

## HEALTH AND SOCIAL CARE LEVEL 2 – KNOWLEDGE ORGANISER – COMPONENT 3 –

<b>LEARNING AIM A</b> – factors that affect health and well being	<b>LEARNING AIM B</b> – interpreting health indicators	<b>LEARNING AIM C</b> – person centred health and wellbeing improvement plans
<b>A1 – FACTORS AFFECTING HEALTH AND WELLBEING</b>	<b>B1 – PHYSIOLOGICAL INDICATORS</b>	<b>C1 – HEALTH AND WELLBEING IMPROVEMENT PLANS</b>
<p>1. Definition of health and wellbeing</p> <p>a. A combination of physical health and social and emotional wellbeing, and not just the absence of disease or illness</p> <p>2. Physical and lifestyle factors that can have positive or negative effects on health and wellbeing:</p> <p>a. Genetic inheritance, including inherited conditions and predisposition to other conditions</p> <p>b. Ill health (acute and chronic)</p> <p>c. Diet (balance, quality and amount)</p> <p>d. Amount of exercise</p> <p>e. Substance user, including alcohol, nicotine, illegal drugs and misuse of prescribed drugs</p> <p>f. Personal hygiene</p> <p>3. Social, emotional and cultural factors that can have positive or negative effects on health and wellbeing:</p> <p>a. Social interactions, e.g. supportive/ unsupportive relationships, social intergration/ isolation</p> <p>b. Stress, e. g. work-related</p> <p>c. Willingness to seek help or access services, e.g. influenced by culture, gender, education</p> <p>4. Economic factors that have a positive or negative effect on health and well-being</p> <p>a. Financial resources</p> <p>5. Environmental factors that can have a positive or negative effect on health and well-being:</p> <p>a. Environmental conditions, e.g. levels of pollution, noise</p> <p>b. Housing, e.g. conditions, location</p> <p>6. The impact of life events relating to relationship changes and changes in life circumstances</p>	<p>1. Physiological indicators that are used to measure health:</p> <p>a. Pulse (resting and recovery rate after exercise)</p> <p>b. Blood</p> <p>c. Peak flow</p> <p>d. Body mass index (BMI)</p> <p>2. Using published guidance to interpret data relating to these physiological indicators</p> <p>3. The potential significance of abnormal readings: risks to physical health</p>	<p>1. The importance of a person-centred approach that takes into account an individual's needs, wishes and circumstances</p> <p>2. Information to be included in plan:</p> <p>a. Recommended actions to improve health and wellbeing</p> <p>b. Short term (less than 6 months) and long term targets</p> <p>c. Appropriate sources of support (Formal and/ or informal)</p>
	<p><b>B2 – LIFESTYLE INDICATORS</b></p> <p>1. Interpretation of lifestyle data, specifically risks to physical health associated with:</p> <p>a. Smoking</p> <p>b. Alcohol consumption</p> <p>c. Inactive lifestyles</p>	<p><b>C2 – OBSTACLES TO IMPLEMENTING PLANS</b></p> <p>a. Emotional/ psychological – lack of motivation, low self-esteem, acceptance of current state</p> <p>b. Time constraints – work and family commitments</p> <p>c. Availability of resources – financial, physical, e.g. equipment</p> <p>d. Unachievable targets – unachievable for the individual or unrealistic timescale</p> <p>e. Lack of support, e.g. from family and friends</p> <p>f. Other factors specific to individual – ability/ disability, addiction</p> <p>g. Barriers to accessing identified services</p>



