Health & wellbeing

What you need to know: - definition, factors

Not just the absence of disease but a holistic attitude/the whole person:
Physical (healthy body, regular exercise, a healthy diet, sleep, shelter & warmth, personal hygiene)
Intellectual (keeping the brain healthy, concentrate, learn new knowledge/skills, communicate & solve problems)
Emotional (feeling safe & secure, express emotions, deal with negative emotions, self-concept)
Social (friendships, relationships with friends and family)

Genetic inheritance

What you need to know:
- inherited conditions - predispositions

Genetic inheritance is a physical factor that can have positive and negative effects
Genes are inherited from both birth parents

Inherited characteristics
- height, eye colour, hair colour
- This can effect self image (how you see yourself) & self esteem, (how you feel about yourself)

Inherited conditions
Different versions of genes are called alleles.
Some alleles can be faulty and pass on conditions
Dominant condition
(one parent passes faulty allele on)
i.e. Huntington's – involuntary movements and loss of intellectual ability
Recessive condition
(both parents pass faulty allele on)
i.e. Cystic fibrosis – sticky mucus on the lungs

Genetic predisposition
Some people are predisposed (more likely) to develop a condition due to genetic makeup
i.e. heart disease, cancer, diabetes.
Whether they end up developing the conditions depends on their lifestyle & environmental factors
(.e. Diet, exercise)

Physical activity

What you need to know:
- recommendations
– benefits at each life stage

Exercise is a lifestyle choice
- gentle – walking, housework
- moderate – light jog, steady swim
- vigorous – spinning, football

How much?
Changes depending on age. Adult: approx. 150 mins moderate per week

Lack of exercise:
Stiff joints
Poor stamina/strength
Obesity
Stroke
Heart disease
Osteoporosis
Poorly formed muscle

Why?
P – lower BMI, energy, stamina, strengthen bones & muscle
I – links to better memory and thinking skills
E – increases confidence, Relieve stress, concentrate, relax
S – social interaction, communication, teamwork

Ill Health

Ill health -a physical factor which can have a negative effect on health & wellbeing

What you need to know:
- Effects on a persons PIES, difference between acute & chronic

Chronic
Comes on more slowly, lasts a long time
Usually treated, not cured
i.e. diabetes, arthritis, asthma, heart disease

Management:
Address the negative impacts on the person and try to control the symptoms (i.e. use of medication, counselling, schooling in hospital, support groups)

Effect on PIES –
P – growth rates, restricted movements
I – disrupted learning, difficulties in thinking./problem solving, memory problems
E – negative self-concept, stress
S – isolation, loss of independence, difficulties forming relationships

Acute
Starts quickly, lasts for a short period of time. Usually cured
i.e. bacterial/viral infection, flu, broken bones, pneumonia
Management - Usually with medication

Substance misuse

Alcohol - a lifestyle choice
Men & women should drink <14 units/week
1 unit = 1 single spirit
1.5 units = 1 pint, 1 small glass of wine
Avoid saving units for 'binge'
Can increase risk of addiction & cancers.

Smoking & Nicotine – a lifestyle choice.
Nicotine is an addictive drug found in tobacco products.
Cigarette smoke contains nicotine, tar, carbon dioxide & soot which are all harmful.
People smoke to relieve stress, peer pressure, or are unable to quit. Passive smoking also carries risk to others

Drugs – including legal and illegal.
Prescription misuse - when people take for non medical (recreational use), become addicted to them, take excess, or take someone else's.
Stimulants - alertness, excitability (i.e. Cocaine, nicotine)
Depressants –calm, relax (i.e. cannabis, alcohol, heroine)
Hallucinogens – cause hallucinations i.e. LSD, ketamine)

Effect on PIES
P – dependence (alcoholism) damage to organs (mouth, liver, breast), infertility, weight gain
I – difficulty in decision making, depression, anxiety, stroke & brain damage
E – poor judgement leading to risky behaviour
S – relationship breakdown, domestic violence

Effect on PIES
P – increases risk of disease (cancer, stroke, coronary heart disease and others)
I – addiction leads to irritation, distraction & stress when unable to smoke. Increase chance of anxiety and depression.
E – poor self concept. May worry about negative impacts on health and costs.
S – may feel socially excluded when smoking, people may avoid smokers due to smell.

