

**PCR\_1**

**Physical activity for health and wellbeing in the caring role**

**About this free course**

This free course is an adapted extract from the Open University course .

This version of the content may include video, images and interactive content that may not be optimised for your device.

You can experience this free course as it was originally designed on OpenLearn, the home of free learning from The Open University –

There you’ll also be able to track your progress via your activity record, which you can use to demonstrate your learning.

Copyright © 2021 The Open University

**Intellectual property**

Unless otherwise stated, this resource is released under the terms of the Creative Commons Licence v4.0 <http://creativecommons.org/licenses/by-nc-sa/4.0/deed.en_GB>. Within that The Open University interprets this licence in the following way: [www.open.edu/openlearn/about-openlearn/frequently-asked-questions-on-openlearn](http://www.open.edu/openlearn/about-openlearn/frequently-asked-questions-on-openlearn). Copyright and rights falling outside the terms of the Creative Commons Licence are retained or controlled by The Open University. Please read the full text before using any of the content.

We believe the primary barrier to accessing high-quality educational experiences is cost, which is why we aim to publish as much free content as possible under an open licence. If it proves difficult to release content under our preferred Creative Commons licence (e.g. because we can’t afford or gain the clearances or find suitable alternatives), we will still release the materials for free under a personal end-user licence.

This is because the learning experience will always be the same high quality offering and that should always be seen as positive – even if at times the licensing is different to Creative Commons.

When using the content you must attribute us (The Open University) (the OU) and any identified author in accordance with the terms of the Creative Commons Licence.

The Acknowledgements section is used to list, amongst other things, third party (Proprietary), licensed content which is not subject to Creative Commons licensing. Proprietary content must be used (retained) intact and in context to the content at all times.

The Acknowledgements section is also used to bring to your attention any other Special Restrictions which may apply to the content. For example there may be times when the Creative Commons Non-Commercial Sharealike licence does not apply to any of the content even if owned by us (The Open University). In these instances, unless stated otherwise, the content may be used for personal and non-commercial use.

We have also identified as Proprietary other material included in the content which is not subject to Creative Commons Licence. These are OU logos, trading names and may extend to certain photographic and video images and sound recordings and any other material as may be brought to your attention.

Unauthorised use of any of the content may constitute a breach of the terms and conditions and/or intellectual property laws.

We reserve the right to alter, amend or bring to an end any terms and conditions provided here without notice.

All rights falling outside the terms of the Creative Commons licence are retained or controlled by The Open University.

Head of Intellectual Property, The Open University

978-1-4730-3291-0 (.kdl)  
978-1-4730-3292-7 (.epub)

# Contents

* [Introduction and overview](#Unit1)
  + [Introduction and overview](#Unit1_Session1)
  + [Moving around the course](#Unit1_Session2)
  + [What is a badged course?](#Unit1_Session3)
* [Session 1: Understanding the demands of the caring role](#Unit2)
  + [Introduction](#Unit2_Session1)
  + [1 Carers and the demand for care](#Unit2_Session2)
  + [2 The role of the carer](#Unit2_Session3)
  + [3 Who are the carers?](#Unit2_Session4) 
    - [3.1 Introducing our case studies](#Unit2_Session4_Section1)
  + [4 The physical demands of the caring role](#Unit2_Session5) 
    - [4.1 The impact of caring on physical health](#Unit2_Session5_Section1)
  + [5 The psychological and emotional demands of the caring role](#Unit2_Session6)
    - [5.1 Challenges of the caring role](#Unit2_Session6_Section1)
  + [6 Implications of the caring role on mental health](#Unit2_Session7)
  + [7 Session 1 quiz](#Unit2_Session8)
  + [8 Summary of Session 1](#Unit2_Session9)
* [Session 2: Using physical activity to support the caring role](#Unit3)
  + [Introduction](#Unit3_Session1)
  + [1 Why should you be physically active?](#Unit3_Session2)
  + [2 The benefits of physical activity to physical and mental health](#Unit3_Session3)
    - [2.1 How much physical activity do you need?](#Unit3_Session3_Section1)
  + [3 Physical activity in the caring role](#Unit3_Session4)
  + [4 How to become a physically active carer](#Unit3_Session5)
    - [4.1 Martin’s story](#Unit3_Session5_Section1)
  + [5 Physical activity as respite](#Unit3_Session6)
  + [6 Being physically active with a care recipient](#Unit3_Session7)
  + [7 End-of-course quiz](#Unit3_Session8)
  + [8 Summary of Session 2](#Unit3_Session9)
  + [Further reading](#Unit3_Session10)
* [References](#UnitReferences1)
* [Acknowledgements](#UnitAcknowledgements1)
* [Solutions](#UnitSolutions1)

**Introduction and overview**

## Introduction and overview

The focus of this free course, Physical activity for health and wellbeing in the caring role, will be on understanding the physical and mental health implications of the caring role and examining how physical activity can be used to promote health and wellbeing for carers. Please note that although there is a focus on data from the United Kingdom, the worldwide picture is not dissimilar and the advice and guidance can be applied regardless of where you live.

The course is made up of two sessions. In the first half of the course, you will consider the physical and psychological/emotional demands of the caring role and explore the potential implications that these demands can have on physical and mental health. To do this you will reflect on the role of a carer – using yourself, someone you know or a given example as a case study. You will consider the provision of care by unpaid family carers, who they are and what their role looks like. In the second half of the course, you will investigate why physical activity can benefit the carer and how, given the demands of the caring role, a carer can find opportunities to be active within their daily routine, both with their care recipient and/or as a respite break.

Both sessions will end with a quiz to check your understanding. By passing the quiz at the end of Session 2 you will also have the opportunity to earn a digital badge as evidence of your learning. You can read more on how to study the course and about badges in the next sections.

After studying this course, you should be able to:

* understand the physical, psychological and emotional demands of the caring role, and the associated implications to physical and mental health
* describe the benefits of participation in regular physical activity on the health and wellbeing of carers
* identify a range of physical activity examples to improve, support and maintain individual health and wellbeing.

## Moving around the course

In the ‘Summary’ at the end of each session, you will find a link to the next session. If at any time you want to return to the start of the course, click on ‘Full course description’. From here you can navigate to any part of the course.

It’s also good practice, if you access a link from within a course page, to open it in a new window or tab. That way you can easily return to where you’ve come from without having to use the back button on your browser.

## What is a badged course?

While studying Physical activity for health and wellbeing in the caring role you have the option to work towards gaining a digital badge.

Badged courses are available on The Open University’s [OpenLearn](http://www.open.edu/openlearn/about-openlearn/try) website and do not cost anything to study. They differ from Open University courses because you do not receive support from a tutor, but you do get useful feedback from the interactive quizzes. You can share your achievement with friends, family and employers, and on social media. Badges are a great motivation, helping you to reach the end of the course.

## How to get a badge

Getting a badge is straightforward! Here’s what you have to do:

* read both sessions of the course
* score 50% or more in the badge quiz in Session 2.

For both the Session 1 and Session 2 quizzes, you can have three attempts at most of the questions (for true or false type questions you usually only get one attempt). If you get the answer right first time you will get more marks than for a correct answer the second or third time. Therefore, please be aware that for the badge quiz at the end of Session 2 it is possible to get all the questions right but not score 50% and be eligible for the badge on that attempt. If one of your answers is incorrect you will often receive helpful feedback and suggestions about how to work out the correct answer.

For the badge quiz, if you’re not successful in getting 50% the first time, after 24 hours you can attempt the whole quiz again, and come back as many times as you like.

We hope that as many people as possible will gain an Open University badge – so you should see getting a badge as an opportunity to reflect on what you have learned rather than as a test.

If you need more guidance on getting a badge and what you can do with it, take a look at the [OpenLearn FAQs](http://www.open.edu/openlearn/about-openlearn/frequently-asked-questions-on-openlearn). When you gain your badge you will receive an email to notify you and you will be able to view and manage all your badges in [My OpenLearn](http://www.open.edu/openlearn/my-openlearn) within 24 hours of completing the criteria to gain a badge.

You can now go to [Session 1](https://www.open.edu/openlearn/ocw/mod/oucontent/view.php?id=111063).

**Session 1: Understanding the demands of the caring role**

## Introduction

In this session you will first consider what is meant by the term ‘carer’ and what their role might look like. To support your study, and to help you reflect upon the session content, you will be introduced to a number of case studies. The second part of the session will examine the physical and psychological/emotional demands of the caring role and you’ll explore the implications that these demands can have on physical and mental health.

Start of Figure



[View description - Uncaptioned Figure](" \l "Unit2_Session1_Alternative1)

End of Figure

It is important to note that many carers don’t see themselves as carers, often due to the difficulty of making the distinction between the relationship with the relative/friend and the caring role. But what is meant by the term carer?

Start of Quote

A carer is anyone, including children and adults, who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid.

(National Health Service [NHS], n.d)

End of Quote

Using the definition above is helpful, but the phrase ‘looks after’ can include a variety of roles and responsibilities, ranging from helping with everyday tasks, such as personal care, to emotional support to help with symptoms of mental illness. You will explore this is more detail in the first half of this session.

## 1 Carers and the demand for care

The global COVID-19 pandemic of 2020 resulted in an unexpected and dramatic rise in the number of carers, with an additional 4.5 million people in the United Kingdom (UK) providing unpaid care, resulting in a total estimated at 13.6 million people (Carers UK, 2020a). Furthermore, 81% of those providing pre-pandemic unpaid care reported an increase in care responsibilities, with the majority unable to take breaks and citing negative impacts on their physical and mental health (Carers UK, 2020b).

Three in every five people in the UK will, at some point in their lives, become an unpaid carer (Carers UK, 2019a; Figure 1). It is important to remember that the carer population is not static (Carers UK, 2019b) and a growing number of people are now experiencing more than one period of care‐giving in their lifetime, e.g. caring for a parent and subsequently a spouse (Hirst, 2014).

Start of Figure



**Figure 1** The chance of providing care in their adult life, for people in the UK (Carers UK, 2019a)

[View description - Figure 1 The chance of providing care in their adult life, for people in the UK ...](" \l "Unit2_Session2_Description1)

[View description - Figure 1 The chance of providing care in their adult life, for people in the UK ...](" \l "Unit2_Session2_Alternative1)

End of Figure

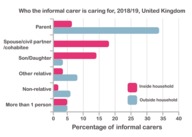
Here you can see the increasing demand for the caring role, but what is it that these carers do? You will examine the role of the carer in the next section.

## 2 The role of the carer

One of the main determinants of the hours spent caring are the health conditions of those being cared for; over half (58%) have a physical disability, one fifth (20%) have a sensory impairment; 13% have a mental health problem; and 10% have dementia (Carers UK, 2019b). Further analysis of these figures shows that a significant proportion (70%) of the cared-for population are parents/in law or spouses/partners who are over 65 with age-related physical disabilities or chronic physical and mental health conditions. Common age-related problems include sensory impairments, dementia, and/or mobility issues. Other key health issues or conditions that require carer input amongst younger adults are learning disabilities, mental health problems, a terminal illness such as cancer, alcohol or drug dependency, and diabetes (Carers UK, 2019b; Public Health England, 2021).

The Family Resources Survey (Department for Work and Pensions, DWP, 2020), interviewing over 19,000 families, found that family members were the main recipients of informal care, as illustrated in Figure 2. Note also the percentage of carers who are caring from inside and outside of the household.

Start of Figure



**Figure 2** Recipients of informal care (DWP, 2020)

[View description - Figure 2 Recipients of informal care (DWP, 2020)](" \l "Unit2_Session3_Description1)

End of Figure

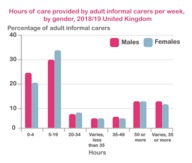
Some of the most common types of care provision offered by carers in England include:

* 82% provide practical help such as preparing meals, doing laundry or shopping.
* 76% keep an eye on the person they care for.
* 68% keep them company.
* 62% take the person they care for out.
* 49% help the person they care for with financial matters.
* 47% help the person they care for deal with care services and benefits.
* 38% help with aspects of personal care.
* 38% provide physical help.

(NHS Information Centre, 2010)

As illustrated in Figure 3, the majority of carers provide up to 19 hours of care per week, but there are over 15% of carers providing care for over 35 hours per week. Census data between 2001 and 2011, identifies the growth in unpaid care was highest in the 50 hours or more of caring (Office of National Statistics, 2013). Furthermore, in 2016-17 data, over a third of carers (35.7%) provided over 100 hours a week of care (Adult Social Care Statistics Team, 2017). A focus on the health and wellbeing of carers needs to be emphasised as caring for even a small amount of time each week can affect a carer’s ability to consider their own health and wellbeing.

Start of Figure



**Figure 3** Hours of care provided by adult carers per week, by gender (DWP, 2020)

[View description - Figure 3 Hours of care provided by adult carers per week, by gender (DWP, 2020)](" \l "Unit2_Session3_Description2)

End of Figure

Start of Activity

**Activity 1**

Allow approximately 10 minutes.

Start of Question

1. Reflect on your role, or that of a known carer. Do you/they identify as a carer? What are your/their main tasks? Has this role changed over time?
2. Does any of the information presented in these opening sections surprise you?

End of Question

*Provide your answer...*

[View discussion - Activity 1](" \l "Unit2_Session3_Discussion1)

End of Activity

You will now explore who these carers are.

## 3 Who are the carers?

In Section 1, you saw how the number of carers in the UK is increasing. It is important to look more closely at the demographics of those who are caring in order to consider their health and wellbeing needs. Table 1 presents data from the Carers Week Research Report in 2020 that captured information of those who were caring before the COVID-19 pandemic and those who found themselves in this new role after the start of the outbreak.

Start of Table

Table 1 Demographics of unpaid carers (Carers UK, 2020a)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **All unpaid carers** | **Unpaid carers already providing unpaid care before the coronavirus outbreak** | **Unpaid carers who have started caring since the start of the coronavirus outbreak** |
| **Female** | 58% | 57% | 59% |
| **Male** | 42% | 43% | 41% |
| **Working** | 53% | 48% | 62% |
| **Parent or guardian for someone under 18** | 28% | 25% | 35% |
| **Aged over 65** | 20% | 23% | 14% |
| **Aged 55-64** | 21% | 23% | 17% |
| **Aged 45-54** | 22% | 22% | 22% |
| **Aged 35-44** | 17% | 16% | 21% |
| **Aged 25-34** | 11% | 9% | 16% |
| **Aged 18-24** | 8% | 7% | 10% |

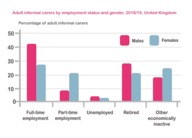
Source: Carers Week/ YouGov polling

End of Table

You might be surprised to see that 53% of carers were working alongside their caring role. You will also note the clear gender gradient; with almost 60% of carers reported being female. Not only do a larger proportion of women provide care, but women provide more hours of care too: 45% of female carers provide 10 or more hours of care per week, compared to 40% of male carers (Petrie & Kirkup, 2018).

In 2018/2019, over 25% of female carers and over 40% of male carers were in full time employment, but a higher proportion of female carers were in part-time work (Figure 4). There was also over 20% of carers who were retired and those identified as ‘economically inactive’ (DWP, 2020).

Start of Figure



**Figure 4** Adult carers employment status and gender (DWP, 2020)

[View description - Figure 4 Adult carers employment status and gender (DWP, 2020)](" \l "Unit2_Session4_Description1)

End of Figure

While it is helpful to look at data and statistics to gain an understanding of the caring population, it is of greater importance that individual carer’s voices are heard, particularly to ensure that their health and wellbeing needs are met. You will do this in the next section.

## 3.1 Introducing our case studies

In Activity 2 you will meet three carers – all with differing roles. You will revisit these case studies throughout the remaining sections of Session 1 to help you to understand and apply the content.

