap to name a few. These organisations provide a huge range of services, often free of charge, to complement and bridge any gaps in statutory provision. The following diagram shows just some examples of what voluntary organisations do to contribute to health and well-being.
Voluntary Organisations

- Provide day care e.g. Age NI provides day centres for older people
- Provide nursing care in service users’ own homes e.g. McMillan nurses provide care for cancer patients
- Provide emotional support for clients e.g. Samaritans provide a help line where people can talk to someone about their problems
- Carry out or fund research e.g. Chest Heart and Stroke supports research on the causes of heart disease
- Give advice people to help them improve their health e.g. Ash gives advice on giving up smoking
- Provide information about rights e.g. Citizens Advice Bureau give people information about their rights to benefits
- Give counselling services e.g. Relate provides relationship counselling
- Give practical help e.g. St Vincent de Paul gives furniture to people struggling to furnish their homes
- Provide advice and support for service users’ families e.g. Mind gives advice to families on ways to cope with a mental illness such as schizophrenia in the family
- Lobby government for better conditions or services for particular group e.g. Mencap works to persuade politicians about the importance of more care in the community services for people with learning disabilities

Provide practical help e.g. St Vincent de Paul gives furniture to people struggling to furnish their homes
Activity:

Working in pairs, investigate how any one voluntary organisation contributes to the health and well-being of people in Northern Ireland. Present your findings to the class e.g. using a PowerPoint or Prezi presentation.

Private or commercial organisations

These are businesses that aim to make a profit and are also part of the independent sector.

Pharmacies

These are businesses in the retail sector that contribute to health and well-being in a number of ways. They usually

- provide treatments e.g. a range of medicines that people can buy over the counter like pain killers
- sell products relevant to health and well-being e.g. vitamin supplements or aids to daily living
- advise individuals on health issues by having pharmacists or even doctors available for consultation in person or online
- measure health indicators such as blood pressure or blood sugar
- provide tests for infections, for example some provide free tests for chlamydia
- run health promotion campaigns and activities, for example smoking cessation support

Activity:

Use the website of a pharmacy like Boots, Lloyds or Gordons to investigate the different ways pharmacies contribute to health and well-being.

www.boots.com
www.lloydspharmacy.com
www.gordonsdirect.com

Drug companies

Examples of drug companies include Glaxo Smith Kline, Pfizer and Merck. They conduct research on physical and mental health issues and develop innovative drug treatments to prevent, manage or cure a range of illnesses and diseases. They carry out extensive drug testing to try to ensure the efficacy and safety of their products. Drug companies distribute their products to pharmacies and hospitals, providing information on safe dosage and any potential side effects and contraindications. This enables pharmacists and doctors to choose the best drug treatments for individuals as well as to give appropriate advice for their use.

www.gsk.com
www.pfizer.co.uk
www.merck.com
Activity:

Investigate examples of three innovative drugs produced as a result of the research carried out by drug companies. How did these drugs contribute to health and well-being?

Holistic therapists

There are a whole variety of holistic therapists running businesses where they provide therapies like reflexology, acupuncture, chiropractic care, homeopathy and massage. Whilst these therapies may sometimes be provided by the NHS or via voluntary organisations, most people pay the therapist directly for the services. Holistic therapists provide treatments that can help people manage chronic conditions such as back pain or recurring headaches. These treatments often complement conventional medical treatments such as drugs. Holistic therapists advise individuals on managing their condition, for example through making appropriate lifestyle choices.

Activity:

Research the work of two different holistic therapists and make notes on how they contribute to health and well-being.

Private practitioners

Many different health professionals work as private practitioners. Some practitioners have full-time businesses in the private sector, whilst others work part-time in private practice whilst also working for the local trust. Examples include

- doctors, usually specialists such as gynaecologists, neurologists, paediatricians, psychiatrists, rheumatologists, orthopaedic surgeons or plastic surgeons
- allied health professionals, such as physiotherapists, podiatrists or occupational therapists
- counsellors and psychologists.

These practitioners have varying roles in contributing to health and well-being, according to their skills and specialisms.

Activity:

Working in groups of three, choose two examples each from the lists above, research how the chosen private practitioners contribute to health and well-being, and share the findings in the group.