Effect of drug misuses
Addictive drugs are taken to change the mental state, to give an immediate feeling of wellbeing or happiness but they have long term effects. i.e. Paranoia,, sleep problems, anxiety, depression, suicidal feelings,

Diet

What you need to know: - amounts, quality, effects of poor diet
Diet - lifestyle choice. Diet = The balance of foods a person eats (diet doesn't mean weight loss!)

Foods to avoid
Salt – raises blood pressure –> heart disease

Saturated fat – raises blood cholesterol –> heart disease
*found in animal fats such as meat, butter

Sugar – rots teeth, high in kcals (energy) -> tooth decay & weight gain

Fruit & vegetables   Starchy foods

Meat, fish eggs, beans   Dairy   Oils
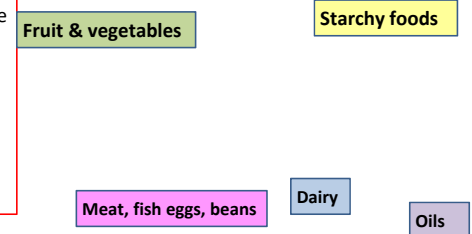
Section	Nutrient	Needed for
Starchy	Carbohydrates (& fibre if wholemeal)	Carbohydrates - Provides energy Fibre – Digestive system/prevents constipation
Fruit & vegetables	Vitamins Fibre	Vitamins - Keep the body healthy Fibre – Digestive system/prevents constipation
Meat, fish, eggs, beans	Protein	Growth and repair of cells and muscles
Dairy	Calcium	Strong bones and teeth
Oils	Unsaturated fats	Reduces cholesterol, Keeps the body warm, Protects organs

Water is important to stay hydrated
Control calorie intake to manage weight.
More energy in (food) than expended in exercise causes weight gain
Less energy in (food) than expended in exercise causes weight loss

Personal hygiene

Good personal hygiene
Prevents spread of infection
Improves self concept
-Hand washing
- Washing
- Nails clean
-Tissue for cough/sneeze
-Brushing and washing hair
-Brushing teeth
-Clean clothes
-Flushing the toilet

The cleanliness of a persons body. Essential for health & wellbeing

Effect on PIES of poor personal hygiene
P - Catching & spreading disease
Poor body odour, bad breath & tooth decay
Illness such as food poisoning, sore throat, athletes foot.
I – may reduce chance of job
E – poor self – concept, bullied
S – social isolation, loss of friendship.

Key Words

Health & Wellbeing – how physically fit and mentally stable a person is (not just absence of disease)
Genetic Predisposition – more likely to inherit a condition based on genes
Chronic illness – gradual, long term illness, treated not cured. i.e. asthma
Acute illness – illness comes on quickly, short term & curable i.e. cold
Balanced diet - variety of different types of food and providing adequate amounts of the nutrients necessary for good health.
Substance misuse - continued misuse of any mind-altering substance that affects a person's health & wellbeing (drugs, alcohol, smoking)
Hygiene - cleanliness of body and clothing to maintain health & wellbeing.

Social interaction

Between family–friends–work colleagues–school friends.

Reacting to people through communication & relationships

Integration – when people feel they belong to a group
Isolation - when people do not have contact with others.
Due to: staying in, physical illness, reduced mobility or unemployment, mental illness, a condition such as autism

	Positive relationships	Negative relationships
P	Day to day care & practical assistance	Peer pressure/Poor lifestyle choices (drinking)
I	Shared experiences, supported learning & thinking	Less support with learning, conversation
E	Unconditional love, security, contentment , self concept, independence & confidence	Loneliness,, insecurity, anxiety, depression,
S	Companionship, social interactions	Relationship difficulties

**Relationship breakdown
Can lead to:**
Anxiety, stress, depression insecurity, loss of confidence, poor lifestyle choices, more pressure on finances, new home etc

Topics
- Social interaction
- Stress
- Economic/financial
- Life events
- Environment & Living Conditions
- Willingness to seek help or access services

Stress

Feelings of mental & emotional tension.

Occurs when the body responds to demand
The hormone adrenaline is released
Trigger 'fight or flight' response
– so you respond instantly in life or death situations
BUT an overreact ion to non life threatening situation can cause negative stress.