Start of Activity

**Activity 2**

Allow approximately 30 minutes.

Start of Question

Start of Box

Please be aware that in this activity – in Video 2 – there is reference made to suicide. You might like to check in with yourself about whether you feel comfortable viewing this material at the moment, or whether you would prefer to come back to this section another time. It is still possible to work through the questions of the activity by watching only Video 1.

End of Box

Watch the two videos below where you meet Jaiden, a young carer, and two adult carers, who care for their spouse and their child respectively.

As you watch the clips, consider the demographics of each carer, their caring role and the potential impact that this role might have on them.

Start of Media Content

Watch the video at [YouTube.com](https://www.youtube.com/watch?v=6bZ5hneos24&hl=en&fs=1&rel=0).

**Video 1** A day in the life of Jaiden, a young carer

End of Media Content

Start of Media Content

Video content is not available in this format.

**Video 2** Carers’ stories

[View transcript - Video 2 Carers’ stories](" \l "Unit2_Session4_Transcript1)

Start of Figure



[View description - Uncaptioned Figure](" \l "Unit2_Session4_Alternative1)

End of Figure

End of Media Content

End of Question

*Provide your answer...*

[View discussion - Activity 2](" \l "Unit2_Session4_Discussion1)

End of Activity

You will now examine the demands of the caring role and the potential impact on health and wellbeing.

## 4 The physical demands of the caring role

As outlined in the previous sections, a carer provides help and support to a relative or friend with duties ranging from the delivery of domestic chores to physical/manual help and different aspects of personal care. The level or intensity of such duties will depend upon the care needs of the person being supported and can have implications for a carer’s health and wellbeing (Milne & Larkin, 2015).

Start of Figure



[View description - Uncaptioned Figure](" \l "Unit2_Session5_Alternative1)

End of Figure

Caring for a relative or friend can be incredibly rewarding but, as you have seen, it can be a significant time commitment. This can result in additional demands being placed on a carer’s physical and emotional capacities, as you saw with the two adult carer case studies in Activity 2. There is extensive evidence that caring for others can have a major impact on a person’s health and wellbeing, in addition to social life, employment and finances (Larkin et al., 2019). Indeed, if you are a carer, you are more likely to be in poor health – both physically and mentally – than people without caring responsibilities (Carers UK, 2019c). Research identified 61% of carers said their physical health had worsened as a result of caring, with a leading concern regarding health and wellbeing being reported as not getting enough sleep (Carers UK, 2018).

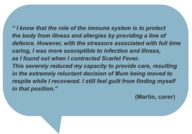
Research tells us that caring can impact on sleep quality and duration (McCann et al., 2015; Wade et al., 2020). BUPA (2015) offer [guidance on how to achieve a good night’s sleep](https://www.open.edu/openlearn/ocw/pluginfile.php/3058323/mod_resource/content/1/pcr_1_sleeping%20well.pdf) and suggest using a sleep diary to support making improvements to sleep patterns. A link to a sleep diary is available in the Further Reading section at the end of the course.

In the next section you will consider the physical demands of the caring role in more detail.

## 4.1 The impact of caring on physical health

Read the quote from Martin, a carer, in Figure 5.

Start of Figure



**Figure 5** Martin reflects on the impact of caring on his health

[View description - Figure 5 Martin reflects on the impact of caring on his health](" \l "Unit2_Session5_Description1)

End of Figure

In the quote, Martin highlights the impact the stress of caring had on his immune system, making him vulnerable to contracting illness. Carers also report many other physical health symptoms such as those illustrated in Figure 6.

Start of Figure



**Figure 6** Physical health symptoms reported by carers, associated with their caring role (Sandford, Johnson, & Townsend-Rocchiccioli, 2005; National Alliance for Caring, 2012; Hayes, Chapman, Young, and Rittman, 2009; Hartke, King, Heinemann, and Semik, 2006)

[View description - Figure 6 Physical health symptoms reported by carers, associated with their caring ...](" \l "Unit2_Session5_Description2)

End of Figure

Figure 6 indicates that musculoskeletal health (e.g. muscle strains, backache) is particularly prevalent amongst carers. It is likely that caring responsibilities such as repositioning, bathing and dressing can increase the potential risk of this type of musculoskeletal injury. Research suggests that there are three key factors that influence the musculoskeletal health of a carer: the person – the characteristics of the carer and the care recipient; the environment and the physical requirements of the caring activities (Darragh et al., 2015; Figure 7).

Start of Figure



**Figure 7** Factors influencing the musculoskeletal health of carers (adapted from Darragh et al., 2015, p.748)

[View description - Figure 7 Factors influencing the musculoskeletal health of carers (adapted from Darragh ...](" \l "Unit2_Session5_Description3)

End of Figure

Research by Darragh et al. (2015), which examined the health of 46 carers of adults with a physical disability, reported that approximately 94% of carers reported musculoskeletal discomfort in at least one body part during the preceding four weeks and 79% perceived that caring either caused or made their symptoms worse. Eighty-two percent of the carers experienced musculoskeletal discomfort in more than one body part in the preceding four weeks, with the lower back being the site of most discomfort, and over half indicated that their symptoms affected work (54.1%), caring (56.4%), and other life activities (66.7%).

Start of Activity

**Activity 3**

Allow approximately 20 minutes.

Start of Question

If you are a carer, can you relate to any of the symptoms discussed? Can you relate to the injuries and sites of musculoskeletal discomfort? If so, what has been the impact on your caring role, and your life outside of this role?

If you are not a carer, consider how these symptoms could impact on the carers that you were introduced to in Activity 2.

End of Question

*Provide your answer...*

[View discussion - Activity 3](" \l "Unit2_Session5_Discussion1)

End of Activity

Having considered the physical demands of the caring role, you will now examine the psychological and emotional demands.

## 5 The psychological and emotional demands of the caring role

To examine the psychological and emotional demands of the caring role on mental health, it is important to examine the concept of mental health, which is often less well understood than physical health. In Activity 4 you are presented with a brief overview of mental health and are asked to reflect on how the caring role might impact on this.

Start of Figure



[View description - Uncaptioned Figure](" \l "Unit2_Session6_Alternative1)

End of Figure

Start of Activity

**Activity 4**

Allow approximately 20 minutes.

Start of Question

Watch Video 3 and reflect on the information presented in this session so far. Consider why the caring role might impact on the mental health of carers.

Start of Media Content

Video content is not available in this format.

**Video 3** What is mental health?

[View transcript - Video 3 What is mental health?](" \l "Unit2_Session6_Transcript1)

Start of Figure



[View description - Uncaptioned Figure](" \l "Unit2_Session6_Alternative2)

End of Figure

End of Media Content

End of Question

*Provide your answer...*

[View discussion - Activity 4](" \l "Unit2_Session6_Discussion1)

End of Activity

You will now consider the challenges of the caring role and reflect how these might impact on the mental health of a carer.

## 5.1 Challenges of the caring role

In the introduction to this session, it was highlighted that often carers do not identify as being a carer. Video 4 illustrates this ‘hidden’ aspect of caring and also offers an important view of the caring role, in that often what is seen from the outside is not a reflection of what the carer is experiencing.

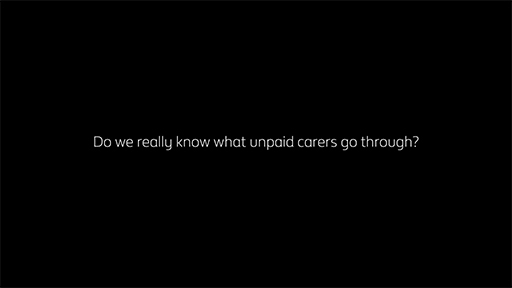
Start of Media Content

Video content is not available in this format.

**Video 4** The hidden aspect of caring

[View transcript - Video 4 The hidden aspect of caring](" \l "Unit2_Session6_Transcript2)

Start of Figure



[View description - Uncaptioned Figure](" \l "Unit2_Session6_Alternative3)

End of Figure

End of Media Content

Examining the challenges faced by carers in more detail, The Carers Week Research Report (Carers UK, 2020a) – reporting on survey findings from of over 4500 carers over the age of 18 – found that carers face the following difficulties:

* managing the stress and responsibility (71%)
* the negative impacts on their physical and mental health (70%)
* not being able to take time away from caring (66%)
* the impact it has on other personal relationships (e.g. with family, friends, partners etc.) (63%)
* the negative impact it has on their ability to do paid work (55%)
* the financial impact of the additional care costs (e.g. home adaptations) (53%)
* not having anyone to talk to about the challenges of caring (50%).

Whilst the majority of carers are adults, the Children’s Society (2021) reports that there are approximately 800,000 young carers and they may face different challenges due to their age. It is important to remember that each carer will face varying challenges and enjoy differing aspects of their caring role, so it is crucial that each is taken as an individual when considering their needs.

Start of Activity

**Activity 5**

Allow approximately 20 minutes.

Start of Question

Reflect back to Jaiden’s case study (Activity 2) and watch Video 5. As you do so, consider the challenges faced by young carers. How are the challenges similar or different to those identified by the adult carers in the bulleted list above?

Start of Media Content

Watch the video at [YouTube.com](https://www.youtube.com/watch?v=YaF8cHCkiXo&hl=en&fs=1&rel=0).

**Video 5** What is a young carer?

End of Media Content

End of Question

*Provide your answer...*

[View discussion - Activity 5](" \l "Unit2_Session6_Discussion2)

End of Activity

You have examined some of the challenges faced by carers but what are the impact of these on their mental health? In the final section of Session 1 you will explore the implications of these challenges on mental health and hear from one of the UK’s leading researchers on caring, Professor Mary Larkin.

## 6 Implications of the caring role on mental health

Data from Carers UK in 2019 and 2020 paints a concerning picture for the mental health of carers, which is perhaps not a surprise when you consider the list of challenges outlined in the previous section. Carers UK (2020a) identified that 70% of carers report negative effects on their physical and mental health, with carers rating their levels of anxiety at an average of 5.4 out of 10 compared with a population average of 2.9 out of 10 (Carers UK, 2019c). Indeed, carers looking after disabled children under the age of 18 years reported significantly poorer mental health, with 36% describing their mental health as bad or very bad (Carers UK, 2019d).

Start of Figure



[View description - Uncaptioned Figure](" \l "Unit2_Session7_Alternative1)

End of Figure

In the final activity in this session, you hear from Professor Mary Larkin who discusses the demands of caring and why these might make carers vulnerable to poor mental health.

Start of Activity

**Activity 6**

Allow approximately 25 minutes.

Start of Question

First, listen to Audio 1 where Mary Larkin, Professor of Care, Carers and Caring from The Open University, discusses the factors that can impact on the mental health of carers, and what research tells us about it.

Start of Media Content

Audio content is not available in this format.

**Audio 1**

[View transcript - Audio 1](" \l "Unit2_Session7_Transcript1)

End of Media Content

Can you relate to any of the factors related to caring that are discussed? If you are not a carer, can you identify any of the factors that might impact on the carers from Activity 2?

End of Question

*Provide your answer...*

[View discussion - Part](" \l "Unit2_Session7_Discussion1)

Start of Question

Now listen to Audio 2 where Professor Larkin explains what could be done to support wellbeing in the caring role. As you listen, reflect on the content and consider how the mental health of carers, such as the case studies in Activity 2, can be supported.

Start of Media Content

Audio content is not available in this format.

**Audio 2**

[View transcript - Audio 2](" \l "Unit2_Session7_Transcript2)

End of Media Content

End of Question

*Provide your answer...*

[View discussion - Part](" \l "Unit2_Session7_Discussion2)

End of Activity

Professor Larkin highlighted the use of physical activity as one mechanism to promote health and wellbeing in the caring role. This will be the focus of Session 2.

Much research and associated narrative has focused on the negative consequences of caring. It is important, however, to consider these views alongside the co-existing satisfactions and intrinsic benefits of caring (Larkin et al., 2019). For example, the relationship can be beneficial to both parties, the carer and the care recipient, by providing an opportunity to celebrate the small things, resolve any past conflicts, develop personal strength and experience the cared person’s life more fully, by engaging with them on a deeper level than before (Hogstel, Curry & Walker, 2005).

## 7 Session 1 quiz

You can now check what you’ve learned this session by taking the end-of-session quiz.

Open the quiz in a new tab or window by holding down Ctrl (or Cmd on a Mac) when you click on the link. Return here when you have finished.

[Session 1 quiz](https://www.open.edu/openlearn/ocw/mod/quiz/view.php?id=112545)

## 8 Summary of Session 1

Having completed this first session ‘Understanding the demands of the caring role’ you should now have more of an understanding of the duties provided by carers, together with the potential impact of caring on physical and mental health. Furthermore, you have considered how these factors might impact upon the caring role, and on the carer’s life more widely.

In Session 2, you will explore how physical activity can provide the carer with improved physical and mental health as an effective, individualised and flexible strategy to support carers in their role.

You can now go to [Session 2](https://www.open.edu/openlearn/ocw/mod/oucontent/view.php?id=111021) when you are ready.

**Session 2: Using physical activity to support the caring role**

## Introduction

In this session you will investigate why physical activity can offer benefits to the health and wellbeing of carers and how, given the demands of the caring role, a carer may find opportunities to be active within their daily routine. As with Session 1, you will reflect on a case study to support your understanding of the content.

Before you examine why physical activity is important, however, you should first understand what it is. The World Health Organisation (WHO, 2020) posits that physical activity refers to all movement including during leisure time, for transport to get to and from places, or as part of a person’s work. To break this down further, Biddle et al. (2021, p.20) cite the seminal work of Caspersen et al. (1985) who define physical activity in terms of three elements:

* movement of the body produced by the skeletal muscles
* resulting energy expenditure, which varies from low to high
* a positive correlation with physical fitness.

It is important to note that physical activity and exercise are not quite the same thing. Unlike occupational and household physical activity, exercise is a form of leisure physical activity that is undertaken to achieve a particular objective, such as improved fitness and improved appearance (Lox et al., 2014). The two constructs often overlap and in the resources that you examine in the session, you will see both referred to.

Having considered the key terms, you will examine the importance of being physically active.

## 1 Why should you be physically active?

The 5 Ways to Wellbeing (Figure 1) are a set of evidence-based public mental health messages aimed at improving the mental health and wellbeing of the whole population. Being active is one of the five messages, with guidance to enjoy physical activity that is suited to individual needs, such as mobility and fitness, given.

Start of Figure



**Figure 1** Five Ways to Wellbeing

[View description - Figure 1 Five Ways to Wellbeing](" \l "Unit3_Session2_Description1)

[View description - Figure 1 Five Ways to Wellbeing](" \l "Unit3_Session2_Alternative1)

End of Figure

When looking across the five messages, it is possible to see how being active can also play a role in the other factors that contribute to wellbeing, such as connecting with those around you. You will notice these crossovers as you work through the session.

But why be active? Lox et al. (2014, p. 9) presents a list of common benefits of physical activity:

* lowers morbidity and mortality rates
* reduces the risk of developing diabetes, hypertension, colon cancer and heart disease
* helps reduce blood pressure in those with hypertension
* reduces feelings of depression, anxiety, and general negative mood
* enhances general positive mood
* improves body images, self-esteem, and self-concept
* helps control weight
* enhances cognitive function
* helps build and maintain healthy bones, muscles and joints
* enhances ability to perform activities of daily living
* provides opportunities to develop social contacts, relationships, and support groups.

Of importance to carers is that many of the listed benefits can address and support the physical and mental health implications of the caring role discussed in Session 1.

