



Jewish Faith Settings Toolkit

PROTOTYPE

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PROTOTYPE

Foreword

Too many people in Birmingham experience poor health too early in their lives and there is much to be done to improve the situation for individuals, families and communities.

At the forefront of pastoral care and community development, Faith Leaders are and are well placed to support improvements in health and wellbeing. To enable Faith Leaders in this endeavour, Birmingham City Council are producing a set of Healthy Faith Communities Toolkits for the six dominant faith communities in Birmingham.

The aim is to help Faith Leaders to build health improvement into their day to day work. The toolkits describe opportunities to improve physical and mental health, alongside information on mainstream services and how to access them.

The toolkit is divided into a set of 'health outcomes' for community wellbeing highlighting any specific challenges for each community. Topics cover the life course and include issues such as healthy eating, preventing infections and health screening. Each section contains a snapshot of local health and wellbeing needs and local service and support information. At the end is a development opportunity checklist for organisations and groups to identify training and development requirements. This is designed for the faith setting to reflect on their current practices in supporting, signposting and offering interventions which look to address the health needs of their community.

This is an initial version of the toolkit, developed with community partners who have advised on content. The next phase is for faith leaders and communities to use it as a prototype. We want to see how the toolkit works in practice so it can be refined and modified to better achieve the goal of improving health and wellbeing.

We hope the toolkits prove to be a useful resource and look forward to their continuing evolution and development.

Public Health Team
Birmingham City Council

Acknowledgements

This toolkit was developed in conversation with Jewish leaders in Birmingham and the UK. With many thanks to:

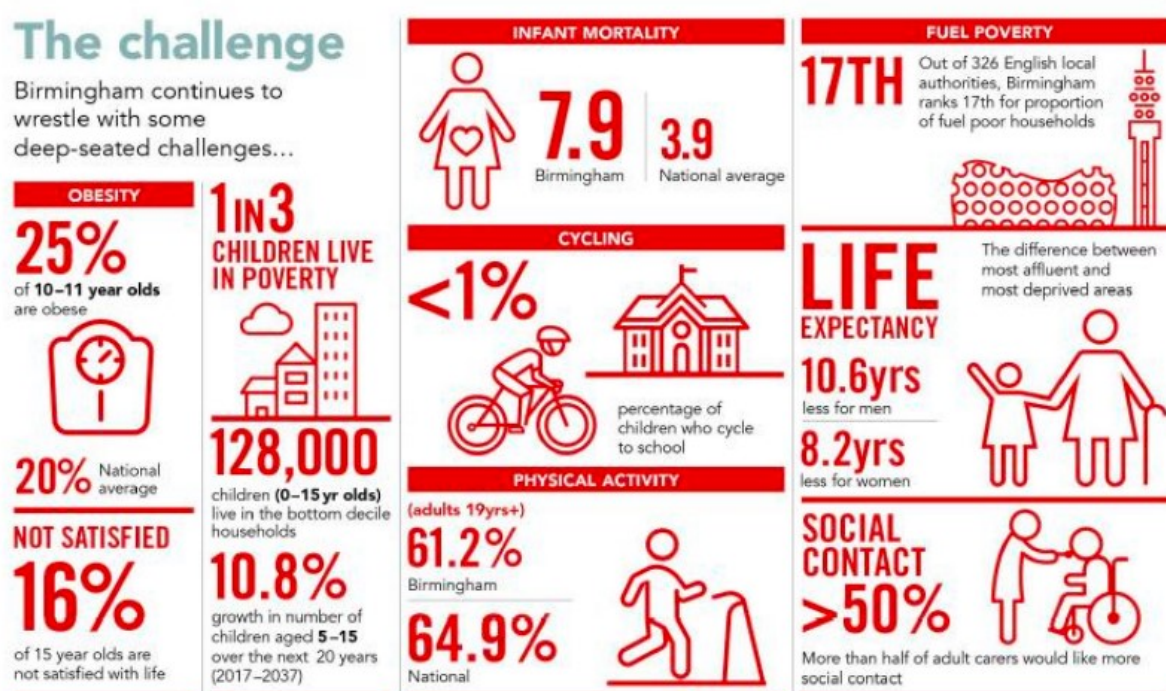
- Solutions 4 Health
- Attendees to the Birmingham Council of Faiths Interfaith Week
- roundtable events attended by Birmingham City Council Public Health
- Commissioners and Chaired by Solutions 4 Health
- Kim Kennedy and Sharon Grey - Birmingham Jewish Community Care (BJCC)
- Mandy Ross - Chair of Nisa Nashim Birmingham
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- Ruth Jacobs - Central Synagogue
- Ruth Jacobs - The Birmingham student Hillel
- Sandra Lipkin - Volunteer at Jewish Women's Aid in Birmingham

Background

Good health is not a given in Birmingham. Too many of our citizens become unwell too early and for too many years of their lives. The picture is not uniform across our City and there are stark differences in health status and the opportunities to be healthy between different communities.

Birmingham's Public Health Green Paper highlighted some of the significant issues that affect our individuals, families and communities in Birmingham. Our city has poorer health in many areas than the West Midlands, national and European averages. Some of these are highlighted within the infographic below.