Causes of stress
Pressures at work
Exams
Financial difficulties
Life events
(illness, relationship changes, moving home, bereavement)

Effect on health & wellbeing

Physical
Short Term:
-Tense muscles
-Fast breathing
-Dry mouth
-Faster heartbeat
-Butterflies
-Urge to pass water (urine)
-Diarrhoea
-Sweaty hands

Physical:
Long term:
-Sleeplessness
-High blood pressure
-Irritability
-Loss of appetite
-Heart disease
-Headaches
-Poor sex life
-Anxiety
-Mood swings

Emotional
Difficulty controlling emotions – crying, angry
Feeling insecure
Negative self concept
Feeling anxious

Intellectual
Forgetfulness
Poor concentration
Difficulty in making decisions

Social
Difficulty making friends/building relationships
Breakdown of close relationships
Loss of confidence
Social isolation

Willingness to seek help or access services

Asking for help
People need to seek help from health & social services at various stages. Being reluctant can lead to negative effects

Barrier 1: Gender
Men are less likely to access as they are often less open & avoid looking vulnerable

Barrier 2: Education
More educated are more likely to seek help
They are more likely to:
Research symptoms and know when help is needed
Understand importance of early diagnosis & treatment
Know how and where to access services

Barrier 3: Culture
Social behaviour, value, transition, customs and beliefs of communities. E.g.
- discriminated against when accessing services
- not speaking English well enough to discuss issues
- some cultures require women to see women
- Some cultures use 'alternative therapy'
- stigma (feel ashamed)of conditions e.g., depression

Environmental & Living conditions

Air – water – noise – light – housing - area

Environmental – Air, water and land around us.
Pollution - Contamination of the environment & living organisms by harmful chemicals.

Examples
Outdoor air – Chemicals from factories, exhausts
Indoor air – Aerosols, mould, cigarette smoke, carbon monoxide from heating
Water– Farm fertilisers/pesticides, waste, sewage
Food pollutants – chemicals in food production
Noise – Machinery and traffic music, loud neighbours
Light – Excess lighting, street lights

Impact of pollutants
• Lung problems
(Bronchitis, asthma, lung cancer)
• Heart damage *(disease, stroke)*
• *Reduction* of brain function *(thinking and memory)*
• Low birth weight or premature births

Housing
Good living conditions
Less polluted areas, quiet, safe, spacious, warm, dry, safe outdoor space
Poor living conditions
- Overcrowding – anxiety & depression, sleeplessness, difficulty concentrating & studying
- Lack of open space – less exercise & physical play
- Pests - Rats carry disease, bugs carry disease
- Damp & mould - Respiratory problems (asthma)
- Poor heating – poor health (cold, flu) heart disease

City
Better transport links
Close to facilities i.e. Shops, gym, entertainment, health services
Easy assess to social events
BUT pollution problems

Rural
Sense of community
Access to outdoors & less polluted
BUT commute, difficult to access services, isolation

Economic

Relate to a persons employment situation & financial resources. Effects lifestyle, health & wellbeing

Factors

2) Occupation - Job role & status (i.e. level of responsibility, salary)

3) Employment/ unemployment
- Part time
- Self employed
- Not being able to find work (due to being disabled, made redundant, or being reliant on state benefits)

1) Wealth
-Level of income
- Amount of personal wealth, including non-essential, valuable material possessions (jewellery, cars & property)

Adequate income:
Pay for rent/mortgage
– Pay bills (heating etc.)
- Afford luxuries, clothing, holidays, car, house with a garden –
Eat a balanced diet –
Socialise with friends - Afford travel to leisure/health services
– Live in suburbs /countryside

Relative Poverty - Can only afford the essentials. (reduced financial resources)
Life choices will be limited -more likely to:
- suffer ill health
- lack personal development *(i.e. school trips, warm clothes, doing well at school)*
Absolute Poverty -Not enough money to meet basic needs (food, clothing, housing) even with benefits.