Furthermore, evidence suggests that some carers live with multiple long-term conditions and will thus have their own health needs (Public Health England, 2021). Physical activity can be beneficial for those with chronic health conditions, such as cardiovascular and pulmonary disease (Emery, Long & Olson, 2013) and severe mental illness, such as schizophrenia (Faulkner et al., 2013). Indeed, Biddle et al. (2021, p.10) argues that there are few lifestyle choices that can ‘both prevent and help so many ailments’.

This is explored further in Activity 1 where you examine the benefits of gardening as a form of therapeutic physical activity for carers that can be done at home or in the community, such as the Live Well initiative in Barnsley (see Further Reading for more information).

Start of Activity

**Activity 1**

Allow approximately 30 minutes.

Start of Question

Read [‘The health benefits of gardening’ article (Westcott, 2019)](https://www.saga.co.uk/magazine/health-wellbeing/exercise-fitness/gardening-for-health) that considers the benefits of gardening for health and for those with existing health conditions. As you read, identify how gardening could be used to reduce some of the [physical](https://www.open.edu/openlearn/ocw/mod/oucontent/view.php?id=111063&section=5) and [mental health implications of caring](https://www.open.edu/openlearn/ocw/mod/oucontent/view.php?id=111063&section=6), which you considered in Session 1, and support carers in their role.

End of Question

*Provide your answer...*

[View discussion - Activity 1](" \l "Unit3_Session2_Discussion1)

End of Activity

In the next section you will explore the benefits of physical activity to both physical and mental health in more detail.

## 2 The benefits of physical activity to physical and mental health

In this section you will complete two activities to gain a greater understanding of the benefits of physical activity. In Activity 2 you will examine what happens in the body when you are physically active that allows you to reap the benefits of participation. In Activity 3 you will hear from Dr Florence Kinnafick, an exercise psychologist, who explains the benefits of physical activity to mental health in more detail.

Start of Activity

**Activity 2**

Allow approximately 20 minutes.

Start of Question

You have seen that there are a number of benefits of physical activity, but what is it that happens in the body for this to occur? Watch Video 1, which provides a useful overview and then complete the sentences below, using the words provided. (You can type into the gap or copy and paste from the list of words.)

Start of Media Content

Video content is not available in this format.

**Video 1** What happens inside your body when you exercise?

[View transcript - Video 1 What happens inside your body when you exercise?](" \l "Unit3_Session3_Transcript1)

Start of Figure



[View description - Uncaptioned Figure](" \l "Unit3_Session3_Alternative1)

End of Figure

End of Media Content

**Missing words:** anxiety • capillaries • endorphins • increases • insulin • lowering • memory • muscle • oxygen • positive • weight

Start of Media Content

Interactive content is not available in this format.

End of Media Content

End of Question

[View discussion - Activity 2](" \l "Unit3_Session3_Discussion1)

End of Activity

Start of Activity

**Activity 3**

Allow approximately 20 minutes.

Start of Question

In the following interview Dr Florence Kinnafick, Senior Lecturer in Psychology from Loughborough University, discusses the benefits of physical activity to mental health.

Listen to Audio 1 and note down the key benefits of physical activity to mental health. Reflect on how these are of particular importance to carers, given the mental health implications from the caring role discussed in Session 1.

Start of Media Content

Audio content is not available in this format.

**Audio 1**

[View transcript - Audio 1](" \l "Unit3_Session3_Transcript2)

End of Media Content

End of Question

*Provide your answer...*

[View discussion - Part](" \l "Unit3_Session3_Discussion2)

Start of Question

Now listen to Audio 2 and reflect on the amount of physical activity that carers might need to participate in to access the benefits discussed above.

Start of Media Content

Audio content is not available in this format.

**Audio 2**

[View transcript - Audio 2](" \l "Unit3_Session3_Transcript3)

End of Media Content

End of Question

*Provide your answer...*

[View discussion - Part](" \l "Unit3_Session3_Discussion3)

End of Activity

In the next section, you will consider in more detail exactly how much physical activity is needed to achieve the benefits Dr Florence Kinnafick mentions.

## 2.1 How much physical activity do you need?

Figure 2 offers a useful overview of the benefits of being physically active for different age groups and presents guidelines on the recommended amount of physical activity per week to achieve optimum health (UK Chief Medical Officers’ Physical Activity Guidelines, 2019). Recommendations include 60 minutes of physical activity per day for children between 5 and 18 years old, and 150 minutes per week for adults and older adults. There are also similar infographics supporting physical activity for disabled adults, and during and after pregnancy, which you can find in the Further reading section at the end of this session.

Start of Figure



**Figure 2** Physical activity guidelines for adults and older adults, and for children and young people (5–18 years)

[View description - Figure 2 Physical activity guidelines for adults and older adults, and for children ...](" \l "Unit3_Session3_Description1)

End of Figure

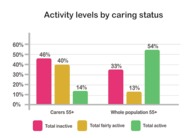
Now you have explored the benefits of physical activity to physical and mental health, and considered how much physical activity is required, you will examine physical activity in the caring role.

## 3 Physical activity in the caring role

Despite the known benefits of physical activity to physical and mental health, in the 12 months to November 2019, almost 1 in 4 women and 1 in 5 men were classified as ‘inactive’ (i.e. being physically active for less than 30 minutes on average per week) in the UK (NHS Digital, 2020). Furthermore, physical inactivity has been cited as the fourth largest cause of disease and disability in the UK (Public Health England, 2014).

At the time of writing, no research reports on the actual prevalence of physical activity across the caring population in the UK (Horne et al., 2021), although 54% of carers report to have reduced the amount of exercise they do because of caring (Carers UK, 2017). Data examining carers over the age of 55 years indicates a concerning picture with a clear difference evident between the physical activity levels of the caring and non-caring population in this age group (Carers UK, 2020; Figure 3).

Start of Figure



**Figure 3** Comparative physical activity data of over 55-year-old carers to the whole population (Carers UK, 2020)

[View description - Figure 3 Comparative physical activity data of over 55-year-old carers to the whole ...](" \l "Unit3_Session4_Description1)

End of Figure

It should be highlighted that the inactivity levels shown in Figure 3 are not the result of carers not wanting to be physically active. 81% of carers of all ages report that they are not able to do as much physical activity as they would like (Carers UK, 2019). However, given the physical and mental health impacts of caring discussed in Session 1, Activity 2 and the proven benefits of physical activity, it is particularly important for carers to be physically active, making it vital to explore any potential barriers to this.

Start of Activity

**Activity 4**

Allow approximately 20 minutes.

Start of Question

Watch Video 2 below. As you watch, consider your own physical activity levels and the correlates that might influence this. If you are a carer, reflect on any barriers that you face. If you are not a carer, think back to the case studies in Session 1 – what might be the barriers to physical activity that they face?

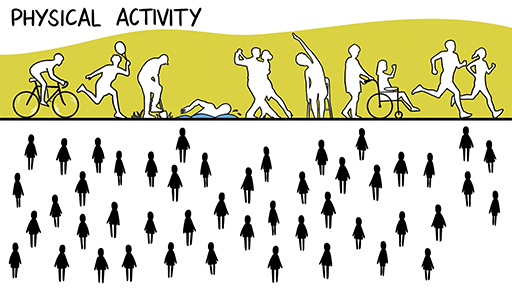
Start of Media Content

Video content is not available in this format.

**Video 2**

[View transcript - Video 2](" \l "Unit3_Session4_Transcript1)

Start of Figure



[View description - Uncaptioned Figure](" \l "Unit3_Session4_Alternative1)

End of Figure

End of Media Content

End of Question

*Provide your answer...*

[View discussion - Activity 4](" \l "Unit3_Session4_Discussion1)

End of Activity

Despite the challenges that a carer could face to be physically active, the evidence of the benefits for being active is strong. The next section looks at considerations for carers to become more physically active.

## 4 How to become a physically active carer

As you have seen, physical inactivity is a national issue, with evidence suggesting that carers are less active than they would like to be. As you saw in Session 1, this increases their risk of poor mental and physical health outcomes. What then can be done to help carers be more physically active? The video below from mental health charity Mind offers some initial guidance, including the importance of starting with small steps.

Start of Media Content

Video content is not available in this format.

**Video 3** 5 ways to get moving and feel better

[View transcript - Video 3 5 ways to get moving and feel better](" \l "Unit3_Session5_Transcript1)

Start of Figure



[View description - Uncaptioned Figure](" \l "Unit3_Session5_Alternative1)

End of Figure

End of Media Content

The NHS (2019a) further advocates the use of low-impact exercises and suggests yoga, walking, swimming and many more (see the Further reading section for a link to their guidance). Sport England’s Join the Movement campaign also offers guidance on how to get started with exercise. Click on each button in the Figure 4 interactive to learn more.

Start of Media Content

Interactive content is not available in this format.

**Figure 4** Sport England’s Join the Movement campaign

[View description - Figure 4 Sport England’s Join the Movement campaign](" \l "Unit3_Session5_Description1)

End of Media Content

What can help carers take part in physical activity? Horne et al. (2021), in an examination of facilitators to physical activity in carers in the UK, identified that carers are more likely to engage in physical activity if they have an appreciation of the benefits of engaging in exercise, have previously participated in activities, utilise group activities with similar people and have some free time.

Time is a key factor for carers, with Horne et al. (2021) identifying too little time as a barrier, and sufficient time as a facilitator. However, evidence suggests that breaking the daily recommended minutes of physical activity into bitesize pieces was also of benefit to health, as you will see in Activity 5.

Start of Activity

**Activity 5**

Allow approximately 20 minutes.

Start of Question

Read this [article](https://www.bbc.co.uk/programmes/articles/ybbX1JS7xBtwcvlSsqHXSR/do-i-really-need-to-exercise-for-30-minutes-at-a-time-to-get-the-health-benefits) from the BBC programme ‘Trust me I’m a Doctor’ and watch the embedded video. Reflect on the small study findings and consider how this might support you, or our case study carers to complete 30 minutes of physical activity a day. Open the article in a new tab or window by holding down Ctrl (or Cmd on a Mac) when you click on the link. Return here when you have finished.

End of Question

*Provide your answer...*

[View discussion - Activity 5](" \l "Unit3_Session5_Discussion1)

End of Activity

## 4.1 Martin’s story

In this section you will consider the case study of Martin, co-author of this course, and hear about his experiences of being a carer. Martin’s story – as a lifelong exerciser, sport science and public health graduate and qualified Physical Education (PE) teacher – offers a unique opportunity to understand a carer’s relationship with physical activity.

Start of Activity

**Activity 6**

Allow approximately 20 minutes.

Start of Question

Listen to Audio 3 in which Martin discusses how his relationship with physical activity changed once he became a carer to his mum. Does Martin’s experience resonate with you?

Start of Media Content

Audio content is not available in this format.

**Audio 3**

[View transcript - Audio 3](" \l "Unit3_Session5_Transcript2)

End of Media Content

End of Question

[View discussion - Part](" \l "Unit3_Session5_Discussion2)

Start of Question

Now listen to Audio 4. What were the main barriers that Martin faced that impacted on his relationship with physical activity?

Start of Media Content

Audio content is not available in this format.

**Audio 4**

[View transcript - Audio 4](" \l "Unit3_Session5_Transcript3)

End of Media Content

End of Question

[View discussion - Part](" \l "Unit3_Session5_Discussion3)

Start of Question

Now listen to Audio 5. What advice does Martin give to carers looking to become more physically active?

Start of Media Content

Audio content is not available in this format.

**Audio 5**

[View transcript - Audio 5](" \l "Unit3_Session5_Transcript4)

End of Media Content

End of Question

[View discussion - Part](" \l "Unit3_Session5_Discussion4)

End of Activity

Martin was able to be active as respite from his caring role, but also with his mum which she enjoyed. With this in mind, the next two sections look at these two options for carers: first using physical activity as respite and secondly being active with their care recipient.

## 5 Physical activity as respite

As outlined in Session 1, caring for someone can be relentless and exhausting so taking a break, or using respite care, is vital for a carer’s wellbeing (Carers UK, 2021). Video 4 uses a helpful analogy to allow carers to see why it is so important to prioritise their own wellbeing and value self-care (see Further Reading for more information on self-care).

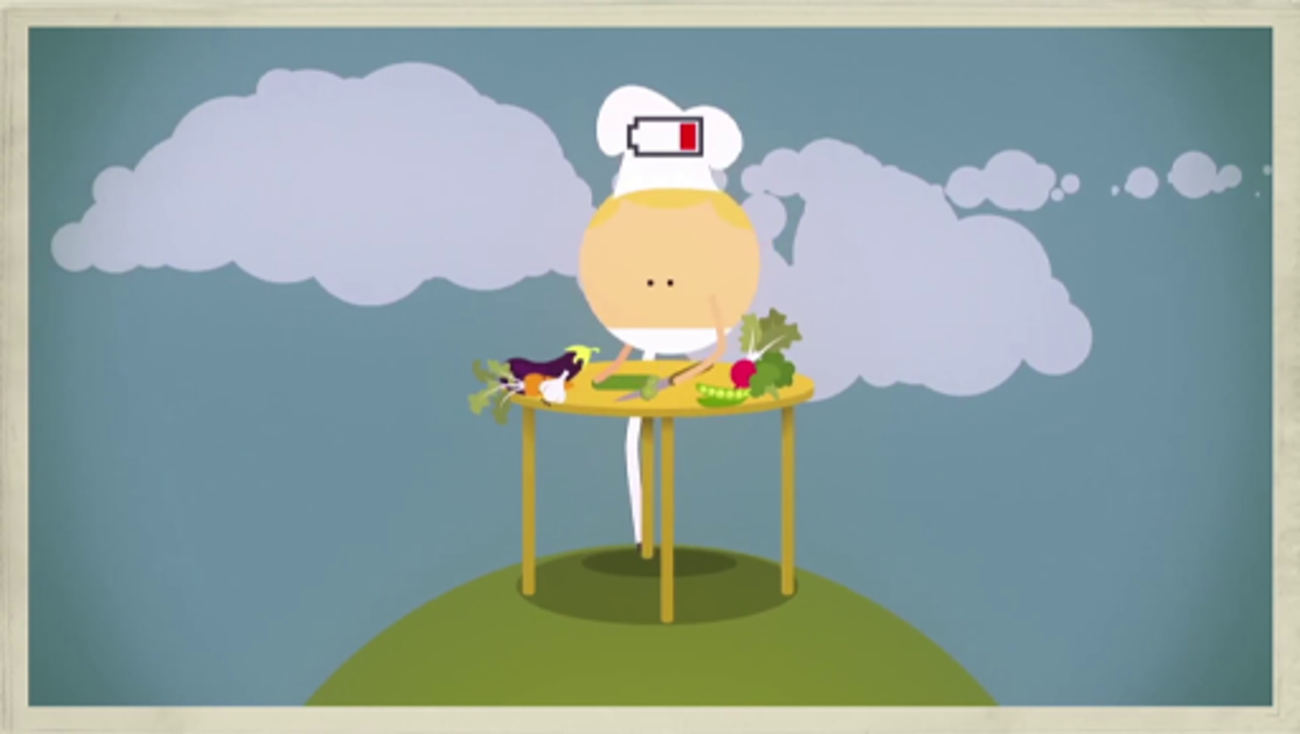
Start of Media Content

Video content is not available in this format.

**Video 4** How can we support carers?

[View transcript - Video 4 How can we support carers?](" \l "Unit3_Session6_Transcript1)

Start of Figure



[View description - Uncaptioned Figure](" \l "Unit3_Session6_Alternative1)

End of Figure

End of Media Content

As highlighted in the video, and from what you have learnt in this session so far, physical activity can provide self-care opportunities for carers with both physical and mental health benefits. This time away for adult carers can be spent alone, or with company, and be used to enjoy being physically active through activities such as gardening, going for a walk, or using the facilities in a local park, all of which can be enjoyed alongside the benefits of being outdoors (Methley et al., 2020). As well as the physical and mental health benefits, these are all activities that can be completed at no cost. The NHS (2019b) provides guidance to ‘get fit for free’, which you can access via the link given in Further reading.