Figure 1: The health inequalities experienced within Birmingham's citizens



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Improving our health and wellbeing requires a concerted effort across society and we all have a part to play. Faith leaders and faith settings are in ideal positions to support health improvement and create opportunities to enhance physical and mental wellbeing. Faith leaders were active COVID Champions who played an essential role in the city's response to the pandemic. The Public Health Division recognises the key role that faith leaders play and would like to support and empower faith settings and leaders to improve the health of their communities.

Recognising this opportunity, Birmingham City Council are producing a set of Healthy Faith Communities Toolkits for the six dominant faith communities in Birmingham. The initial version, developed with community partners, will be tested and further developed and improved. Case studies will be collected to highlight faith setting-led activities that address the health needs.

This Jewish toolkit seeks to explore the health inequalities experienced within Birmingham in the context of the Jewish faith. The toolkit will discuss how Jews relate to the health inequalities experienced by the citizens in Birmingham, as well as highlighting health issues that are experienced within our Jewish communities.

Introduction

Historical context

The Jewish community have been an established part of Birmingham life since the 18th century. There has been plenty of change over the centuries, and today the community remains denominationally diverse. There has also been a great amount of population shift with a noted reduction in numbers in the past century, some due to movement to other parts of the UK or to Israel, and some due to the ageing nature of the population.

18th Century - establishing the community

The first Jews moved to Birmingham in the 1730s following the manufacturing boom, with the first synagogue established some time before 1791. The oldest synagogue in current use is 'Singers Hill', which was established in 1856.

19th Century - a growing population

There was a large Jewish migration to the city during the 19th century following persecution in eastern Europe. Noticeable denominational differences arose at this point, with incoming Orthodox communities separating from the established Anglicised community, the Central Synagogue and New Synagogue date from this time.

20th Century - present - population decrease

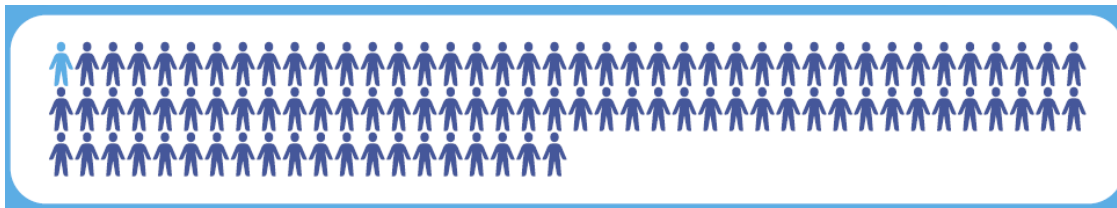
The Liberal Jewish congregation appeared in the 1930s. Between the world wars there was a thriving Jewish area just south of the present-day Bullring. Between the 30s and 50s Jews gradually dispersed from the central cluster to more suburban areas, away from recognisably Jewish residential areas.

In the 1950s a male Hillel (student community association/hall of residence) was formed at Edgbaston; women followed in 1970. This continues to thrive. "The Jewish population in the late 1960s decreased from an estimated ten thousand to six thousand." New institutions continued to develop, and Solihull became a new local centre of Jewry.

By the 1980s there had been a marked decline in the Jewish population: a census at the time, presumably organised by the community, indicated three thousand. The 1990s saw mergers between different synagogues, and the appointment of the first female rabbi of the Progressive Synagogue.⁽¹⁾