	Positive	Negative
P	Good housing conditions Healthy diet Manual jobs can improve muscle tone & stamina	Poor housing conditions Poor diet Manual jobs - muscular/skeletal problems Desk jobs - less activity and weight gain
I	Opportunity to access intellectual activities Work, education & training helps to develop problem-solving & thinking skills	Long hours -less leisure time & reduced learning opportunities Being unemployed can result in poor mental health
E	A well paid job gives a feeling of security and less stress/worry over housing etc. Affording to socialise =positive self concept	Financial worries - stress & breakdown of relationships Not affording to go out and socialise =depression Unemployment of a low status job =low self concept
S	Better financial resources =opportunities to socialise Socialise with colleagues	ask of financial resources reduces opportunities for socialising Reduced opportunities for relationships = social isolation Financial worries = stress & breakdown of relationships

Life events

Events can change life circumstances in positive & negative ways

Expected
These can be predicted. They are easier to plan for & manage the effects
-Leaving school
-Starting school
-Moving house
-Starting work
-Living with a partner
-Marriage/civil partnership
-Retirement

Unexpected
Cannot be predicted and cannot prepare.– has a greater impact
e.g. Redundancy, imprisonment, exclusion, sudden death of someone close (bereavement) and ill health, accident or injury

Effects on health & wellbeing:
Positives:
New friends, learning, skills, independence, excitement, confidence
Negatives:
Anxiety, insecurity, stress, unhappiness about loss of 'old' life, change in lifestyle

Effects on health & wellbeing:
P – High blood pressure
I – Depression, difficulty thinking & decision making, memory
E – Difficulty sleeping, grief, insecurity, stress and anxiety
S – Isolation, loss of friends
Some positives – catalyst for change of behaviours, opportunities for new study or training, support for emotional, diet etc

Key Words

Health & Wellbeing – how physically fit and mentally stable a person is (not just absence of disease) Linked to PIES.

Social integration – When people feel they belong to a group

Social Isolation - When people do not have contact with others.

Social interaction Acting/reacting to people through communication & relationships

Stress - Feelings of mental & emotional tension.

Adrenaline – a hormone released when the body responds to a demand which can lead to stress.

Economic - Relate to a persons employment situation & financial resources

Income – money people receive from work, savings pensions or benefits.

Expected life events – can be predicted e.g. Leaving school

Unexpected life event – cannot be predicted i.e. Bereavement

Environmental – The air, water and land around us.

Pollution - contamination of environment & living organisms by harmful chemicals.

Health monitoring and illness prevention

Health monitoring allows us to check that everything is as it should be

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

Illness prevention services, aim to prevent people getting ill

The National Health Schools Programme encourages children and young people to make informed health and life choices

Health screening, such as dental, eye check ups and breast cancer screening

Vaccinations help the body to fight infectious diseases

Measurable indicators

All above can be measured using purpose built pieces of equipment – for example . A thermometer to measure body temperature

Some positive aspects of lifestyle	Some negative aspects of lifestyle
Regular exercise	Genetic inheritance
Personal hygiene	Existing chronic conditions
Supportive relationships	Substance abuse – alcohol, nicotine, illegal drugs and misuse of prescription drugs
Adequate financial resources	Social isolation
Stimulating work	Stress
Use of health monitoring for illness prevention - screening	Reluctance to seek help or access services
Risk management to prevent accidents	Poor housing
Education	Poverty and or unemployment
Leisure activities	Unprotected sex
Balanced diet	
Enough sleep	

Observed indicators

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

Resting pulse rate and recovery from exercise

Pulse rate
Your pulse rate is a measure of how fast your heart is beating

Resting pulse rate
The average resting pulse rate for an adult is about 60-100 bpm
The average for an athlete is lower 40 -60 bpm – this is because the heart gets bigger and stronger with exercise
A new baby's rate can be 70-190 bpm as babies and children have faster pulse rates

Recovery after exercise
Your pulse rate increases after exercise and then returns to normal, but this can happen at different rates.
Measuring your pulse rate before and after exercise and seeing how many minutes it takes to return to normal is a good way to measure how fit you are.

Peak flow

Is a measurement of how quickly you can blow air out of your lungs

By measuring how fast you're able to breathe out, your peak flow score can indicate whether your airways are narrowed. This could be a sign that you have asthma, although other tests such as spirometry will often be needed to confirm the diagnosis.
If you've already been diagnosed with asthma, measuring your peak flow regularly can be a useful way of monitoring your condition.
Your score can show whether or not your condition is getting worse. It can also check if your medication is working, and indicate whether you're having an asthma attack.