Start of Figure



[View description - Uncaptioned Figure](" \l "Unit3_Session6_Alternative2)

End of Figure

For young carers, being physically active independently could be more challenging and they might need to be part of organised, supervised activities. Indeed, carers of any age might prefer to be part of a social group, such as a group yoga class, for their active respite, as evidence highlights that carers can often become isolated (Carers UK, 2019; Carers Trust, 2021). You might recall that being active and connecting with others combines two of the Five Ways of Wellbeing mentioned in Section 1.

There are, however, carers who might feel less comfortable leaving their care recipient. In addition, Madruga et al. (2020) argues that there can be access issues for carers, particularly for those in rural areas, and identifies that home-based exercises can be more convenient for the caring population. One outcome of the 2020 COVID-19 pandemic, and the resulting movement restrictions put in place, was a shift to individuals seeking physical activity and exercise opportunities at home and in an online format. This has resulted in an increase in home-based exercise options becoming available and organisations such as Sport England have provided guidance (see Further Reading). It is important to remember, however, that it is the motivation to be active that must also be supported, as you will explore in Activity 7.

Start of Activity

**Activity 7**

Allow approximately 20 minutes.

Start of Question

Listen to the short audio clip of the BBC 5Live radio interview with Candice Lingam-Willgoss, Senior Lecturer in Sport and Fitness at The Open University, as she talks about exercising during the pandemic and how we might be facilitated to be active. As you listen, consider how what was recommended during the winter lockdown of January 2021 might be applied to carers.

Start of Media Content

Audio content is not available in this format.

**Audio 6**

[View transcript - Audio 6](" \l "Unit3_Session6_Transcript2)

End of Media Content

End of Question

*Provide your answer...*

[View discussion - Activity 7](" \l "Unit3_Session6_Discussion1)

End of Activity

You will now examine how a carer can be active with their care recipient.

## 6 Being physically active with a care recipient

Start of Figure



[View description - Uncaptioned Figure](" \l "Unit3_Session7_Alternative1)

End of Figure

In Session 1 Video 2, you saw the younger adult carer exercising outdoors with her two daughters. Indeed, being active with family and care recipients is an effective way that a carer can incorporate physical activity into their daily and weekly routines. This can serve to alleviate the negative feelings of guilt reported by carers taking a break (Britton, 2021), while offering both the carer and their care recipient opportunities to benefit their health and wellbeing.

It is, however, important to take an individualised approach when seeking to increase physical activity levels of carers and their care recipients as a joint venture. Research examining exercise interventions for individuals with Alzheimer’s disease and their spousal carers recommended that health professionals should work with them both to set goals and targets that fit with routines, preferred forms of exercise and functional activities, such as walking, shopping, housework and gardening (Malthouse & Fox, 2014).

Interestingly, research by Horne et al. (under review) observed the engagement of individuals with dementia and their carers in a group walking programme and noted that the structure allowed some respite for the carers during the sessions. The research highlighted that the programme allowed the carers to chat with volunteers, while their care recipients were taking part in activities. In Activity 8 you will see a further example of an activity session where a care recipient and their carer can be active and seek the company of others.

Start of Activity

**Activity 8**

Allow approximately 15 minutes.

Start of Question

Watch Video 5, which introduces you to the Memory Lane Café. Consider the benefits to both the carer and care recipient from attending such sessions.

Start of Media Content

Watch the video at [YouTube.com](https://www.youtube.com/watch?v=Id23jn7k26E&hl=en&fs=1&rel=0).

**Video 5**

End of Media Content

End of Question

*Provide your answer...*

[View discussion - Activity 8](" \l "Unit3_Session7_Discussion1)

End of Activity

## 7 End-of-course quiz

It is now time to take the end-of-course quiz which will enable you to earn a digital badge. Remember, if you’re not successful the first time, you can attempt the quiz again in 24 hours.

Open the quiz in a new tab or window by holding down Ctrl (or Cmd on a Mac) when you click on the link. Return here when you have finished.

[End-of-course quiz](https://www.open.edu/openlearn/ocw/mod/quiz/view.php?id=112546)

## 8 Summary of Session 2

In this course, by examining the demands, both physically and mentally, of the caring role, it is hoped that you now have a greater appreciation of how physical activity can have a positive influence on the health and wellbeing of carers. By reflecting on case studies, and on your own experiences or that of carers you know, you will have gained an understanding of how physical activity, even in small amounts, both as respite for carers and alongside their care recipients, can have benefits to physical and mental health to those involved.

To recap on the learning outcomes, you should now be able to:

* understand the physical, psychological and emotional demands of the caring role, and the associated implications to physical and mental health
* describe the benefits of participation in regular physical activity on the health and wellbeing of carers
* identify a range of physical activity examples to improve, support and maintain individual health and wellbeing.

## Further reading

## Charities and organisations supporting carers

In Session 1 you met three carers who were able to access support from the charities Honeypot and Carers Trust. Find out more about each at the links below.

* [Honeypot](https://www.honeypot.org.uk/) – a children’s charity supporting young carers by providing respite breaks and outreach support.
* [Carers Trust](https://carers.org/) – a UK-based charity which works to raise awareness of unpaid carers by campaigning and influencing change.

## Managing the demands of the caring role

There is lots of advice and guidance available online on how to manage the demands of being a carer. Some of the support, which was referred to in the course, is listed below.

* [Daily sleep diary and rules for improved sleep hygiene](https://www.nhs.uk/Livewell/insomnia/Documents/sleepdiary.pdf) – tips on how to improve sleep patterns
* [Caring for your back](https://www.carersuk.org/help-and-advice/health/looking-after-your-health/caring-for-your-back) – advice on how to look after your back as a carer
* [Five tips on how to plan new self-care routines](https://www.open.edu/openlearn/health-sports-psychology/mental-health/five-tips-on-how-plan-new-self-care-routines) – information on self-care, what is it and how can you introduce it into your life?
* [START (STrAtegies for RelaTives)](https://www.ucl.ac.uk/psychiatry/research/mental-health-older-people/projects/start) – a set of manuals supporting the development of coping strategies for carers of people with dementia.

## Physical activity guidance and support

In Session 2 several organisations were highlighted as offering support and guidance for physical activity participation. The links listed below offer further detail on this:

* Physical activity guidelines (infographics) for:
  1. [disabled adults](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/829889/4-physical-activity-for-disabled-adults.pdf),
  2. [pregnant women](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/829894/5-physical-activity-for-pregnant-women.pdf) and,
  3. [to support being physically active after childbirth](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/841936/Postpartum_infographic.pdf).
* Information and ideas for physical activity participation:
  1. [Easy exercise suggestions from the NHS](%20https://www.nhs.uk/live-well/exercise/easy-low-impact-exercises/) – ideas to get started with low level, more gentle forms of physical activity
  2. [Being active during your working hours](https://www.bbc.com/worklife/article/20190116-why-you-should-exercise-during-the-workday---and-how)- information on how, and why, you can incorporate physical activity into the working day
  3. [Physical activity with other carers](https://www.livewellbarnsley.co.uk/directory/carers-community-garden-for-all-the-community/) – an example of a carers’ community gardening initiative
  4. [Get fit for free](https://www.nhs.uk/live-well/exercise/free-fitness-ideas/) – suggestions from the NHS on fee physical activity options
  5. [Accessing physical activity from your home](https://www.sportengland.org/jointhemovement?section=get_active_at_home) – a selection of online exercise options from Sport England
  6. [Setting open goals for being physically active](https://theconversation.com/want-to-exercise-more-try-setting-an-open-goal-for-your-new-years-resolution-149172) – try a different way of setting goals to help you to stay engaged in physical activity

## References

Adult Social Care Statistics Team (2017) Personal Social Services Survey of Adult Carers in England (SACE) 2016-17. NHS Digital. Available at: <https://files.digital.nhs.uk/publication/a/o/sace_report_2016-17.pdf> (Accessed: 14 June 2021).

Carers UK (2018) Supporting carer to be healthy and connected: research summary for Carers Week 2018. Available at: <https://www.carersuk.org/for-professionals/policy/policy-library/supporting-carers-to-be-healthy-and-connected-research-summary-for-carers-week-2018> (Accessed 22 July 2020).

Carers UK (2019a) Will I care? The likelihood of being a carer in adult life. Available at: <https://www.carersuk.org/images/News__campaigns/CarersRightsDay_Nov19_FINAL.pdf> (Accessed: 22 July 2020).

Carers UK (2019b) Facts about carers. Policy briefing August 2019. Available at: <http://www.carersuk.org/images/Facts_about_Carers_2019.pdf> (Accessed 22 July 2020).

Carers UK (2019c) Getting Carers Connected: Research Summary Carers Week 2019. Available at: <https://www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/reports-and-briefings/care--support/cw19_research_report_final.pdf> (Accessed 10 July 2020).

Carers UK (2019d) State of caring: a snapshot of unpaid care in the UK. Available at: <https://www.carersuk.org/for-professionals/policy/policy-library/soc-19> (Accessed 22 July 2020).

Carers UK (2020a) Carers Week Research Report. Available at: <https://www.carersuk.org/images/CarersWeek2020/CW_2020_Research_Report_WEB.pdf> (Accessed 1 September 2020).

Carers UK (2020b) Caring behind closed doors: six months on. The continued impact of the coronavirus (COVID-19) pandemic on unpaid carers. Available at: <https://www.carersuk.org/images/News_and_campaigns/Caring_Behind_Closed_Doors_Oct20.pdf> (Accessed 19 December 2020).

The Children’s Society (2021) ‘Caring for carers in a crisis’, The Children’s Society16 February. Available at: <https://www.childrenssociety.org.uk/what-we-do/blogs/caring-carers-crisis> (Accessed 10 June 2021).

BUPA (2015) Sleeping well. Available at: <https://www.bupa.co.uk/health-information/mental-health/sleeping-well> (Accessed 24 April 2021).

Darragh AR, Sommerich CM, Lavender SA, Tanner KJ, Vogel K, Campo M. (2015) ‘Musculoskeletal Discomfort, Physical Demand, and Caregiving Activities in Informal Caregivers’, Journal of Applied Gerontology, 34(6), pp 734-760.

Department for Work and Pensions (DWP) (2020) Family Resources Survey. Available at: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874507/family-resources-survey-2018-19.pdf> (Accessed 21 January 2021).

Hartke, R.J., King, R.B., Heinemann, A.W. and Semik, P. (2006) ‘Accidents in older caregivers of persons surviving stroke and their relation to caregiver stress’, Rehabilitation Psychology, 51(2), pp.150-156.

Hayes, J., Chapman, P., Young, L.J. and Rittman, M. (2009) ‘The prevalence of injury for stroke caregivers and associated risk factors’, Topics in Stroke Rehabilitation, 16(4), pp.300-307.

Hirst, M. (2014) Transitions into and out of unpaid care. York: Social Policy Research Unit, University of York.

Hogstel, M.O., Curry, L.C. and Walker, C. (2005) ‘Caring for Older Adults: The Benefits of Informal Family Caregiving’, Journal of Theory Construction & Testing, 9(2), pp.55-60.

Knowles, S., Combs, R., Kirk, S., Griffiths, M., Patel, N. and Sanders, C. (2016) ‘Hidden caring, hidden carers? Exploring the experience of carers for people with long‐term conditions’, Health & Social Care in the Community, 24(2), pp.203-213.

Larkin, M. and Milne, A. (2017) ‘What do we know about older former carers? Key issues and themes’, Health & social care in the community, 25(4), pp.1396-1403.

Larkin, M., Henwood, M. and Milne, A. (2019) ‘Carer‐related research and knowledge: Findings from a scoping review’, Health & social care in the community, 27(1), pp.55-67.

McCann, D., Bull, R. and Winzenberg, T. (2015) ‘Sleep deprivation in parents caring for children with complex needs at home: A mixed methods systematic review’, Journal of family nursing, 21(1), pp.86-118.

Milne, A. and Larkin, M. (2015) ‘Knowledge generation about care-giving in the UK: a critical review of research paradigms’, Health and Social Care in the Community, 23(1) pp. 4–13.

National Health Service (NHS) (n.d) Who is considered a carer? Available at: <https://www.england.nhs.uk/commissioning/comm-carers/carers/> (Accessed 1 September 2020).

National Alliance for Caregiving (2012) Multiple Sclerosis Caregivers. Available at: <https://www.caregiving.org/wp-content/uploads/2020/05/MSCaregivers2012_FINAL.pdf> (Accessed 14 June 2021).

National Health Service Information Centre (2010) Survey of Carers in Households – England 2009-2010. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-survey-of-adult-carers/survey-of-carers-in-households-england-2009-10> (Accessed 10 July 2020).

Office of National Statistics (2013) 2011 Census analysis: Unpaid care in England and Wales, 2011 and comparison with 2001. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/2011censusanalysisunpaidcareinenglandandwales2011andcomparisonwith2001/2013-02-15> (Accessed 10 July 2020).

Pertrie, K. & Kirkup, J. (2018) Caring for carers. The lives of family carers in the UK. Available at: <https://www.smf.co.uk/wp-content/uploads/2018/07/Caring-for-Carers.pdf> (Accessed 10 July 2020).

Public Health England (2021) Caring as a social determinant of health Findings - from a rapid review of reviews and analysis of the GP Patient Survey. Available at: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/971115/Caring_as_a_social_determinant_report.pdf> (Accessed 10 May 2021).

Sanford, J.T., Johnson, A.D. and Townsend-Rocchiccioli, J. (2005) ‘The health status of rural caregivers’, Journal of Gerontological Nursing, 31(4), pp.25-31.

Wade, R., Pachana, N.A. and Dissanayaka, N. (2020) ‘Management of sleep disturbances in Parkinson’s disease patients, carers and the patient and carer dyadic relationship: a scoping review’, Clinical gerontologist, 43(5), pp.499-507.

Biddle, S.J., Mutrie, N., Gorely, T. and Faulkner, G. (eds.) (2021) Psychology of physical activity: Determinants, well-being and interventions. 4th edn. London: Routledge.

Britton, B. (2021) ‘The importance of respite care’, Care choices. Available at: <https://www.carechoices.co.uk/the-importance-of-respite-care/> (Accessed 1 May 2021).

Carers Trust (2021) About caring. Available at: <https://carers.org/about-caring/about-caring> (Accessed 1 May 2021).

Carers UK (2017) State of Caring 2017. Available at: <https://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-report-2017#:~:text=State%20of%20Caring%202017%2011%20July%202017%20Carers,what%20life%20is%20like%20for%20carers%20in%202017> (Accessed 13 July 2020).

Carers UK (2019) State of caring: a snapshot of unpaid care in the UK. Available at: <https://www.carersuk.org/for-professionals/policy/policy-library/soc-19> (Accessed 22 July 2020).

Carers UK (2020) Carers and Physical Activity: Briefing for professionals. Available at: <https://www.carersuk.org/for-professionals/policy/policy-library/carers-and-physical-activity-policy-briefing-jan2020> (Accessed 13 July 2020).

Carers UK (2021) Taking a break. Available at: <https://www.carersuk.org/images/Factsheets/2021-22_factsheets/Carers_UK_breaks_factsheet_2021-22.pdf> (Accessed 1st May 2021).

Emery, C.F., Long, R.N., & Olson, K.L. (2013) ‘Physical activity and psychosocial health among cancer survivors’, in Ekkekakis, P. (ed.) Routledge handbook of physical activity and mental health. London: Routledge, pp. 518–529.