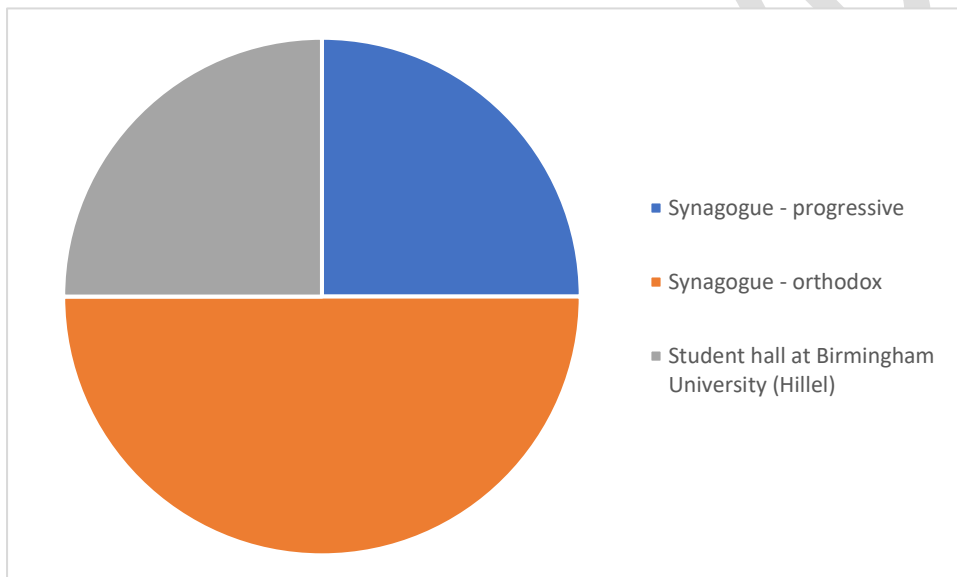
Current Demographics

Figure 2: Proportion of Jews as part of religious communities in Birmingham



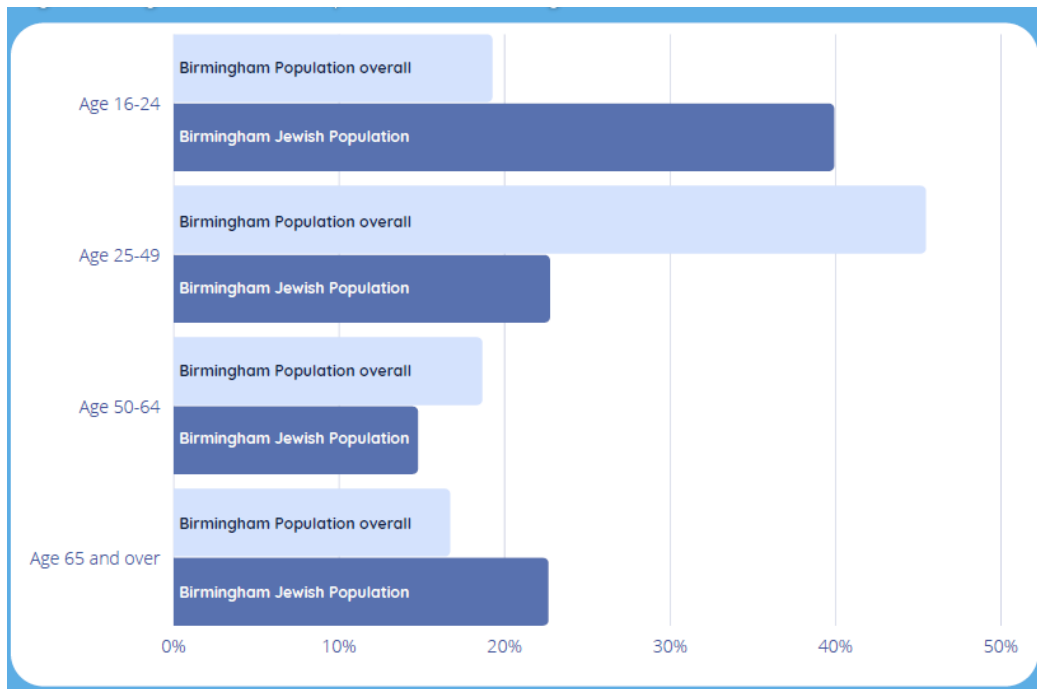
Judaism is now one of the smallest faith groups in Birmingham. The 2011 census counted 1980 Jewish members of the city.⁽²⁾

Figure 3: Jewish institutions in Birmingham



The Birmingham Jewish community has a diverse and well-established set of institutions. The three synagogues represent a diversity of theological approaches: Birmingham Progressive Synagogue is Liberal; Singers Hill and Central Synagogues are Orthodox. In Edgbaston a student 'Hillel' provides accommodation for Jewish students attending any Birmingham University, with resources for students and pastoral input from Hillel staff where required.⁽²⁾

Figure 4: Age of Jewish population in Birmingham



Following several decades of demographic decline, during which UK Jewish deaths consistently exceeded UK Jewish births, in every year since 2006 births have exceeded deaths.⁽³⁾ This implies Jewish demographic growth in the UK. Birmingham census data seems to reflect this picture; the youngest age group (16-25) and the eldest (65 and over) are overrepresented compared to the Birmingham population average but the middle age brackets (25 to 64) are underrepresented.

The role of Jewish communities in supporting wellbeing

“The Torah says ‘You shall live by the commandments’ and that has been interpreted as saying that you have to live by the commandments and not die by them. So, you should preserve life. Our lives are G-d-given, and we have a duty to care for our bodies as well as our souls. We have an obligation to stay healthy.”⁽⁴⁾

The Jewish community in Birmingham is small but organised when it comes to supporting community wellbeing. The student Hillel offers pastoral and peer support for students.⁽⁵⁾ Birmingham Jewish Community Care supports the elderly and other vulnerable groups to live well out in the community and within Andrew Cohen House retirement home by offering a range of support, signposting and referral services in a culturally and faith sensitive way.⁽⁶⁾

Jewish faith-centred services holistically respect spiritual, community and physical wellbeing. They recognise Jewish identity in its many forms, Jewish holidays, dietary needs, and the laws and principles that guide life choices and family life. But Jewish principles of support also extend to meet the needs of the broader Birmingham community. Andrew Cohen house retirement home has residents from all faith backgrounds and provides for other faith needs as it does for Jewish.⁽⁷⁾ The King David School run holiday sports and food programmes that are inspired by Jewish principles but meet the needs of the wider community. The majority of students at the school are not from a Jewish background.⁽⁸⁾

Nationally, there are a broad range of faith-sensitive services available to support the wellbeing needs of the population. To name a few, Jami UK offers online support, a referrals hub and social wellbeing activities. Shema Koli offers domestic abuse support, Chana offers fertility support, Migdal Emunah offers support for Jewish people who have been victims of sexual violence and JAT provides sexual health programmes for the whole of the Jewish community. It also supports Jewish people and their carers who are living with HIV and AIDS.

Health inequalities in Birmingham Jewish communities

With an ageing population and young migration out of the city, elderly isolation is a significant wellbeing need. Jewish faith leaders speak of young people leaving the city when it comes time to find work or establish a family, often leaving elderly parents alone. Census data shows that there are proportionally fewer working aged Jews (25-64 year olds) than in the Birmingham population as a whole, whilst there are proportionally more young and elderly than in the rest of Birmingham.