Blood pressure

What does a blood pressure reading look like?
When you have your blood pressure measured, you will be given two numbers, a top number and a bottom number.
Systolic blood pressure. This is the first, or top, number. This is the highest level your blood pressure reaches when your heart beats, forcing blood around your body.
Diastolic blood pressure. The second number, or bottom number, is the lowest level your blood pressure reaches as your heart relaxes between beats.
Blood pressure is measured in millimetres of mercury (mmHg). If the first number is 120 and the second number is 80, this would be written as 120/80mmHg, and you'd call it '120 over 80'.

High blood pressure

Low blood pressure

Low blood pressure is a reading of less than 90/60mmHg. It does not always cause symptoms, but you may need treatment if it does. Symptoms of low blood pressure
•lightheadedness or dizziness
•feeling sick
•blurred vision
•generally feeling weak
•confusion
•fainting
This might mean your blood pressure is too low.

Body mass index

This measurement is a clearer indicator of your fitness. No matter what you weigh, the higher percentage of body fat you have, the more likely you are to develop **obesity-related diseases**, including heart disease, high blood pressure, stroke, and type 2 diabetes.

BMI	Meaning
> 18.5	Underweight
18.5 – 24.9	Healthy weight
25 – 29.9	Overweight
30 – 34.9	Obese
35 – 39.9	Severely obese
40 and above	Morbidly obese

Published guidelines and baseline assessment

How do we know what health test results actually mean?

What is normal?
These normal measurements, or published guidelines, are called baseline measurements.

Even though a person may not be ill, a measurement can give a warning they need to improve their lifestyle in some way:

- Losing weight
- Reducing stress, alcohol or salt in their diet
- Giving up smoking

Limitations to published guidelines

Starting a health and wellbeing improvement plan
A good health and wellbeing plan will start with a problem to be dealt with. There should be an overall **goal** or aim. This will be based on the assessment of a person's present health status through:

- The use of physical measures for health
- The factors that affect this

Recommended actions based on a person's physiological indicators
- By looking at a person's health indicators and comparing them to what is considered the norms, you can tell if a person needs to improve one or more aspects of their health and wellbeing. The aim is to get that person's health to match the **'norms'**

Recommended actions based on a person's lifestyle indicators
- Some people need to improve their lifestyle to achieve good health and wellbeing:
    - smokers stop smoking
    - Take up regular exercise

Risks to physical health of abnormal readings

Blood pressure
Having abnormally high blood pressure reading could lead to a range of diseases including: heart disease, kidney disease, strokes and blindness.

Abnormal blood pressure readings: having an abnormal reading may not always mean that you have a serious condition, blood pressure can vary depending on the time of day, situation and current activity levels.

White coat syndrome: People are often tense and anxious when visiting the GP or hospital. Blood pressure can be as mush as 30mmHg higher when taken in a medical setting.

In this case the patient will either
- *Take reading on a home blood pressure monitor at regular intervals and record these*
- *Wear a 24 hour blood pressure monitor*

If the reading continue to be abnormal, this will need to acted upon as quickly as possible.

Interpreting lifestyle data

On average one in ten children is obese and more than a fifth are overweight by the time they start primary school

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 persons 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 a woman, therefore a clear overall picture isn't obtained.

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 around excess fat round their middle, because they lose muscle at this age
Women, who generally have more total body fat than men, are measured against the same BMI ranges as men.

Interpreting lifestyle data on inactivity

When you have an inactive lifestyle,:
- You burn fewer calories. This makes you more likely to gain weight.
- You may lose muscle strength and endurance,
- Your bones may get weaker and lose some mineral content
- Your metabolism may be affected, and your body may have more trouble breaking down fats and sugars
- Your immune system may not work as well
- You may have poorer blood circulation
- Your body may have more inflammation

Data shows the cost of inactivity, leading to obesity, on the NHS will be 50 million pounds by 2050

Interpreting lifestyle data on smoking

Who produces data on smoking?