Faulkner, G., Gorczynski, P., & Arbour-Nicitopoulos, K.P. (2013) ‘Exercise as an adjunct treatment for schizophrenia’, in Ekkekakis, P. (ed.) Routledge handbook of physical activity and mental health. London: Routledge, pp. 544–555).

Fenton, K. (2016) ‘Preventing musculoskeletal disorders has wider impacts for public health’, Gov.uk, 11 July. Available at: <https://publichealthmatters.blog.gov.uk/2016/01/11/preventing-musculoskeletal-disorders-has-wider-impacts-for-public-health/> (Accessed 14 June 2021).

Horne, J., Kentzer, N., Smith, L., Trott, M. and Vseteckova, J. (2021) ‘A Systematic Review on the Prevalence of Physical Activity, and Barriers and Facilitators to Physical Activity, in Informal Carers in the United Kingdom’, Journal of Physical Activity and Health, 18(2), pp. 212-218.

Horne, J., Broad, E., Kentzer, N. & Vseteckova, J. (under review) ‘Walking the Parks: Observations of the engagement of individuals with dementia, and their carers, with a group walking programme’, Health and Social Care in the Community.

Lox, C.L., Ginis, K.A.M. and Petrruzzello (2014) The Psychology of Exercise: Integrating Theory and Practice. 4th edn. New York: Human Kinetics.

Madruga, M., Gozalo, M., Prieto, J., Rohlfs Domínguez, P. and Gusi, N. (2020) ‘Effects of a home-based exercise program on mental health for caregivers of relatives with dementia: a randomized controlled trial’, International Psychogeriatrics, pp. 1–14.

Malthouse, R. & Fox, F. (2014) ‘Exploring experiences of physical activity among people with Alzheimer's disease and their spouse carers: a qualitative study’, Physiotherapy, 100(2), pp. 169-175.

Methley, A., Vseteckova, J. & Jones, K. (2020) The benefits of outdoor green and blue spaces. Available at: <https://www.open.edu/openlearn/health-sports-psychology/mental-health/the-benefits-outdoor-green-and-blue-spaces> (Accessed 3 December 2020).

NHS (2019a) Easy exercises. Available at: <https://www.nhs.uk/live-well/exercise/easy-low-impact-exercises/> (Accessed 23 September 2020).

NHS (2019b) Get fit for free. Available at: <https://www.nhs.uk/live-well/exercise/free-fitness-ideas/> (Accessed 23 September 2020).

NHS Digital (2020) Statistics on Obesity, Physical Activity and Diet, England, 2020. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-obesity-physical-activity-and-diet/england-2020/part-5-adult-physical-activity-copy> (Accessed 23 March 2021).

Public Health England (2014) Everybody active, every day: An evidence-based approach to physical activity. Available at: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/374914/Framework_13.pdf> (Accessed 25 September 2020).

Public Health England (2021) Caring as a social determinant of health Findings - from a rapid review of reviews and analysis of the GP Patient Survey. Available at: <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/971115/Caring_as_a_social_determinant_report.pdf> (Accessed 10 May 2021).

UK Chief Medical Officers’ Physical Activity Guidelines (2019) Physical activity guidelines: infographics. Available at: <https://www.gov.uk/government/publications/physical-activity-guidelines-infographics> (Accessed 25 September 2020).

Westcott, P. (2019) The health benefits of gardening. Available at: <https://www.saga.co.uk/magazine/health-wellbeing/exercise-fitness/gardening-for-health> (Accessed 23 March 2021).

World Health Organisation (WHO) (2020) World Health Organization Definition of Physical Activity. Available at: <https://www.publichealth.com.ng/world-health-organization-definition-of-physical-activity/> (Accessed 5 February 2021).

## Acknowledgements

This free course was written by Nichola Kentzer and Martin Penson. It was first published in September 2021.

Except for third party materials and otherwise stated (see [terms and conditions](http://www.open.ac.uk/conditions)), this content is made available under a [Creative Commons Attribution-NonCommercial-ShareAlike 4.0 Licence](http://creativecommons.org/licenses/by-nc-sa/4.0/deed.en_GB).

The material acknowledged below and within the course is Proprietary and used under licence (not subject to Creative Commons Licence).

### Images and documents

**Introduction**

Course image: adamkaz; Getty Images

**Session 1**

Introduction: Mallika Home Studio; Shutterstock

Section 4: Goldsithney; Shutterstock.com

Section 4: ‘Sleeping Well’; Amy Gallagher and Jo Byfleet, BUPA; <https://www.bupa.co.uk/health-information/mental-health/sleeping-well>

Section 4.1, Figure 6: Background: FWStudio; Pexelstop left: Alex Green; Pexels; top right: Kindel Media; Pexels; middle left: cottonbro; Pexels; middle right: Andrea Piacquadio; Pexels; bottom: Karolina Grabowska; Pexels

Section 5: Prostock-studio; Shutterstock

Section 6: AlessandroBiascioli; Shutterstock

**Session 2**

Section 1, Figure 1: (c) Salford Together

Section 2.1, Figure 2: Contains public sector information licensed under the Open Government Licence v1.0.;

Section 4, Figure 4: Sport England

Section 5: Inna Reznik; Shutterstock

Section 6: Monkey Business Images; Shutterstock

### Audio & video

**Session 1**

Video 2: courtesy of Carers Trust

Video 3: courtesy of Maudsley Learning

Video 4: courtesy of Carers UK and British Gas

**Session 2**

Video 1: British Heart Foundation; <https://www.youtube.com/watch?v=wWGulLAa0O0&t=3s>

Video 3: Mind; <https://www.youtube.com/watch?v=M4p6TddpHSg&t=60s>

Video 4: With permission of Dr Sabina Brennan. For more free resources visit www.superbrain.ie

Audio 6: BBC Radio 5live; 14 January 2021

Every effort has been made to contact copyright owners. If any have been inadvertently overlooked, the publishers will be pleased to make the necessary arrangements at the first opportunity.

**Don't miss out**

If reading this text has inspired you to learn more, you may be interested in joining the millions of people who discover our free learning resources and qualifications by visiting The Open University – [www.open.edu/openlearn/free-courses](http://www.open.edu/openlearn/free-courses?LKCAMPAIGN=ebook_&MEDIA=ol).

## Solutions

## Activity 1

#### Discussion

It can take up to two years to identify as a carer (NHS, n.d.). As an informal carer you might provide help and support to a spouse, child, parent, sibling, other relative or a friend. The role that you reflected on might have included domestic duties, physical/manual help, aspects of personal care and provision of medication. The level, duration or intensity of such a caring role will depend upon the care needs of the person that you support.

If you are not a carer, you might have been surprised to learn that approximately 3 in 5 adults in the UK will be a carer at some point. This role could be anything from helping with the weekly shop to providing daily personal care.

[Back to - Activity 1](" \l "Unit2_Session3_Activity1)

## Activity 2

#### Discussion

In the first video you meet Jaiden, a 13 year old, who provides care for his mum. His role includes household chores, getting the groceries, and feeding the cat. You hear that Jaiden provides care for his mum day and night and finds it overwhelming to balance this with school. He is able to take breaks from his caring role through the support of a charity, Honeypot, which you can read more about in the Further Reading section at the end of the course.

In the second video you meet two carers, the first who cares for her husband, the second who cares for her daughter. Both roles differ in terms of the care required but both women have had to change their lives in order to provide the care required. The carers talk of the significant challenges they have faced but both have successfully accessed support from Carers Trust (please see the Further Reading section at the end of the course for more detail on this organisation).

You will refer back to these case studies as you move through the two sessions.

[Back to - Activity 2](" \l "Unit2_Session4_Activity1)

## Activity 3

#### Discussion

If you are a carer you will likely recognise some of the symptoms discussed earlier such as backache and fatigue, either in yourself or carers you know, and will understand the impact these can have. Alternatively, you might have reflected on how these symptoms could impact on the case studies from Activity 2 and how the carers might have been affected. If you have experienced back pain, Carers UK has a useful resource, which is listed in the Further reading section of this course that might be of interest, and it might be that you could seek support on lifting/repositioning etc.

[Back to - Activity 3](" \l "Unit2_Session5_Activity1)

## Activity 4

#### Discussion

The video shows mental health as a continuum, with one end of the continuum being where someone is thriving and the other end of the continuum being where someone experiences mental ill health, for example depression. You are shown that mental health can be affected by several factors, including stressors, which can impact where someone might be on the continuum on a given day. This, for example, might be where a carer’s mental health is impacted by the demands of the caring role. You will explore this further in the next section.

[Back to - Activity 4](" \l "Unit2_Session6_Activity1)

## Activity 5

#### Discussion

You might have reflected that young carers experience similar challenges, and fulfilment, to adult carers, including not being able to take time away from the caring role and the impact on relationships, such as friends. One difference between young and adult carers might be the impact on their ability to do paid work, although one of the young carers talked about the impact on her school work, which is perhaps a direct comparison of role conflict.

[Back to - Activity 5](" \l "Unit2_Session6_Activity2)

## Activity 6

### Part

#### Discussion

Professor Larkin discusses a number of factors that can impact on a carer’s mental health including those shown in Figure 8. You might have personally related to several of these, or have identified where there was the potential for them.

Start of Figure



**Figure 8** Factors impacting on a carer’s mental health

[View description - Figure 8 Factors impacting on a carer’s mental health](" \l "Unit2_Session7_Description1)

End of Figure

[Back to - Part](" \l "Unit2_Session7_Part1)

### Part

#### Discussion

Professor Larkin made several suggestions that could support the three carers from Activity 2 including:

* joining a carer group to share experiences
* taking a break from caring – even if for a couple of hours
* accessing online support from caring organisations
* talking to family and friends
* using interventions such as psychotherapy, counselling and mindfulness
* accessing specific support where applicable, such as the Strategies for Relatives for carers of those with dementia (see the Further reading at the end of the course for the link to this initiative).
* developing resilience.

One key feature of support for carers was the importance of carers having a ‘package of strategies’ that works for them.

[Back to - Part](" \l "Unit2_Session7_Part2)

## Activity 1

#### Discussion

You might have been surprised by just how many benefits there are to gardening, both to physical and mental health. According to the article, research suggests that those who garden experience less fatigue and stress, two symptoms commonly found in carers. Furthermore, gardening can boost physical fitness, including building strength. This could support the carer in the physical aspects of their caring role.

[Back to - Activity 1](" \l "Unit3_Session2_Activity1)

## Activity 2

#### Discussion

In addition to the benefits outlined in the video, regular physical activity throughout life can reduce the risk of many musculoskeletal conditions, including arthritis, back pain, neck pain, falls and fractures (Fenton, 2016). This addresses the reported implications of caring for adults with physical disabilities discussed in Session 1.

[Back to - Activity 2](" \l "Unit3_Session3_Activity1)

## Activity 3

### Part

#### Discussion

One point that Dr Kinnafick emphasised was that there is not a simple linear relationship between physical activity and exercise and its benefits to mental health, i.e. taking part in physical activity makes you feel better. She describes a more complex relationship with a number of mediating factors that we need to consider, such as the type and context of the physical activity participated in.

In terms of benefits of physical activity and exercise to mental health, Dr Kinnafick discussed the following:

1. Reduced stress and anxiety – whether as a release or a period of time during which the individual is not thinking about their worries and so can relax.
2. Improved energy levels (and reduced fatigue) – helping to improve symptoms linked to depression.
3. Improved happiness.
4. Improved sleep.
5. Reduced loneliness if exercising with others.
6. Improved body image and self-perception.

You might have reflected that, through these benefits, physical activity and exercise could offer carers relief to the symptoms associated with the caring role, such as poor sleep and increased stress and anxiety.

[Back to - Part](" \l "Unit3_Session3_Part1)

### Part

#### Discussion

While Dr Kinnafick noted that there were no current guidelines for the required amount of physical activity to offer optimum benefits to mental health, she discussed that due to the likely inactivity of those with poor mental health, any increase in activity levels will offer some benefit. You might recall the information from Session 1 where evidence for the higher incidence of poor mental health in the caring population was presented. As such, you might have reflected that carers, a population with poor mental health and thus the potential to be more sedentary, would gain from even small amounts of physical activity to access the benefits listed above.

[Back to - Part](" \l "Unit3_Session3_Part2)

## Activity 4

#### Discussion

When reflecting on your own physical activity levels and influencing correlates, you might have identified a number of barriers that you, or one of the case study carers, might face. For example, when considering social correlates, it might be that those around you (or the carer) might not be physically active which might not encourage you (or the carer) to be physically active.

Dr Jo Horne (who narrated Video 2) and colleagues (2021) reviewed the research literature to examine the barriers and facilitators to physical activity of carers based in the UK. The findings of the review highlighted the following barriers:

* increasing age
* not wanting to leave the caree alone
* the caree being unable to take part in activities
* health conditions
* fatigue
* lack of time
* difficulties in changing the routine for the caree.

You might have identified some of the barriers on this list when reflecting on your own physical activity levels or that of the case studies from Activity 2 in Session 1.

The facilitators to physical activity in carers found in the research are discussed in the next section.

[Back to - Activity 4](" \l "Unit3_Session4_Activity1)

## Activity 5

#### Discussion

The study found that 5-minute ‘snacking’ of physical activity was as beneficial as completing a 30-minute session for the small sample used. You might have reflected that having this choice of approach to physical activity (either a block or a snack) is helpful to you and the case study carers. You might also have considered that the 5-minute snacking might be more manageable for carers who are restricted in their free time or have the opportunity to do this at work.

One of the study participants in the research suggested that the 5-minute snacking approach to physical activity would suit her during the working day. To facilitate this you might, for example, reduce sitting time at the desk, take a short walk at lunchtime, park further away in the car park or get off at an earlier bus stop. Guidance on how to exercise during the workday can be found in the Further reading section at the end of this session.

[Back to - Activity 5](" \l "Unit3_Session5_Activity1)

## Activity 6

### Part

#### Discussion

You will have heard Martin describing how physical activity was a significant part of his life prior to his caring role. He considered his relationship with physical activity a positive one and chose a career in the field, in addition to taking part in sport and exercise in his leisure time. He reflected on a noteworthy shift in his priorities following his mum’s stroke, when his relationship with physical activity became secondary to his caring role.

If you are a carer, or if you reflected on carers that you know, you might have seen how your (or their) priorities changed upon being a carer. This might be with respect to physical activity and/or other areas of the carer’s life.

[Back to - Part](" \l "Unit3_Session5_Part1)

### Part

#### Discussion

The main barriers Martin faced to being physically active were:

* Shifting of priorities – away from himself and fully focused on his mum.
* Lack of motivation and not having the right mindset.
* Levels of fatigue and lack of time.

You might recognise these barriers from Activity 4 when you examined research by Horne et al. (2021) and considered your own relationship with physical activity.

[Back to - Part](" \l "Unit3_Session5_Part2)

### Part

#### Discussion

Martin acknowledged that ‘one size doesn’t fit all’ and that the demands on carers, and so their ability to be physically active, would be dependent on the demands of their care recipient. Despite these known challenges, Martin urged carers to listen to their bodies and to champion their own health and wellbeing. He encouraged carers to seek friends and family, or to find the monies, to support them to take respite care so that they could be active on a regular basis. When choosing an activity, Martin emphasised the need to find one that was enjoyable for the carers, and if possible to return to a previously enjoyed activity. He listed walking, swimming, cycling and gardening as suggestions.

[Back to - Part](" \l "Unit3_Session5_Part3)

## Activity 7

#### Discussion

Candice offers her top tips to get people active and recommends individuals can be more motivated to exercise if they create an exercise space, have the right kit and listen to music, among other top tips. Taking part in a variety of activities was suggested to avoid boredom and perhaps the key aspect that was emphasised was setting goals (see Further Reading for more information).