Private nursing homes

These range from small family run businesses of one nursing home to larger corporations with many homes across Northern Ireland and the UK and beyond. Many service users pay to live in a private nursing home from their savings, pension income or other assets, whilst others have their care funded by their local trust. Nursing homes contribute to health and well-being by providing full-time, permanent residential care where individuals can receive help with the activities of daily living as well as nursing care, such as medication for the illnesses and conditions they have. They provide a social environment with opportunities for interaction with others for people who cannot live independently because of physical disabilities or other health problems. Many provide specialist nursing care e.g. for people with dementia and they provide therapies such as reminiscence therapy to build self-esteem. They also provide shorter term care for people transitioning from hospital to home as well as respite care to support families who provide care to their loved ones with illnesses and disabilities.
Activity:
Based on personal experience (e.g. through work placement or visiting a family member in a nursing home) or by investigating the website of a private nursing home, make additional notes on how this type of private organisation contributes to health and well-being.

Home care providers
These are businesses that employ and provide carers to do home visits to help with personal care and the activities of daily living with much of their work being through contracts with local trusts. They also provide sitters who will stay with vulnerable people, often overnight, under a private contact. They also provide respite for carers by taking over the care of a relative they care for to allow them to have some time off or go on holiday.

Sample exam questions

1. Name two voluntary organisations that contribute to health and well-being. (2 marks)

2. List the three statutory organisations that contribute to the health and well-being of the people of Northern Ireland. (3 marks)

3. Explain three ways the World Health Organisation contributes to health and well-being. (3 x 2 marks)

4. Describe one way the Public Health Agency contributes to health and well-being. (3 marks)

5. Describe how each of the following private or commercial organisations contributes to health and well-being-
   a) Drug companies (3 marks)
   b) Pharmacies (3 marks)

6. Using examples, discuss four ways voluntary organisations contribute to health and well-being. (12 marks)
Discrimination and anti-discriminatory practice in health, social care and early years settings

Please see the Fact File ‘Discrimination and anti-discriminatory practice’. Complete the two activities at the end of the Fact File. www.rewardinglearning.org.uk/common/includes/microsite_doc_link.aspx?docid=18895-1

Activity:

The Fact File gives some examples of both discrimination and anti-discriminatory practice in health and social care settings. Working in pairs or small groups, identify two more examples of each.

Both discrimination and anti-discriminatory practice in health and social care services can impact on the physical, social and psychological health and well-being of individuals. Discrimination has a negative impact, for example

The physical consequences of any type of discrimination can include:

- A service users’ condition may deteriorate or worsen e.g. a hospital patient may fail to make the expected recovery
- A service user may lose his or her appetite, feeling too upset to eat or having an upset stomach due to feeling anxious. The service user may experience a drop in weight as a result.
- A service user may develop problems with sleeping, perhaps lying awake worrying about what is happening
- Some service users may physically self-harm because of the anxiety and distress caused by ongoing discrimination e.g. young people in a children’s home abusing themselves by drinking alcohol, using illegal drugs or even cutting their own limbs to cope with the emotional turmoil caused by racial or other forms of discrimination

The social consequences of any type of discrimination can include:

- Service users experiencing social isolation, for example not being included in activities with others
- Service users lacking opportunities to meet people, make friends and build relationships
- Service users being ostracised by staff and other service users, so being left alone in the care setting

The psychological consequences of any type of discrimination can include a whole range of negative emotions, such as:

- Low self-esteem- feeling worthless and undervalued
- A negative self-concept or poor self-image
- Experiencing depression – some service users may even feel suicidal
- Feeling unloved and uncared for
- Feeling scared, unsafe and insecure in the setting
- Regularly feeling upset or angry
- Experiencing stress, the response that occurs when individuals feel they cannot cope with the environment they are in
- Experiencing a lack of autonomy i.e. a lack of control over what is happening to them
- Where a service user already has a mental health condition, it may well deteriorate.
Anti-discriminatory practice, in contrast to this, is likely to have a positive impact on the health and well-being of service users.

Activity:

Produce notes on the potential positive impact of anti-discriminatory on the physical, social and psychological health and well-being of service users.

Sample exam questions

1. Define the term prejudice. (2 marks)

2. Explain two ways discrimination might impact on the psychological health and well-being of service users. (2 x 2 marks)

3. Describe one way a manager in a playgroup could promote anti-discriminatory well-being. (3 marks)

4. Describe two examples of discrimination in a health, social care or early years setting. (2 x 3 marks)

5. Using three different examples of anti-discriminatory practice in health, social care and early years setting, analyse its potential impact on health and well-being. (12 marks)
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