To persuade people to stop smoking

What health organisations like the NHS use smoking data for:

To plan care:

To provide information

To offer support and help to quit

What data achieves:
Laws about smoking
- Smoking in almost all enclosed spaces and workplaces is an offence
- Smoking in a private vehicle when a child is present is an offence
- Smoking on public transport is an offence

Interpreting lifestyle data on alcohol

The Drinkaware Trust is an independent UK-wide alcohol education charity, The Trust is governed independently and works in partnership with others to help reduce alcohol-related harm by helping people make better choices about their

Lifestyle data om the effects of alcohol on an individual have led to the reduction of sae limited published by he government in 2016 and campaigns to prevent binge drinking.
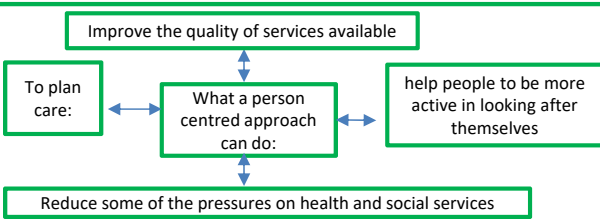
A history of the person-centred approach

Until quiet recently , care was done **'to'** a person rather than **'with'** a person. Regardless of their individual needs they were expected to fit into the existing practices. American Psychologist Carl Rodgers developed a person-centred approach in the early 1960s believing that the person was capable of and should be trusted with their own decisions.

The NHS Plan (2000)
- *NHS services must eflect the needs and preferences of patients, their families and carers*
- *Patients….will be involved in and consulted on all decision about their care and treatment.*

Benefits of the approach

A person-centred approach means
- The service user is at the centre of the care and support
- They are included in planning and decision making
- Service providers work **collaborative**ly with service users
- Service providers require **empathy** and willingness to see thing from the service user's perspective

Improve the quality of services available

To plan care:

What a person centred approach can do:

help people to be more active in looking after themselves

Reduce some of the pressures on health and social services

What we do
As the second largest endowed foundation in the UK focusing on health, we spend around £37m a year on improving health and health care. Our activities expand across five key

strategic priorities
- promoting healthy lives for all
- data analytics for better health
- supporting health care improvement
- making health and care services more sustainable
- improving national health and care policy.

The population of the UK is growing and people are living longer. This means a growing demand on health and social care services.

Recommended actions to improve health and wellbeing

A good health and wellbeing improvement plan will start with a statement of the problem to be dealt with. There should be an overall **GOAL** or aim. This will be based on the assessment of a person's present health status through:

- The use of physical health measures
- The factors that affect this

The plan should have certain features, one of which is a set of recommended actions designed to improve health and wellbeing.

Recommended actions based on a person physiological indicators

Physiological parameters, such as **heart rate, blood pressure, body temperature**, can be used to assess welfare.

The aim for that person is to improve their health to match the **'norms'**
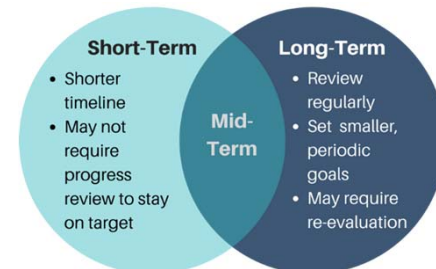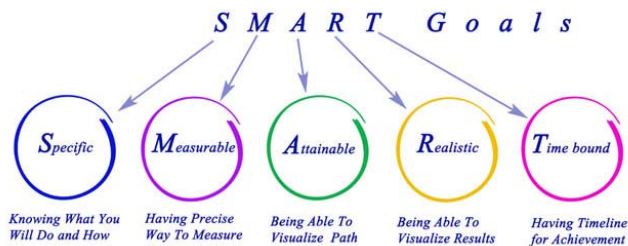
Short and long-term targets

- A short-term target is for 6 months or less

- A long-term target is generally 6 months or more

Breaking a long-term goal into smaller short-terms goals may make is easier to start and maintain the change.

Short term target
Cut down drinking 4 alcohol units a day, to 3 for 2 weeks

What does 1 unit of alcohol

Short term target
Do 15 minutes or gentle exercise at home, in the morning and evening for 1 week

Short term target
Cut the amount of cigarettes smoked per day, by three for 1 week

S M A R T G o a l s

Specific — *Knowing What You Will Do and How*

Measurable — *Having Precise Way To Measure*

Attainable — *Being Able To Visualize Path*

Realistic — *Being Able To Visualize Results*

Time bound — *Having Timeline for Achievement*

Monitor targets by checking your weight, measuring yourself, fitness tracking

Short-Term
- Shorter timeline
- May not require progress review to stay on target

Mid-Term

Long-Term
- Review regularly
- Set smaller, periodic goals
- May require re-evaluation

Recommended actions based on a persons lifestyle indicators

Some people may need to improve their lifestyle to achieve good health.