You might have reflected that setting physical activity goals can be helpful to carers to support their motivation to be active. Candice’s comment that physical activity ‘always makes you feel better’ might also have interested you. In the previous sections, you considered the barriers that carers face to being physically active, but with the knowledge that in spite of fatigue and tiredness, physical activity will help carers to feel better, it might be the boost that you need.

[Back to - Activity 7](" \l "Unit3_Session6_Activity1)

## Activity 8

#### Discussion

The video shows how Café organisers opened up the sessions to not only individuals with dementia and their carers, but to others too, to create an inclusive environment. You might have reflected on the social benefits for the attendees – both the carers and care recipients – in addition to the physical and mental health benefits from taking part in physical activities such as dance.

[Back to - Activity 8](" \l "Unit3_Session7_Activity1)

# Figure 1 The chance of providing care in their adult life, for people in the UK (Carers UK, 2019a)

## Description

A graphic showing the percentage chance of an adult providing care in their adult life. On the left of the graphic ten figures are shown with 6.5 of them shaded in pink. Next to this it says ‘All - 65%’. On the right seven out of ten female figures are shaded in pink with the caption ‘Women - 70%’. Below, six of out ten male figures are shaded in pink with the caption ‘Male - 60%’.

[Back to - Figure 1 The chance of providing care in their adult life, for people in the UK (Carers UK, 2019a)](" \l "Unit2_Session2_Figure1)

# Figure 2 Recipients of informal care (DWP, 2020)

## Description

A bar chart titled ‘Who the informal carer is caring for, 2018/19, United Kingdom’.

The x-axis is labelled ‘Percentage of informal carers’ and goes up in increments of 5, starting at 0 and going up to 40. The y-axis includes the different types of informal carers: Parent, Spouse/civil partner/cohabitee, Son/Daughter, Other relative, Non-relative, More than 1 person. A key also separates the informal carers who are caring from inside and outside of the household. Pink represents those caring from inside the household, blue represents those caring from outside the household.

The graph shows the following data:

* Parent (Inside the household): 6%
* Parent (Outside the household): 34%
* Spouse/civil partner/cohabitee (Inside the household): 18%
* Son/Daughter (Inside the household): 14%
* Son/Daughter (Outside the household): 3%
* Other relative (Inside the household): 3%
* Other relative (Outside the household): 8%
* Non-relative (Inside the household): 1%
* Non-relative (Outside the household): 6%
* More than 1 person (Inside the household): 5%
* More than 1 person (Outside the household): 5%

[Back to - Figure 2 Recipients of informal care (DWP, 2020)](" \l "Unit2_Session3_Figure1)

# Figure 3 Hours of care provided by adult carers per week, by gender (DWP, 2020)

## Description

A bar chart titled ‘Hours of care provided by adult informal carers per week, by gender, 2018/19 United Kingdom’.

The y-axis is labelled ‘Percentage of informal carers’ and goes up in increments of 10, starting at 0 and going up to 40. The x-axis is labelled with the number of hours of care: 0–4 hours; 5–19 hours; 20–34 hours; Varies, less than 35 hours; 35–49 hours; 50 or more hours; Varies, 35 or more hours. A key also identifies the gender of the carer. Pink represents male carers, blue represents female carers.

The graph shows the following data:

* 0–4 hours (Male): 25%
* 0–4 hours (Female): 21%
* 5–19 hours (Male): 30%
* 5–19 hours (Female): 35%
* 20–34 hours (Male): 7%
* 20–34 hours (Female): 8%
* Varies, less than 35 hours (Male): 5%
* Varies, less than 35 hours (Female): 5%
* 35–49 hours (Male): 6%
* 35–49 hours (Female): 5%
* 50 or more hours (Male): 14%
* 50 or more hours (Female): 14%
* Varies, 35 or more hours (Male): 14%
* Varies, 35 or more hours (Female): 12%

[Back to - Figure 3 Hours of care provided by adult carers per week, by gender (DWP, 2020)](" \l "Unit2_Session3_Figure2)

# Figure 4 Adult carers employment status and gender (DWP, 2020)

## Description

A bar chart titled ‘Adult informal carers by employment status and gender, 2018/19, United Kingdom’.

The y-axis is labelled ‘Percentage of informal carers’ and goes up in increments of 10, starting at 0 and going up to 50. The y-axis shows the different employment status of carers: Full-time employment, Part-time employment, Unemployed, Retired, Other economically inactive. A key also identifies the gender of the carer. Pink represents male carers, blue represents female carers.

The graph shows the following data:

* Full-time employment (Male): 43%
* Full-time employment (Female): 27%
* Part-time employment (Male): 9%
* Part-time employment (Female): 23%
* Unemployed (Male): 3%
* Unemployed (Female): 2%
* Retired (Male): 28%
* Retired (Female): 23%
* Other economically inactive (Male): 18%
* Other economically inactive (Female): 25%

[Back to - Figure 4 Adult carers employment status and gender (DWP, 2020)](" \l "Unit2_Session4_Figure1)

# Figure 5 Martin reflects on the impact of caring on his health

## Description

A speech bubble displaying the quote:

‘I know that the role of the immune system is to protect the body from illness and allergies by providing a line of defence. However, with the stressors associated with full time caring, I was more susceptible to infection and illness, as I found out when I contracted Scarlet Fever.

This severely reduced my capacity to provide care, resulting in the extremely reluctant decision of Mum being moved to respite while I recovered. I still feel guilt from finding myself in that position.’ (Martin, carer)

[Back to - Figure 5 Martin reflects on the impact of caring on his health](" \l "Unit2_Session5_Figure2)

# Figure 6 Physical health symptoms reported by carers, associated with their caring role (Sandford, Johnson, & Townsend-Rocchiccioli, 2005; National Alliance for Caring, 2012; Hayes, Chapman, Young, and Rittman, 2009; Hartke, King, Heinemann, and Semik, 2006)

## Description

Five physical health symptoms reported by carers: fatigue/exhaustion; backache; contusions; headache; muscle strain.

[Back to - Figure 6 Physical health symptoms reported by carers, associated with their caring role (Sandford, Johnson, & Townsend-Rocchiccioli, 2005; National Alliance for Caring, 2012; Hayes, Chapman, Young, and Rittman, 2009; Hartke, King, Heinemann, and Semik, 2006)](" \l "Unit2_Session5_Figure3)

# Figure 7 Factors influencing the musculoskeletal health of carers (adapted from Darragh et al., 2015, p.748)

## Description

Venn diagram showing three circles overlapping one another.

The three circles are labelled:

1. Person: Carer and care recipient characteristics
2. Environment: Characteristics of the physical environment
3. Activity: Physical requirements of caring activities.

In the centre where all three overlap it is labelled ‘Carer musculoskeletal health’.

[Back to - Figure 7 Factors influencing the musculoskeletal health of carers (adapted from Darragh et al., 2015, p.748)](" \l "Unit2_Session5_Figure4)

# Figure 8 Factors impacting on a carer’s mental health

## Description

A spider diagram showing factors affecting a carer’s mental health. It lists the following:

* loss of friendships
* time taken caring
* lack of sleep
* financial concerns
* anxiety
* not taking sufficient breaks
* juggling work and caring
* isolation.

[Back to - Figure 8 Factors impacting on a carer’s mental health](" \l "Unit2_Session7_Figure2)

# Figure 1 Five Ways to Wellbeing

## Description

1. Connect: with the people around you, With family, friends, colleagues and neighbours. At home, work, school or in your local community. Think of these as the cornerstones of your life and invest time in developing them. Building these connections will support and enrich you everyday.
2. Be active: Go for a walk or run. Step outside. Cycle. Play a game. Garden. Dance. Exercising makes you feel good. Most importantly, discover a physical activity you enjoy and that suits your level of mobility and fitness.
3. Take notice: be curious. Catch sight of the beautiful. Remark on the unusual. Notice the changing seasons. Savour the moment, whether you are walking to work, eating lunch or talking to friends. Be aware of the world around you and what you are feeling. Reflecting on your experiences will help you experience what matters to you.
4. Keep learning: try something new. Rediscover an old interest. Sign up for that course. Take on a different responsibility at work. Fix a bike. Learn to play an instrument or how to cook your favourite food. Set a challenge you will enjoy achieving. Learning new things will make you more confident as well as being fun.
5. Give: do something nice for a friend, or a stranger. Thank someone. Smile. Volunteer your time. Join a community group. Look out as well as in. Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding and create connections with the people around you.

[Back to - Figure 1 Five Ways to Wellbeing](" \l "Unit3_Session2_Figure1)

# Figure 2 Physical activity guidelines for adults and older adults, and for children and young people (5–18 years)

## Description

Two infographics side by side. The left infographic is titled ‘Physical activity for adults and older adults’ and is the UK Chief Medical Officers’ Physical Activity Guidelines 2019. The benefits are listed as:

* benefits health
* improves sleep
* maintains healthy weight
* manages stress
* improves quality of life.

Physical activity reduces your chance of:

* Type II diabetes (-40%)
* cardiovascular disease (-35%)
* falls, depression, etc. (-30%)
* joint and back pain (-25%)
* cancers (colon and breast) (-20%)

Some is good, more is better; Make a start today: it’s never too late; Every minute counts.

The recommendations on how to be active are as follows:

* At least 150 minutes moderate intensity per week (increased breathing able to talk), e.g. swim, brisk walk, cycle; or
* At least 75 minutes vigorous intensity per week (breathing fast, difficulty talking), e.g. run, stairs, sport
* Or a combination of both of the above.
* Build strength on at least two days a week to keep muscles, bones and joints strong, e.g. gym, yoga, carry heavy bags
* Minimise sedentary time. Break up periods of inactivity, such as sitting on the sofa or sitting at the computer by going for a walk.
* For older adults, to reduce the chance of frailty and falls, improve balance two days a week, e.g. through dance, bowls or tai chi.

The infographic on the right is titled ‘Physical activity for children and young people (5–18 years)’ and is the UK Chief Medical Officers’ Physical Activity Guidelines 2019. The benefits are listed as:

* builds confidence and social skills
* develops co-ordination
* improves concentration and learning
* strengthens muscles and bones
* improves health and fitness
* maintains healthy weight
* improves sleep
* makes you feel good.

The recommendations on how to be active are as follows:

* Aim for an average of at least 60 minutes per day across the week.
* Spread activity throughout the day.
* All activities should make you breathe faster and feel warmer.
* Activities to develop movement skills, and muscle and bone strength across the week include: play, run/walk, swim, skate, skip, climb, bike, active travel, sport, PE, workout, dance.

A graphic of a person sitting down with an arrow pointing downwards labelled ‘Reduce’ is titled ‘Inactivity. Either side of the graphic is emboldened text which reads ‘Get strong’, ‘Move more’. Underneath the message: ‘Find ways to help all children and young people accumulate an average of at least 60 minutes physical activity per day across the week.

[Back to - Figure 2 Physical activity guidelines for adults and older adults, and for children and young people (5–18 years)](" \l "Unit3_Session3_Figure2)

# Figure 3 Comparative physical activity data of over 55-year-old carers to the whole population (Carers UK, 2020)

## Description

Graph titled ‘Activity levels by caring status’.

The y-axis shows percentages in increments of 10, starting at 0% and going up to 60%. The x-axis identifies Carers 55+ and the Whole population 55+, each is split into three categories: total inactive, toal fairly active, total active.

The graph shows the following data:

* Carers 55+, total inactive: 46%
* Carers 55+, total fairly active: 40%
* Carers 55+, total active: 14%
* Whole population 55+, total inactive: 33%
* Whole population 55+, total fairly active: 13%
* Whole population 55+, total active: 54%

[Back to - Figure 3 Comparative physical activity data of over 55-year-old carers to the whole population (Carers UK, 2020)](" \l "Unit3_Session4_Figure1)

# Figure 4 Sport England’s Join the Movement campaign

## Description

Sport England – Join the Movement. Sport England’s Join the Movement campaign offers guidance on how to get started with exercise.

Move more by making small changes. However you choose to move, it's all good for your health and wellbeing. Making small changes to your routine by including small bursts of activity across your day all add up and help you move more. So whether it's a 10-minute seated or yoga workout in the morning, a cycle or walk with your household at lunch, playing with your children in the garden, if you have one, or even moving when talking on the phone - every little helps.

Choose activities you enjoy. Doing something you enjoy means you’re far more likely to keep doing it. Try out different activities until you find one you like and works for you. Moving with your household, if you live with others, can help when motivation dips, and listening to music while getting active can also make it more enjoyable.

Set goals and make a plan. A plan and goals covering how, when and where you’ll get active can really help. It doesn’t have to be a fully-fledged personal training programme, but just focusing on what you want to do a bit more, or less, of each day can make a difference. So, whether it’s walking for a set amount of time at lunch, every day for a week, or sitting down for no longer than you decide, at any one time – giving yourself a target can help with motivation.

Start slowly and build up gradually. When moving more, you may feel warmer or even slightly breathless at the time, with muscles and joints getting a little sore a day or two after. Don’t worry, this is normal. But if you start slow and gradually increase the length and intensity of your activity over time, then you can help avoid this. For structured activities, a warm up and cool down can also help to prevent muscle and joint soreness.

Pace yourself and listen to your body. Only do what feels comfortable for you, particularly if you have a health condition. Then on your good days you could do a little more when you feel you can, and on ‘down’ days you can do less. Just remember that small amounts of activity all add up. If you feel you’ve done too much, make a note to do slightly less next time until you gradually build it up.

Build new habits. Repeat the bits you enjoy daily and keep trying new activities that inspire and motivate you. Doing activities at the same time every day can help you build activity into your routine. Regularly taking the time to recognise how what you’re doing is helping you to meet your goals can also help to create a habit.

Get outdoors. Whether it’s your surrounding area, a park or your garden, getting outdoors can boost your mood and reduce anxiety.

Wear something comfortable. You don’t need special kit or equipment, but you do need to be comfortable. For some activities like running, wearing supportive footwear can help you feel safe and more comfortable. When cycling, helmets are recommended for their own safety.

Stay hydrated. Drink plenty of water before, during and after activities to help your body stay healthy.

[Back to - Figure 4 Sport England’s Join the Movement campaign](" \l "Unit3_Session5_MediaContent2)

# Video 2 Carers’ stories

## Transcript

[MUSIC PLAYING]

SPEAKER 1:

Before he was ill, our life was wonderful as long as we were together. Michael has cancer, he has acquired brain injuries, ended up on life support for a month, and it wasn't the same again, he'd gone, I'd lost my husband. I can't emphasise too much just how difficult it was to take that change, I'm just expected to carry on and look after him.

SPEAKER 2:

My daughters are the most important things to me. Simone is eight, she has special needs, we're constantly at different hospitals and her day to day activities have to be supported no matter what. Emotionally it's crazy, I had to learn ways of dealing with all the emotional strain. Socially, you're completely isolated, and then physically you're just exhausted.

SPEAKER 1:

It's not a career we choose, I've had to learn so much. I'm the financier, I'm the nurse, I'm the secretary, I'm absolutely everything all rolled into one. It's totally, totally exhausting, and I'm not afraid to say I've been suicidal.

SPEAKER 2:

Before the children, as a project manager, in the office at 7:00, crazy pressure. This is harder, I thought I could have my career and look after Simi, but it became clear she was going to need more support. Giving up that salary, you have to be so creative to try and make ends meet.

SPEAKER 1:

To know that I can phone up Carers Trust and say, please can you help me, it's not so frightening. The sit-in service is something that gives me a bit of me time and I don't even have to worry. Earlier on this year I had to have major surgery. Carers cook the dinners, they've done the shopping, I wouldn't have coped at all without the support.