Birmingham Jewish Community Care offers support to the elderly age bracket in the community by means of home visits and advice to help elderly people continue to live independently. This includes support to navigate government benefits, NHS services and other home care services. Synagogues in the city go some way to reduce isolation in this age bracket too. They bring people together for worship and offer social spaces such as lunch clubs, which are mostly attended by the elderly population. The pandemic has however impacted synagogue outreach, with this age group having a greater vulnerability to COVID 19 and with places of worship having been more restricted in what they can offer under pandemic rules.⁽⁴⁾

The small community size can also impact whether members choose to access local faith sensitive support services. Faith leaders conveyed that mental health, sexual health, relationship support and abuse are wellbeing needs best met by mainstream or national services due to the potential community stigma of accessing local pastoral support and care.^(4, 9) At the same time, the student Hillel offers pastoral care, peer support and guidance to students navigating university life in the city. This population are mostly within the young (under 25) bracket.

Otherwise, the Jewish community in Birmingham are considered quite affluent⁽⁴⁾ and have access to a broad range of national faith sensitive services that are designed specifically to support Jews of all denominations to navigate public health services as well as those offering faith sensitive support where Jewish laws and principles play an important role, most notably for services relating to the family including relationships, abuse and conception advice.⁽¹⁰⁾

Promoting healthy eating and preventing obesity

Background:

The Jewish practice of kashrut (keeping kosher) teaches one to be mindful of food, how it is prepared and how it is consumed. Maimonides spoke of kashrut as something which teaches us to master our appetites. Kashrut makes one think about where they will eat, be mindful about how they prepare food and recognise the benefits of different food groups with 6 different prayers for different food types.^(11, 12)

“The laws of kashrut encompass many values, including health, kindness to animals, protecting worker’s rights, guarding the environment and strengthen Jewish identity, but at their core, these mitzvot are a religious practice. When we keep kosher, we strive to elevate the mundane activity of eating by recognizing the sacred nature of food and its connection to G-d. Healthy eating should do the same. Rather than engaging in mindless eating, or worse, abusive eating, eating for wellness allows you to enjoy food and to appreciate its power to feed and sustain all of us.”^(11, 13)

Kosher is not strictly adhered to by all Jewish people, but there is an awareness of the importance of ‘good’ food. It is a mindset that can lend itself well to being more aware of healthy and unhealthy food. Jewish holidays and the Shabbat dinner may be good opportunities to trial this theory!

The term obese describes a person who's very overweight, with a lot of body fat. BMI is a measure of whether you're a healthy weight for your height. You can use the NHS BMI healthy weight calculator to work out your score.

For most adults, a BMI of:

- 18.5 to 24.9 means you're a healthy weight
- 25 to 29.9 means you're overweight
- 30 to 39.9 means you're obese
- 40 or above means you're severely obese

BMI is not used to diagnose obesity because people who are very muscular can have a high BMI without much fat. But for most people, BMI is a useful indication of whether they're a healthy weight. Generally, men with a waist size of 94cm or more and women with a waist size of 80cm or more are more likely to develop obesity-related health problems.

Obesity and being overweight are associated with life-limiting conditions, such as type 2 diabetes, cardiovascular disease, and some cancers as well as osteoarthritis. Obesity can be considered a form of malnutrition and is prevalent in the UK.⁽¹⁴⁾

The West Midlands has the highest number of obese and overweight people in England. 34% of adults in the West Midlands are obese compared to 28% of adults in England.⁽¹⁵⁾ Within the West Midlands, Birmingham had the highest rate of hospital admissions for obesity.⁽¹⁶⁾

Obesity for men and women is significantly more likely in the most deprived segment of society.⁽¹⁵⁾ Cheap food is often higher in calories but lower in nutritional value leading to weight gain.⁽¹⁷⁾ The stress and anxiety caused by financial hardship are also linked to people making unhealthy food choices.⁽¹⁴⁾

There is no conclusive evidence to suggest that the Jewish citizens in Birmingham are more or less likely to be overweight compared to Birmingham averages. Interviews with faith leaders in the city suggest that obesity is not felt to be a prominent problem in the community.⁽⁴⁾ Certainly, with food featuring very highly in Jewish family and community life, marking holidays as well as the weekly Shabbat dinner, there are plenty of opportunities to present balanced and healthy foods at the table.

Recommendations:

- Religious leaders promote healthy eating and use synagogue venues as sites for providing education and training about a healthy diet
- Be a role model for the congregation following a healthy diet rich in fruit and vegetables
- Include discussions on healthy eating and helping people to live well
- Involving trusted and recognised health professionals who understand cultural sensitivities, which may include certain dietary customs, and speak the same language as members of the congregation.⁽¹⁸⁾
- Activities should consider the factors that affect food choice, for example, the importance of good hospitality and celebrations, which may involve the use of ingredients that are high in sugar and fat.⁽¹⁸⁾

Top 5 tips:

1. Religious leaders promote a balanced diet in line with NHS guidelines and encourage '5-a-day', at least 5 portions of fruit and vegetables every day.
2. Include healthier food options at synagogues and during celebrations such as Hanukkah, Purim and Passover
3. Provide resources that are culturally appropriate, translated where required and signpost to local and online resources.
4. Hold cooking demonstrations and provide guidance to all about making traditional meals healthier by thinking about using alternative ingredients such as low-fat oils, whole-wheat flour, etc.
5. Target healthy eating messages to children and young people by arranging age-specific educational events and via social media.