Indicator	Recommended action
Smoking	Nicotine replacement patches and gum
Too much alcohol	Reduce to safe levels of maximum of 14 units per week
Inactivity	Weekly targets for exercise Strength exercises

HARD, YES. IMPOSSIBLE, NO.

Time constraints

Work/Study	Family commitments
Get up 30 minutes earlier	Drop children at a club and go for a run
Keep walking shoes at work for lunchtime walks	Walk after dinner with your partner
Seated exercise at your desk	Take up family cycling
Take stairs instead of a lift	Swim at a health club

Potential obstacles for implementing plans
A final important factor is to assess the persons difficulties they face in its implementation.

Not everyone wants free fruit, but they might like a weekly swim. Some people enjoy lunchtime running while others would rather try out some yoga. Some need presentations and background reading, whilst others prefer to just get on with it. Take time to listen to the client and involve them in the planning as this will allow you to support them and make them more likely to engage with the plan.

An example of a health and wellbeing improvement plan:

Sources of support

We all need support and help sometimes, especially when a person is undertaking a health and well being plan.

Tyze online, private, secure, personal networks bridge formal and informal systems of care.

Formal Support

Practical support from GP or nurse
Advice and strategies; such as how to reduce units alcohol
Emotional support such as encouragement at a slimming club
Information in the form of health promotion materials, leaflets
Aid such as medicines and equipment vouchers for slimming club, nicotine replacement prescription, exercise podcasts

Informal Support

Lending scales and fitness equipment
Advice and strategies; such as how to tackle a particular exercise
Practical support such as cooking healthy meals, or lifts to the gym
Emotional support such as whole family going on the diet, friend walking or running with you, not smoking at your house.

Voluntary Sector

Running events such as 'Race for life' help people meet activity targets while raising money.
Self help groups such as 'Walking for health'

Barriers to achieving goal through a health and well being plan

Financial resources
Costs of GYM membership can be prohibitive look for free alternatives
- Exercise classes
- Swimming
- Park run

Physical resources
Use of weighing scales for themselves or food portions
- Use pharmacy for own weight
- Alternatives to portions such as cups

Unachievable targets
- Too ambitious
- Not appropriate
- Lack of understanding
- Not in the right frame of mind
- Timing
- Fear of failure
- Task is too big

Lack of support as an obstacle
This could lead to the individual giving up on their plan

Diet
Causes of failure
- Family and friends having a takeaway
- Special occasions
- Treated to regular meals

Overcoming obstacles
- All join in the diet
- Hide biscuits and treats
- Go bowling instead of a meal out

Smoking
Causes of failure
- Family and friends continuing to smoke
- Others not wanting them to give up
- Lack of will power

Overcoming obstacles
- Explain the reason they are giving up
- Try to get them to join them

Alcohol
Causes of failure
- Family and friends drink regularly with meals
- Nights out centred around drinking
- Treated to regular meals

Overcoming obstacles
- Offer them soft drinks
- Become the designated driver
- Change the venue

Ability/disability and addiction

Ability	Disability	Addiction
• A person with learning difficulties may find it hard to understand. • They may also find it difficult to manage everyday tasks • It is important that the plan is clear and easy to understand • Sources of support should be identified in the plan	• An individual with a physical disability may have difficulty if the plan is not considered carefully • Consider the access such as wheelchairs and walking aids in any places they need to visit • Any exercise you advise should consider their physical limitations	People become addicted to alcohol, nicotine and drugs because they like the way they make them feel both physically and mentally. People can be addicted to • Food – the compulsion to eat even when not hungry • Smoking – giving up nicotine has strong withdrawal symptoms • Alcohol – admitting the problem is the first stage in reducing intake

Barriers to accessing identified services

Barrier	Overcoming barriers
Physical	Ramps, wide automatic doors, disabled toilets, intercoms
Psychological	Leaflets that are easy to access, private waiting rooms
Financial	Accessing funding through means tested benefits
Cultural and language	Multi-lingual information, braille and large print for leaflets
Geographical	Hospital transport from rural areas and the use of health center