SPEAKER 2:

The Carers Trust send information to help me as a carer, societies, funding, specialist advice. Having that to hand makes a tremendous difference. Carers Trust recently had a well-being appointment and that was so helpful. As Carers, you take your own health for granted but because the Carers Trust understand, they're looking out for you, prolonging your ability to look after the people that you love.

SPEAKER 1:

It's not all doom and gloom. I've made Michael's life as good as I possibly can, because I've had an awful lot of support out there. So you know it’s sort of onwards and upwards and sort of looking forward to the future, and I'm very grateful to them.

[Back to - Video 2 Carers’ stories](" \l "Unit2_Session4_MediaContent2)

# Video 3 What is mental health?

## Transcript

[MUSIC PLAYING]

SPEAKER:

We all have mental health. It is just as important as physical health. It is not only about mental illness or mental disorders. This is just one part of a bigger picture. It's best to think about mental health as being on a continuum rather than people being either mentally ill or mentally well.

We are all on the continuum. And we move up and down according to factors, such as our genetic makeup and upbringing, our life circumstances, and the stresses we are under. At one end of the continuum, we have mental disorders, like depression or anxiety. And at the other end, we have states of positive mental health, when we're thriving, content, and fulfilled.

[MUSIC PLAYING]

[Back to - Video 3 What is mental health?](" \l "Unit2_Session6_MediaContent1)

# Video 4 The hidden aspect of caring

## Transcript

[TEXT ON SCREEN: Do we really know what unpaid carers go through?]

SPEAKER 1:

She looks after my nan.

SPEAKER 2:

I think it's a privilege to be looking after a parent.

SPEAKER 3:

She's really chatty.

SPEAKER 4:

I would describe myself as bubbly.

SPEAKER 5:

He's very sweet, very, very, sweet and very caring.

SPEAKER 6:

Genuine, kind hearted.

SPEAKER 7:

She seems permanently optimistic.

SPEAKER 8:

Yeah, yeah, very miserable.

SPEAKER 4:

Sometimes I feel extremely low.

SPEAKER 6:

I feel like I'm trapped in a slowly filling tank of water.

SPEAKER 1:

Very bright, bubbly, everyone who meets her loves her.

SPEAKER 2:

There are dark days, there are dark days.

SPEAKER 4:

I still don't open up about my relationship, I don't open up about my mental health. I don't open up really about anything.

[TEXT ON SCREEN: 72% of unpaid carers struggle with their mental health. But often those closest to them don’t realise. It’s time to talk about caring.]

[Back to - Video 4 The hidden aspect of caring](" \l "Unit2_Session6_MediaContent2)

# Audio 1

## Transcript

DR NICHOLA KENTZER:

It is understandable that taking on a caring role can impact on a carer's life, be it the additional time that caring duties take up or the physical toll on the carer with regard to fatigue. But what about the impact of the role on mental health? I am joined by Dr. Mary Larkin, professor of care, carers, and caring at The Open University who is here to discuss this topic in more detail. Welcome, Mary and thank you so much for agreeing to share your knowledge with us today. Perhaps you'd like to start by introducing yourself and how you came to be involved in research in this area.

PROFESSOR MARY LARKIN:

Thank you, Nichola, I'm very pleased to be with you here today. I had many years experience of being a carer and being involved in carers groups. And that really highlighted to me how often overlooked carers are and their needs and their physical and mental health needs. So that inspired me when I came into academia to go forward and I undertook my PhD within carer research. And since then I've been developing carer research at a national and international level.

I've also worked at national, international level in terms of policy and practice. And for the past few years I've been committed to making sure that the research and evidence we have got about carers and the impact of caring on them is really used to improve outcomes for carers. And that's why I'm delighted to be part of this project today and to be with you.

DR NICHOLA KENTZER:

Oh, that's lovely Mary and it's really interesting to hear that you've got personal experience and you took that into, your own interest in research. And one thing you mentioned there was the potential impact of mental and physical health with carers. Could you start by explaining why is it that the caring role has the potential to impact on the mental health of carers?

PROFESSOR MARY LARKIN:

Yes, there's many reasons. As many people who do care will know, caring is physically demanding and that can lead to exhaustion. There's often financial worries that can cause anxiety. Caring can often take up a lot of time and people lose their friends because they haven't got the time to invest in friendships. I mean, they have to give up the job, their social networks and activities are reduced or if not disappear, causing isolation in the longer term.

Those who can stay in work, it's often very stressful to be juggling working and caring. Particularly if people don't have particularly sympathetic employers. The lack of sleep, again, can cause exhaustion and mental health issues. So for example, I found as a statistic that on average carers have just less than 4 and 1/2 hours of sleep a night. I'm afraid I'm and eight hour a night person myself so I can't imagine what night after night only having 4 and 1/2 hours of sleep would do to me.

And last but not least, often carers can't or don't take the breaks that they need. We all need a break from whatever stress we're under and caring can be all consuming even if you want to do it and if you enjoy doing it. The fact that you can't take breaks, again, can you contribute to mental health issues for carers.

DR NICHOLA KENTZER:

Well, that's quite a list there Mary, and when we talk about the potential to impact, even the strongest of person with being influenced by those aspects, you can see why this is something that you've spent your career looking into. And on that, in terms of the research that you've completed in the research of others, what does research and looking into the caring population in a systematic way, what does it tell us about the actual impact that caring can have on mental health? So what is the evidence?

PROFESSOR MARY LARKIN:

Well, there's quite a significant body of evidence. 36% of carers describe their mental health as bad or very bad. And there's a number of typical mental health problems that they do suffer from, which will probably come as no surprise to many people, but 84% of carers feel stressed and that can make it hard to cope with the demands of caring. There's various symptoms of stress, these can be mental and physical. And although these vary from person to person, mental symptoms can include anger, lack of appetite, sleeplessness, crying often, tiredness which we referred to already, and difficulty concentrating.

And amongst the physical symptoms of cramps, muscle spasms, chest pains, dizziness, restlessness, a nervous twitch, twitches. Another common mental health problem is depression. This can often build up gradually and people don't realise how it's affecting them. But 55% of all carers report that they have suffered from depression which, as a result of their caring role. And that's nearly twice as much as the general population.

And this can make them feel hopeless and irritable, that they're unable to cope. Again, losing appetite, losing weight. And in extreme cases depression can lead to them thinking about harming themselves or other people.

The third common mental health problem is anxiety. And again, carers experience over double the average rates of anxiety compared to the rest of the population. There are particular groups of carers who are more vulnerable to mental health problems than others. The key ones are those who are caring for somebody with dementia, those who provide long hours of care and have to devote a significant proportion of their time to care. Young carers are vulnerable too. And those carers who are looking after a disabled child under the age of 18.

[Back to - Audio 1](" \l "Unit2_Session7_MediaContent1)

# Audio 2

## Transcript

DR NICHOLA KENTZER:

What can be done to support positive mental health and wellbeing in the caring role?

PROFESSOR MARY LARKIN:

Yes, I mean, that's a very good question and a lot of the Carers' organisations are working hard to address mental ill health in carers and to support them. Many local carers' groups encourage carers to join them and to share their experience as a way of alleviating, and feeling comforted, and sort of a cathartic experience as well.

Breaks are advocated, but as we've said, it's not always easy. But this kind of smaller breaks, like getting away for a couple of hours just for the carer to treat themselves to something they enjoy doing, can actually make a big difference. There's various online chat forums. The Carers UK website is a really good example of this. And the use of these has increased rapidly during the pandemic for obvious reasons.

Carers are encouraged to talk to their family and friends, again, to share things and get things out in the open. If carers are finding that those sort of things don't work, there's various psychotherapy and counselling interventions, such as mindfulness.

And there have been some developments, in terms of bespoke strategies, for particular groups of carers. For example, dementia carers, there's a program called START, which is a manual based coping strategy to reduce the effective symptoms and depression in carers. It's actually, the full name, is Strategies For Relatives, but if anyone's interested they can find that online.

And this is linked to the broader emphasis on building up care resilience and self-help more generally, so that carers develop their own personalized strategies for coping with the situation that they're in. And part of this involves advising carers how to look after their own physical and mental health, and their emotional and spiritual wellbeing. For example, don't drink-- don't drink too much or smoke too much, and trying to pace yourself. Learning to say no, for some people at least some of the time.

And crucially, physical exercise, because this is a simple way to relieve tension. I know there's a big push to encourage carers to try and engage in physical exercise. But when asked about the possibility of doing that, apparently 81% of carers have said that they're not able to do as much physical exercise as they would like. So that's obviously a key issue that we need to continue to work on.

DR NICHOLA KENTZER:

That's really interesting, Mary. Thank you. And I think one of the things that's sort of jumped out for me in what you are saying is the individual nature of which an intervention to support a carer. The importance of it being appropriate and supportive to the individual carer, and educating and empowering the carer to find what works best for them. And so, understanding and being educated about the impact of the caring role and then what could work for them.

PROFESSOR MARY LARKIN:

Sure. And giving them a choice over what-- as you say, what would work for them, because every caring situation is different. And every carer is different. So putting together a package of strategies that they feel helps them, I think, is really important.

DR NICHOLA KENTZER:

That's super. Mary, thank you so much for joining us today and sharing your expert knowledge on the subject. It's really kind of you. Thank you.

PROFESSOR MARY LARKIN:

It's my pleasure. Thank you very much for inviting me.

[Back to - Audio 2](" \l "Unit2_Session7_MediaContent2)

# Video 1 What happens inside your body when you exercise?

## Transcript

[TEXT ON SCREEN: What happens inside your body when you exercise?]

NARRATOR:

Regular physical activity can lower your risk of heart and circulatory disease by 35%. When you are active, the heat produced by your muscles increases your body temperature, making you feel warmer. Your heart starts to beat faster, pumping more blood to the muscles you are using.

Your heart is also a muscle. If you are active regularly, it gets bigger and stronger. Your muscles are working harder, so they need more oxygen. You start to breathe faster so your blood can pick up more oxygen from your lungs. Your lungs work harder to make this happen.

Once your blood has picked up oxygen, it moves to the muscles you are using, giving them the extra oxygen they need. If you are active regularly, more capillaries grow in the muscles you've been working. This is one reason why activity starts to feel easier over time.

Getting active is great for people with diabetes. If you have type 2 diabetes, you have too much glucose in your blood-- probably because you don't have enough insulin. Physical activity helps you use the insulin you do have. It also helps your cells use glucose, even when there is no insulin. Regular physical activity can improve your memory and attention span. Over time, the bit of the brain involved in memory and learning seems to get bigger.

Long-term physical activity leads to a lower resting heart rate and lower blood pressure. This helps cut your risk of heart and circulatory disease. And there are more reasons to smile. When you're active, your brain produces chemicals called endorphins. These reduce feelings of pain, and make you feel more positive.

Getting active cuts down on stress hormones, reducing anxiety. Combine activity with a balanced diet, and you'll help yourself reach and maintain a healthy weight. Aim for 150 minutes of moderate intensity activity per week. Try to be active every day. Every 10 minutes counts.

[Back to - Video 1 What happens inside your body when you exercise?](" \l "Unit3_Session3_MediaContent1)

# Audio 1

## Transcript

DR NICHOLA KENTZER:

We often hear about the physical health benefits associated with physical activity and exercise. But it is important to highlight that participating can be of equal value to our mental health. I'm joined by Dr. Florence Kinnafick, senior lecturer in exercise psychology at Loughborough University, who will help to explain this further.

Welcome, Flo. Thank you so much for agreeing to share your knowledge on this topic. Perhaps you'd like to start by introducing yourself, and how you came to be involved in research in this area.

DR FLORENCE KINNAFICK:

Hi, Nic. Thanks very much for inviting me. Erm, yeah, so as you said, I'm a senior lecturer at Loughborough University in exercise psychology. So my area of interest is specifically around the psychosocial determinants of physical activity behaviour and why people engage in exercise and why they don't specifically. And within that is I'm particularly interested in those who have mental health problems and mental illness.

And the work started actually, it was in my previous position, when I was working with yourself, Nic, in Northampton. And I started working with Mind, the mental health charity, about six or seven years ago. And I've been working with them since on trying to understand what works for trying to encourage people to be more active, some of their service users, people who engage with Mind, people who have mental health problems.

DR NICHOLA KENTZER: OK, that's fantastic. So it sort of came about from one particular project, but that's kind of carried on. That's really interesting. So in terms of sort of physical activity and exercise and then it offering something to those who either have existing mental health conditions or just in general to sort of help our own mental health, can you explain some of those key benefits that it offers?

DR FLORENCE KINNAFICK:

Yeah, absolutely. And the evidence-- there's growing evidence for physical activity and mental health and kind of the associations that are going on with that. But I always want to try and emphasise that it's a real complex relationship, so it's not necessarily linear. So you engage in exercise and then you have those benefits.

It's often kind of mediated or moderated by lots of different things. So, for example, you can exercise and you'll start to feel good. But why do you feel good? Is it because you are engaged in an exercise in green space or within a group setting so you get those social benefits? Or are you sleeping better because you've been exercising? And then your sleeping better is going to improve your mental health.

So just kind of to understand that it's not always linear. It can depend on the individual, the symptoms of mental health problems that they are experiencing, the context that they're exercising, the type of exercise they're doing in terms of their competence of, if they feel that they're able to do the exercise, and that's going to increase their self-esteem, which will in turn help their mental health. And, obviously, the severity of the mental illness as well.

So with the caveat of that, that it's not necessarily linear, some of the kind of really important benefits that you have is reduced stress and anxiety. So it might be a release. It might be a period of time where you are not ruminating about something. And so you can have a period of time where you're not feeling stressed, and you can start to relax a little bit.

It can help kind of improve your energy levels, which then is linked to improving symptoms linked to depression, and then improving your happiness. As I mentioned, improving sleep, improving energy and fatigue, which then kind of goes hand-in-hand with depression, stress, and anxiety. And then kind of having an improved context where you are, so links with loneliness.

So it can reduce elements of loneliness if you are exercising with a group. So there's now good evidence to show that group exercise is pretty good for improving mental health. That body image as well, so if you're exercising, and you've got an increased kind of self-perception because of body image, then that can improve your mental health as well. So lots of psychosocial benefits, but it can depend on the context, if that makes sense.

[Back to - Audio 1](" \l "Unit3_Session3_MediaContent3)

# Audio 2

## Transcript

DR NICHOLA KENTZER:

One thing we know is that there are specific guidelines from the World Health Organization, and indeed from our own government, to guide us on how much physical activity to do per day, per week, or whatever, to get the maximum benefits that we know associate with physical activity to physical health. Is that the same for our mental health? And do we have benefits from smaller amounts? Or do we need to have that level of physical activity that we are guided on for physical health?

DR FLORENCE KINNAFICK:

Yeah. So there's not specific guidelines for mental health. And I think that is something that researchers are working towards. If you think about kind of there's one in four of us have a mental health problem in our lifetime, one in six within a year, so it is really prevalent, if you're talking about mental health problems.

So those 150 minutes that you're talking about in terms of physical activity guidelines certainly apply. But then, also, we know that you get the most benefits from that inactivity or being very sedentary, engaging in a lot of sedentary behavior, to a little bit of physical activity. You get big benefits there. And we also know that people who have mental health problems are some of the most inactive people in society.

So going from nothing to a little bit is always going to get those good amount of benefits. So there isn't specific guidelines. Working towards those 150 minutes is great, but doing some physical activity will bring some benefits. And I think we've got to remember that people with mental health problems face a lot of barriers that other people might not. So in terms of those benefits that they're going to get, often, the barriers are inversely related. So they will experience low energy, low motivation, low self-esteem, to be able to engage in exercise before being able to reap those benefits, if you want. So you've got to think about encouraging exercise, which is feasible, which is accessible, which is doable at all, before trying to work up to those 150 minutes.