Jewish references:

Resources:

- **NHS** – [Eat well](#): Healthy eating advice for the general population
- **British Heart Foundation** – [Obesity](#): Information on obesity and how to measure body mass index (BMI) and waist circumference
- **Diabetes UK** – [Eating with diabetes](#): Information to make healthy food choices for a balanced diet with diabetes
- Change 4 Life: [Healthier Families](#): offers helpful information about balanced nutrition, including recipes and suggesting food swaps.

Case Studies:

Promoting physical activity

Background:

Physical inactivity remains one of the top ten causes of disease and disability in England and is responsible for one in six deaths in the UK; the same number as smoking. Being active reduces the risk of falls and frailty in later life and reduces the risk of conditions like Type 2 Diabetes, heart disease and cancer.⁽¹⁹⁾ The UK Government's advice for physical activity is to:

- do strengthening activities that work all the major muscle groups (legs, hips, back, abdomen, chest, shoulders and arms) on at least 2 days a week
- do at least 150 minutes of moderate-intensity activity a week or 75 minutes of vigorous-intensity activity a week
- spread exercise evenly over 4 to 5 days a week, or every day
- reduce time spent sitting or lying down and break up long periods of not moving with some activity.⁽²⁰⁾

Physical activity can help to connect physical and spiritual health:

- ***“Great is our physical demand. We need a healthy body. We dealt much with soulfulness; we forgot the holiness of the body. We neglected the physical health and strength; we forgot that we have holy flesh; no less than holy spirit...” (Rabbi Abraham Isaac Kook)⁽²¹⁾***

The Birmingham Jewish community play a positive role in getting people active from early years to later life. The King David school provide a summer holiday activity programme to keep children moving even when not in school.⁽⁸⁾ Birmingham Jewish Community Care help elderly adults to keep moving through their home outreach work and make movement and dance part of the activities in the Andrew Cohen House retirement home.⁽⁶⁾

The percentage of White British adults (63.1%) and White Other (63.4%) who are physically active (>150 mins/week) is higher than the national average (61.4%).⁽²²⁾ This may suggest that Jewish people partake in physical activity more regularly than other religious groups.

Recommendations:

- To help less active community members start moving more and strengthening, activities that improve posture may be a first step.
- Jewish venues are used as 'safe' environments to deliver culturally-tailored physical activity programmes without language barriers.^{(18),(23),(24)}
- Adults should do some type of physical activity every day. This includes strength-building activities at least twice a week, as well as a minimum of 150 minutes of moderate-intensity activity per week.⁽²⁰⁾

Top 5 tips

1. Encourage daily physical activity and advocate its positive effects regularly.
2. Empower members of the community to help plan, organise and deliver sport and physical activity programmes.
3. Tailor activity and sport to specific ages and abilities, encouraging all to take part.
4. Host regular sports and physical activity sessions at synagogue venues as well as through online video and social media platforms.

5. Signpost to local community groups, leisure centres and online resources, such as the NHS Couch to 5K (below)

Jewish references:

Resources:

- NHS – [Physical activity guidelines](#)
- NHS – [Couch to 5K](#)
- NHS - [12-week fitness plan](#)
- NHS - [Physical Activity for Disabled Adults](#)

Case Studies:

PROTOTYPE

Promoting mental health and wellbeing

Background

“You need to take a holistic approach to mental health and understand identity. So for example someone Jewish who is trying to grapple with an eating disorder may have difficulty with the expectation to fast on Yom Kippur”⁽²⁵⁾

One in four adults and one in 10 children experience mental illness and half of mental health difficulties begin before a child is 14 years of age.⁽²⁶⁾ Isolation is an important factor that leads to higher levels of anxiety and depression within communities.⁽²⁷⁾ This in turn can increase the risk of other conditions such as cardiovascular disease and cancer.

Although there is more awareness and acceptance of mental illness now, stigma persists and people experiencing mental distress are reluctant to disclose it. However, a community that provides social support, a sense of connection and meaning, improved life satisfaction and coping strategies can help.

Those who identify as Jewish are more likely to report poorer mental health compared to all of the other main religious groups within the UK.⁽²⁸⁾ Faith settings need to be mindful of the prevalence of mental health conditions and understand how to promote mental wellbeing and signpost individuals to mental health services and support if required.

There are a few national mental health and wellbeing services designed specifically for the Jewish population:

1. Jami are a national service who offer online peer support, text-based counselling and self-help tools.
2. Raphael offer Jewish centred counselling and psychotherapy.
3. Jewish Helpline offer a first line of support across a range of issues.

Recommendations

- Make referrals to mental health services where you do not feel you can provide support needed
- Provide culturally appropriate spaces tailored to the mental health needs of different groups
- Be physically active which helps to maintain mental wellbeing and improve physical health
- Encourage actions to support wellbeing such as learning something new to boost self-confidence and build a sense of purpose.
- Use techniques to pay attention to the present moment through mindfulness or meditation and more attention to your own thoughts, feelings and the world around us.⁽²⁹⁾

Top 5 tips

1. Religious leaders should discuss mental health openly encouraging people to take action to prevent mental ill health and to seek help early if they need to.
2. Arrange talks or workshops by trusted healthcare professionals and consider including local stories from members of the community
3. Create volunteering opportunities at the synagogue and activities that allow the community to meet and connect with each other, such as classes, religious discussions or sports.

4. Encourage members of the community to become mental health first aid trained. A link for becoming a mental health first aider is in the resources section below.
5. Develop an outreach or welfare programme in which community members are regularly contacted, stay connected and supported when required.

Jewish references:

Resources

- **Mind** - [Birmingham offer outreach services for men's mental health, women's wellbeing and newly arrived communities \(with a Jewish lead worker\)](#)
- **NHS** – [5 steps to mental well-being](#), [Mental health](#) and [Depression and anxiety self-assessment quiz](#)
- **Mind** – [How to improve your mental well-being](#)
- **Improved Access to psychological therapies and service (IAPT)**- [Birmingham Healthy Minds](#) for people seeing to improve symptoms of depression and anxiety
- **Text 85238 for free 24/7 mental health text support at [Shout](#)**

Culture and Faith Sensitive Support

- Jami Jewish [mental health support service](#)
- Jami directory of [mental health resources](#)
- [Jewish helpline](#)
- [Raphael Jewish counselling](#)

Training provision

- Mental health first aid training (MHFA) training – sign up via:
 - [Mental Health First Aid England](#),
 - [Birmingham Solihull Mental Health Foundation NHS Trust](#)
 - [Birmingham Mind](#)
- Racial Equity and Mental health course by [MHFA](#) or [Helplines Association Course](#) for basic counselling skills and referrals

Case studies

Promoting healthy relationships

Background

Healthy personal relationships are a vital component of health and wellbeing. Evidence suggests that strong, meaningful relationships can contribute to a long, healthy and happy life, with a sense of greater fulfilment. At the same time, the health risks of being alone, isolated or involved in an unhealthy relationship are similar to the risks associated with smoking, substance misuse and obesity¹. Our mental health and well-being are intricately connected to our personal relationships.

Whilst there are differences in recognised forms of relationships and marriage between liberal/progressive Jews and orthodox Jews, overall, love is defined within Judaism as an experience of divine love between couples.⁽³⁰⁾ Marriage is an important aspect of life for Jews, uniting two people for the rest of their lives.

As social norms have changed over time, Jews find themselves navigating modern ideas of relationship, sex and sexuality. For everyone in the circle of contact, providing relationship, sexual health and wellbeing support is important.

Recommendations

- Take opportunities to encourage and support extended family relationships where this provides a healthy support network.
- Promote the positive benefits of healthy relationships on mental well-being and minimising loneliness, isolation and depression.
- Promote healthy relationships inside and outside the home, including at work and at school
- Take action to protect people from abuse in relationships

Top 5 tips

1. If as a faith institution you are unable to support with particular types of relationships or sexual health support, signpost on using one of the services below
2. Consider targeted assemblies for adolescents and young adults to explore what makes a positive relationship
3. Provide spaces for young people to speak about relationship expectations and learn mutual respect and consent.
4. Take opportunities of synagogue involvement in life's milestones to promote positive relationships and act if you see abuse.
5. Share details of relationship support groups and services with your community

Jewish references

Resources

Services to support your community Directories of support

- **NHS** - [sexual health clinics](#)
- **Sex Wise** - [Directory of sexual health clinics and sexual wellbeing advice](#)

Birmingham based sexual health support

- [Umbrella sexual health services](#)

- [Birmingham LGBT sexual health support](#)

Faith-centred support

- **Jewish Marriage Council** ([Sensitive Support for Jewish people](#))
- [The Jewish LGBT+ Group](#)
- **JAT (Jewish action and training for sexual health)** is the only charity in the UK providing [sexual health programmes for the whole of the Jewish community](#). It also supports Jewish people and their carers who are living with HIV and AIDS

Contraception advice

- **NHS** - [contraception advice](#)
- **Sex Wise** - [contraception advice](#)

Youth relationships support

- [Online resources at The Mix](#)
- If you're concerned that someone may be at risk of female genital mutilation, contact the NSPCC helpline on 0800 028 3550 or fgmhelp@nspcc.org.uk

Adult relationships support

- **Umbrella Health** – [Psychosexual support](#)
- **NHS** - [Female sexual dysfunction support](#)
- **NHS** - [Male sexual dysfunction support](#)

LGBT sexual health and relationships support

- NHS - [sexual health resource for lesbian and bisexual women](#)
- NHS - [sexual health resource for gay and bisexual men](#)
- The Mix - [youth support for gender and sexuality](#)

Case Studies

Infographic



What makes a relationship **healthy**?

PROTOTYPE

Conception and pregnancy

Background:

Family and children play an important role in Jewish life. but conception and pregnancy are not always easy. Faith leaders can play an important role in supporting couples who struggle with conception or baby loss.

Although for many parenthood is a time of joy, many women struggle with mental wellbeing during pregnancy and after giving birth or suffering a miscarriage, including depression, anxiety and for a small number, psychosis.⁽³¹⁾ Mental health support from the perinatal mental health team, can be accessed via the GP during pregnancy and following birth.⁽³²⁾

Pregnancy is a time when domestic abuse is more likely to start or worsen. Pregnant women may feel less able to take action than at other times, for example they may be financially dependent on their partner, or more isolated than usual.