[Back to - Audio 2](" \l "Unit3_Session3_MediaContent4)

# Video 2

## Transcript

DR JO HORNE:

Despite the extensive benefits of physical activity on both health and wellbeing, approximately one-third of the adult population failed to engage with the recommended levels. Typically, these individuals cite a lack of time, a lack of energy, and a lack of motivation as their primary reasons for inactivity.

However, there are a wide range of other factors that can impact an individual's exercise behavior. Biddle et al, 2021, recognise six major categories or correlates of physical activity which can have a bearing on an individual's exercise behaviour.

First are socio-demographic correlates, such as socioeconomic status, gender, and age. For example we know that males and children usually report higher levels of physical activity than females and adolescents, and those from lower socioeconomic groups may not have the resources to engage in some types of activity.

Second are biological correlates such as fitness or body fatness. Lack of fitness and feeling conscious of weight are reasons why individuals may be concerned about starting an exercise program, as the prospect of visiting a gym can be daunting due to a lack of confidence and can even lead to feelings of anxiety.

Thirdly are psychological correlates such as confidence and attitude. Lack of confidence associated with lack of fitness and from other biological correlates can lead to an individual having low motivation levels to exercise.

Next are behavioural correlates, which are other behaviours associated with physical activity, such as smoking or diet. Previous experience of physical activity is a positive correlate to physical activity in later life, in part due to an individual already having self-efficacy in that domain. Whereas smoking and poor diet are negatively correlated with physical activity.

Then we have social correlates such as social support and family interactions. Lack of support from friends and family or mixing with people who are not physically active is a fundamental barrier to become inactive as this isn't seen as usual behaviour within the individual social group. And finally are environmental correlates, such as cycle paths and weather conditions. Poor access to places in which to be active is a frequently noted barrier to exercise. For example, living in an area with limited facilities.

[Back to - Video 2](" \l "Unit3_Session4_MediaContent1)

# Video 3 5 ways to get moving and feel better

## Transcript

SPEAKER:

Five ways to get moving and feel better. Number 1, start small. You don't need to be lifting hundreds of pounds or run a marathon to feel better. Try a short walk or join a fun class. We're all different. So different things will help us feel better.

Number 2, be kind to yourself. If you're doing anything more than you normally would, then that's a step in the right direction. Keep a diary or tell a friend about your achievements.

Number 3, everyday things count. Gardening, vacuuming, mopping-- those pesky chores are good for your mental health, too.

Number 4, clear your head. Physical activity often helps you concentrate on something other than unwanted thoughts and worries.

Number 5, celebrate your achievements. Give yourself a reward whenever you've done well. These are just a few ideas. Why not add yours?

[Back to - Video 3 5 ways to get moving and feel better](" \l "Unit3_Session5_MediaContent1)

# Audio 3

## Transcript

DR NICHOLA KENTZER:

Martin, thank you so much for agreeing to share your story with a particular focus on your relationship with physical activity and how it changed when you became a carer to your mum. I wonder if you could start by telling us about your relationship with physical activity before you became a carer.

MARTIN PENSON:

Thank you, Nicola. You're more than welcome. My relationship with physical activity has always been a positive one right from a very early age, when I participated in sport and exercise, and it was such a positive experience that I wanted and actually led this into being my main career. I went on to graduate in sports science and physical activity and public health.

Competitively, I played football from an early age and ran to compete in 10K events, as well as going to the gym just for personal exercise and to keep fit for those competitions. And that was across a period of 20, 30 years. So as I say, it's been a long-standing part of my life and one that I never really envisaged being without physical activity.

DR NICHOLA KENTZER:

And what was your sort of level of physical activity relationship immediately before you became a carer? You said about it being your career. Was that what you were doing?

MARTIN PENSON:

Yes, I was teaching PE across two schools. And in my leisure time, should we say-- because it was leisure rather than competitive sport-- and was cycling, walking, and going to the gym, weights, and just resistance exercise. And that, as I say, would have been three, possibly four times a week.

DR NICHOLA KENTZER:

So you really were extremely physically active, not only as part of your 9 to 5 job so to speak, but also in your free time. So it's really clear that physical activity was a significant part of your life. So how did this relationship change when you became a carer to your mum?

MARTIN PENSON:

It was quite instant, Nichola. The immediate effects of finding Mum when she initially suffered the stroke, it was clear to say then that this was life-changing, both for Mum and myself. And once I understood the medical issues and what lay ahead really, then, as I say, my role with exercise was no longer-- or my own personal health and wellbeing was no longer the priority.

Everything then gauged towards Mum's health care, both on what I provided and sourcing and finding appropriate carers to do Mum's personal care. Such was the effects of the stroke that Mum needed care 24 hours a day, so there was very little time or respite. And I say, my relationship, immediately from Mum having the stroke, changed in the fact that it was no longer the important thing to me.

DR NICHOLA KENTZER:

And so you stopped work. Is that correct? And so you no longer had that sort of relationship through work, but also your leisure time activities also significantly reduced or were very limited.

MARTIN PENSON:

Yeah, that's correct. I phoned both schools on the morning that Mum was admitted to hospital just to explain that I wouldn't be in and told them the severity of the stroke, and I didn't know when I would be back. It actually ended up that I never returned to the schools and never went back at all. So professionally, yeah, that immediately stopped.

And leisure time for my own health and wellbeing, likewise, that was curtailed immediately again. Whilst you could say, yes, whilst Mum was in hospital receiving the treatment on the stroke unit, I could have found time to exercise, but I used to visit the hospital twice a day. I would be there four to six hours to actually feed Mum purely due to the pressure that the nursing staff was under.

[Back to - Audio 3](" \l "Unit3_Session5_MediaContent3)

# Audio 4

## Transcript

DR NICHOLA KENTZER:

What would you say were the main barriers to physical activity that you experienced during your caring role?

MARTIN PENSON:

Yeah, I think the priority was the major one, Nic. As I say, I no longer-- and when I had the time, let's say, prior to the stroke, when I exercised in the leisure time, I wasn't selfish, but I had the time. And I had the freedom to be able to participate in the amounts of exercise and physical activity I did.

But as I say, my own wellbeing came second to my mum's. So the main barrier to exercise and physical activity to myself was mum was now the priority. Mum's care came first. So that was number one.

Number two was probably lack of motivation and finding the time. Thinking it only takes 20 minutes, half an hour just to do even some simple exercises in the house, but I didn't have the mindset to do it. I couldn't program into my daily routine time for exercise.

So there was the fatigue, the motivation, and the time factor. And yeah, fatigue, I was very tired. And so providing, mum needed the care 24 hours a day. I chose to do this. I chose to leave work. And I chose to do that role. And I'm so privileged and proud I have done that role and provided mum with the care while she was living. I feel great satisfaction from that. But at the time, yeah, I was so fatigued. I just couldn't even find the energy to walk up the garden, let alone run anymore.

So three main factors, really, the priority, that mum came first, two, the lack of motivation, and three, finding the time, the fatigue.

[Back to - Audio 4](" \l "Unit3_Session5_MediaContent4)

# Audio 5

## Transcript

DR NICHOLA KENTZER:

While acknowledging that carers will have different roles depending on their cared for, their care recipients, and their own circumstances, and reflecting back on the challenges that you faced in maintaining a positive relationship with physical activity, do you have any advice that you would give to other carers in terms of helping them sort of to be and become and maintain a physically active lifestyle?

MARTIN PENSON:

Yes, I think, firstly, what I would say is one size doesn't fit all. You rightly said the demands upon that carer is going to very much be reliant upon the care needs of the care recipient. As a carer, you need to recognise your own-- listen to your body, really. Listen to your own health and wellbeing. And don't get to the point, what I did, and you just become into the position where so you can no longer provide.

So one, take note of people's experiences, and take note of how you feel. Number two, certainly, try and find someone that you can trust, and you can rely upon, to provide you with some respite, whether it be two hours a week. If it's more then that's a bonus.

Now, people are probably going to raise the point now, well, how can we fund this? If you are fortunate enough to find a really good friend, a really good neighbour, a relative that could help you out, then that is best. But if you have to fund it like I did, yeah, you just have to do it because you do need that break. I'll say that. Just those few minutes, a few hours a week just to be physically active for your own health and wellbeing.

So I think with regards the activity you undertake, you do to improve and maintain your own health and wellbeing, firstly, it has to be something that's enjoyable to you. You don't want to see it as being a chore, thinking, oh, god, I've got to exercise. It has to be enjoyable. And if you've engaged in an activity prior to being the carer, I think go back and try and rediscover if you've still got the enjoyment, still got the love for that activity.

So try something that's, yeah, really going to engage you back into physical activity. That may be walking. It may be dancing. It may be swimming, leisure activities, and so on. Even gardening. Just something that's physically active can actually give you that hours respite that really will benefit you so positively in the health and wellbeing. It cannot be underestimated.

[Back to - Audio 5](" \l "Unit3_Session5_MediaContent5)

# Video 4 How can we support carers?

## Transcript

SPEAKER:

How can we support carers? A good carer puts the person they care for first, and puts their own needs on hold. Right? Wrong. On an airplane there's a reason why we're told to put on our oxygen masks first, before helping others. It makes sense because then you can help others. As a carer, it is important to look after yourself by eating a balanced diet, exercising, and by getting a good night's sleep. Looking after yourself as a carer is not selfish. It's sensible. When your needs as a carer are taken care of, then the person in your care will benefit too.

[Back to - Video 4 How can we support carers?](" \l "Unit3_Session6_MediaContent1)

# Audio 6

## Transcript

[MUSIC PLAYING]

RADIO PRESENTER:

If you want to get yourself started with fitness at home, if somebody is listening now, they're making a list, what should you do? Where do you start?

CANDICE LINGAM-WILLGOSS:

So my first tip would definitely be to create an exercise space. Whether that is you can use your garage, whether that is a spare bedroom, whether that is an extra spare room you have that you can use to put your stuff out and have as your exercise domain, so to speak. Making sure you've got the right kit, it's important that even if you're exercising at home, you wear the right things so you can exercise safely. Music, you've got one of my songs on to exercise to, which is--

RADIO PRESENTER:

Oh, you like this one?

CANDICE LINGAM-WILLGOSS:

Yeah, I do like this one, I have to say. Which most of my friends know, and they despair whenever I put it on. But music can really motivate you. Having a playlist that kind of triggers you into that exercise zone. Different beats of music will help you perform in different ways. So if it's something that's uplifting, if it's something that makes you feel happy, makes you feel energised, you're much more likely to feel motivated to exercise. So I think music's really, really key. I think variety is essential. Having different types of exercise that you do, so that you mix it up.

People get really bored doing the same thing. And I think that's been a little bit of a problem with people who've have been used to the gym. They do one type of exercise and therefore don't have that variety and don't necessarily feel comfortable doing different types of things. So mix up some power walks. If you don't like running, maybe give it a go. If you've got an old bike, get out on that. And then do some home stuff. Maybe do an online class. So have variety in things as well.

And then I think probably one of my key things I always say to people is set some goals. Now we all set goals on a day to day basis, whether that is connected to our work, whether that's connected to personal challenges. But setting them connected to your exercise is really, really important. And that might be you've set yourself a long-term goal for the whole of lockdown.

And it doesn't always have to be something massively challenging, running a 5K in 25 minutes. It can be small things. It could be being able to sustain running for two or three minutes. It could be trying to do three home workouts a week. It might be going to that 7PM yoga session every Friday. And also within that, having set goals for every single workout you do. We all like to feel kind of positive, and we all like to feel like we're achieving. And if we set these small goals, every session can leave us feeling quite pumped, and feeling energised, and feeling like we've achieved. So I think that's another really important thing. And then my kind of, I suppose, a final thing I would always say to people is whatever exercise you are doing, try and get outside to do something active. Because being out in the fresh air is so important, even if it's just a 20 minute walk in the morning. That will help not just your health and fitness, but also your mental well-being. And there's nothing out there that will ever say getting physically active is bad for you. It's always going to benefit you both mentally and physically.

RADIO PRESENTER:

Yeah. It's one of those things, I think-- and I found this when I first did the couch to 5K-- sometimes you don't want to go out and do it, but you never come back regretting it. You know, you never come back feeling worse than when you went out.

CANDICE LINGAM-WILLGOSS:

No, and I think that's always the challenge for people who don't exercise is that they don't know that you get that feeling. However hard it is to push yourself out there, that sense of satisfaction afterwards is what-- anybody that's a regular exerciser has days they don't want to do it, but they know you get that positive feeling afterwards. And that's what people-- that's what makes people go out when it's wet and it's cold, maybe they're tired, because you know you will feel better.

Why I personally, one thing I do is I always exercise first thing in the morning. I know sometimes that means I have to get up quite early. But I find if I leave it later, sometimes things can throw me off in the day. If I go early I do it early, it sets me up for the day. I think I'm more productive at work. I think I'm probably just a better person generally if I've gone out and have done something.

[Back to - Audio 6](" \l "Unit3_Session6_MediaContent2)

# Uncaptioned Figure

## Description

An elderly woman in a wheelchair smiling up at her daughter.

[Back to - Uncaptioned Figure](" \l "Unit2_Session1_Figure1)

# Figure 1 The chance of providing care in their adult life, for people in the UK (Carers UK, 2019a)

## Description

[Back to - Figure 1 The chance of providing care in their adult life, for people in the UK (Carers UK, 2019a)](#Unit2_Session2_Figure1)

# Uncaptioned Figure

## Description

[Back to - Uncaptioned Figure](" \l "Unit2_Session4_Figure2)

# Uncaptioned Figure

## Description

Disabled child being lifted into special needs bath with help from a lift operated by a care assistant

[Back to - Uncaptioned Figure](" \l "Unit2_Session5_Figure1)

# Uncaptioned Figure

## Description

Close-up of a caregiver supporting a woman, by holding her hands.

[Back to - Uncaptioned Figure](" \l "Unit2_Session6_Figure1)

# Uncaptioned Figure

## Description

[Back to - Uncaptioned Figure](" \l "Unit2_Session6_Figure2)

# Uncaptioned Figure

## Description

[Back to - Uncaptioned Figure](" \l "Unit2_Session6_Figure3)

# Uncaptioned Figure

## Description

Back view of a young carer with a young person with a disability on a wheelchair.

[Back to - Uncaptioned Figure](" \l "Unit2_Session7_Figure1)

# Figure 1 Five Ways to Wellbeing

## Description

Poster explaining the Five Ways to Wellbeing: connect, be active, take notice, keep learning, give. Full description in long description link.

[Back to - Figure 1 Five Ways to Wellbeing](#Unit3_Session2_Figure1)

# Uncaptioned Figure

## Description

[Back to - Uncaptioned Figure](" \l "Unit3_Session3_Figure1)

# Uncaptioned Figure

## Description

[Back to - Uncaptioned Figure](" \l "Unit3_Session4_Figure2)

# Uncaptioned Figure

## Description

[Back to - Uncaptioned Figure](" \l "Unit3_Session5_Figure1)

# Uncaptioned Figure

## Description

[Back to - Uncaptioned Figure](" \l "Unit3_Session6_Figure1)

# Uncaptioned Figure

## Description

Image of a senior woman working out on outdoor gym equipment in a public park.

[Back to - Uncaptioned Figure](" \l "Unit3_Session6_Figure2)

# Uncaptioned Figure

## Description

A couple dancing together in a garden.

[Back to - Uncaptioned Figure](" \l "Unit3_Session7_Figure1)