Teachings around family planning vary between orthodox and reform Jews. When it comes to finding support to conceive, some members of the community may prefer Jewish specific fertility services because these services will understand the rules and laws that govern marital relationships. Chana is one fertility organisation who help Jewish women through this journey.⁽¹⁰⁾

Children born of Jewish descent are genetically more at risk of developing Tay-Sachs disease although many cases occur in people from other backgrounds. Tay-Sachs is a rare but potentially serious disorder affecting neurological development.

Genetic testing and counselling can support families who are trying to conceive to understand the risk of their children having Tay-Sachs. NHS genetic counselling can be arranged by the GP.

Early-onset of Tay-Sachs can be fatal, due to an increased risk of lung complications such as pneumonia and it may be that Jewish communities will need to offer extra support support to families who have lost their children or are navigating end of life care.

Around 1 in 7 couples struggle to conceive⁽³³⁾ and 1 in 4 will miscarry, usually in early pregnancy.⁽³⁴⁾ For couples struggling to conceive, NHS funded diagnosis and treatment is available in Birmingham and can be accessed through the GP.⁽³⁵⁾ Prospective LGBTQ+ parents can also talk through their options for parenthood with their GP.⁽³⁶⁾ In general, good nutritional health, a healthy weight, giving up smoking, and taking folic acid can improve the likelihood of conception.^(35, 36)

Recommendations:

- Share information on healthy living to people planning pregnancy for example maintaining a healthy weight and avoiding alcohol and smoking.⁽³⁷⁾
- Share information on healthy eating during pregnancy, encouraging pregnant women to eat a variety of foods including 5 portions of fruits and vegetables, carbohydrates, protein, fibre-rich foods and dairy.⁽³⁸⁾
- Encourage pregnant women to limit their consumption of caffeine to 2 cups of tea/instant coffee or 1 cup of ground coffee.⁽³⁸⁾
- Share information on healthy living during pregnancy, women may continue or start moderate exercise (e.g. 30 minutes walking everyday) during pregnancy.⁽³⁸⁾

- Watch for signs of domestic abuse and take action accordingly.
- Share information on vitamin supplementation for women trying to get pregnant, who should take a daily folic acid supplement and a vitamin D supplement. This should continue throughout their pregnancy.⁽³⁸⁾

Encourage women to tell GPs and maternity services they are Jewish and seek advice about genetic risk

Top 5 tips:

1. Consider pregnancy support groups with sessions on healthy eating, exercise,, mental wellbeing
2. Encourage pregnant women to attend antenatal appointments, tests and ultrasound scans.
3. Know where to seek help for domestic abuse victims
4. Be available to offer pastoral care to prospective parents.
5. Encourage community support groups for both parents during pregnancy and post-partum periods.

Jewish References:

Resources:

- **NHS** – [Pregnancy](#): This guide includes all you need to know about trying for a baby, pregnancy, labour and birth.
- **Royal College of Obstetricians and Gynaecologists** – [Patient information leaflets](#): Up-to-date leaflets on a variety of topics around pregnancy and childbirth.
- **Chana**, faith-sensitive fertility support can be contacted [here](#)
- **National Childbirth Trust** – [Wealth of online resources about being a parent and information on courses and workshops.](#)
- **National Institute for Health and Care Excellence** – [Fertility problems](#): Trying for a baby? Some things you can do to improve your chances of getting pregnant.
- **Royal College of Obstetricians and Gynaecologists** – [Male fertility problems.](#)

Baby loss

- [Tommys baby loss support page for miscarriage, still birth, neonatal death and terminating a pregnancy for medical reasons](#)
- [Miscarriage Association helpline](#)
- **NHS** – [Tay-Sachs disease](#)

Birth and the fourth trimester (post-birth)

- [Information and support for parents of premature babies](#)
- [NHS Information about birthing options](#)
- [Tommy's birth and recovery support](#)

Tay Sachs

- [eCure & Action for Tay-Sachs \(CATS\) Foundation](#)
- [Climb](#)
- [Genetic Alliance UK](#)

- The [National Tay-Sachs & Allied Diseases Association \(NTSAD\)](#) – an American foundation for people with Tay-Sachs disease

Case Studies:

Infographic:



Healthy Pregnancy

Supporting Healthy Children

Background:

Eating well, exercise and emotional development are important pillars of childhood health. There are health challenges for children in the UK with 1 in 5 reception class children and 1 in 10 year 6 children obese or overweight.⁽³⁹⁾ In reception, 22.7% of White British, and 20.7% of White Other children are overweight or obese, compared to the national average of 22.4%.⁽⁴⁰⁾

The West Midlands has the highest rates of childhood obesity in the UK.⁽³⁹⁾ It is more common in deprived areas and where other members of the family are also too heavy. Parental access to nutritious food is also a factor.^(41, 42)

Schools can have a positive impact on achieving and maintaining a healthy weight throughout childhood and later life development through their food and activity provision. The King David School, Birmingham, applies Jewish principles to support the wellbeing of students from a range of faith backgrounds in the Moseley and central Birmingham area. The school actively demonstrates nutritional health in their lunch provision and also encourages children to be more mindful of food with a weekly kiddush (Shabbat meal) in which the children take it in turns to lay the table and take part⁽⁸⁾ This is maintained through the holidays, where the school keep children active by taking part in the Birmingham holiday activities and food programme, providing activities like Zumba, martial arts and drumming and hosting a holiday healthy eating club.^(8, 43)

Around a Jewish boy's 13th birthday, a Bar Mitzvah ceremony is celebrated to mark progression from childhood to adulthood and an acceptance to living according to Jewish Law. At the ceremony, the boy reads from the Torah and puts on the tefillin for the first time. Reform and Liberal Jewish communities follow a similar ceremony for girls, which is called a Bat Mitzvah.⁽⁴⁴⁾

Recommendations:

- Promoting supportive family and social structures helps to promote childhood mental health and well-being.
- Take steps to include children of all abilities and backgrounds in activities.
- Include **physical activity** in child programmes which improves overall health during childhood and in adulthood.
- Model a **healthy diet** at synagogue events, with a varied and balanced food offer.
- **Health promotion** such as awareness of the benefits of vaccination,⁽⁴⁵⁾ breastfeeding,⁽⁴⁶⁾ and measures for accident prevention are also important.
- Watch out for evidence of neglect and harm, and take action.

Top 5 tips:

1. Try key child health awareness mini-topics in children's assemblies e.g. good sleep habits, talking about emotions, handwashing, minimising screen-time, etc.
2. Incorporate 'own your health' activities into your programme, e.g. cooking with Dad during Father's Day.
3. Encourage children to talk about their experiences and attention to emotions and mental wellbeing.
4. Promote a balance in screen time with a mix of screen and non-screen activities, and education for parents around reducing screen-time

5. Provide active and reflective spaces for young people to develop socially, emotionally and in which to be active

Jewish references:

Resources:

Resources for under 5's:

- [The Chief Medical Officer's physical activity advice for early years](#)
- [Nutrition guidance for babies and toddlers](#)
- [The healthy start scheme offers access to nutritional food for pregnant and breastfeeding mothers](#)

Resources for 5-18's:

- Football clubs Aston Villa and West Bromwich Albion both recruit primary school aged families to compete for them against other football clubs in a tournament of sustainable food-making, craft and outdoors activities. Sign your organisation up to play [here](#)
- [NHS Food scanner allows you to see at a glance how healthy your food is, and it suggests swaps you can make](#)
- [See how you can get involved in the Holiday Activities and Food programme in Birmingham](#)
- [The Chief Medical Officer's physical activity advice for children and young people](#)

Case studies:

Long-term disease

Background

As we age as a society we are living longer overall and live for more years with chronic conditions and ill health. There is much that can be done to prevent long term conditions and to prevent their progression and impact on our lives. The synagogue can help support people to manage their health and maintain a good quality of life.

Diabetes:

People with Diabetes are not able to regulate their own blood sugar appropriately. Over time this leads to damage to blood vessels which increases the risk of blindness, amputation, heart attack and stroke, kidney disease and even sexual problems.⁽⁴⁸⁾

Some people develop Type 1 diabetes at an early age and have to carefully manage the disease for many years. This can be challenging for some young people as it impacts their social lives as well as managing the practicalities of having to monitor their blood sugar and medications closely.

Type 2 diabetes develops later in life and if caught early can be reversed with lifestyle changes. Others require medication to manage the condition. Diabetes is more common in men and people from Black ethnic groups are nearly twice as likely to have the disease compared with people from white, mixed or other ethnic groups.⁽⁴⁹⁾

Cardiovascular disease:

Cardiovascular disease (CVD) relates to the conditions affecting the heart or blood vessels and is the leading cause of death nationally and in ethnic minority groups, causing 24% of all deaths in England and Wales in 2019. The risk of developing high blood pressure is lower amongst White Europeans, while rates of CVD are lower amongst White-ethnic groups compared to people of Black ethnicity.⁽⁵⁰⁾

Musculoskeletal conditions:

Good musculoskeletal health is an important component of maintaining an individuals' functional abilities throughout their life course and is fundamental to healthy ageing, reducing the risk of falls.⁽⁵¹⁾ More years are lived with a musculoskeletal (MSK) condition than any other long-term condition. MSK conditions affect people of all ages but become more common with increasing age. In total over 20 million people in the U.K live with an MSK condition and good MSK health means more than the absence of a musculoskeletal condition, rather meaning that the muscles, joints, and bones work well without pain.⁽⁵²⁾

There are three main groups of MSK conditions:

1) Inflammatory Conditions, such as rheumatoid arthritis, can affect anyone at any age and are rapid in onset. Not smoking and maintaining a healthy weight lessen the risk and the impact. Over 430,000 adults in the U.K. have rheumatoid arthritis and usually specialist treatment is needed. Conditions of MSK pain, such as osteoarthritis or chronic pain, are more common with rising age, are gradual in onset and affect the joints, spine and pain system. Over 8.5 million people have Osteoarthritis in the U.K

3) Osteoporosis and fragility fractures, such as a fracture or a fall from a standing height, mainly affect older people most commonly affecting the hip, wrist and spinal bones.

Those struggling with their MSK conditions have the most to gain from the right support. Synagogues and their faith leaders can help by signposting people to help and encouraging compliance with recommended medication, exercise and diet regimes. Living with pain can make people down and isolated and opportunities to maintain mental wellbeing are important.

Recommendations

- Share the message that long term illness as we age is not inevitable. We can all take steps to stay as well as we can.
- Raise awareness of common long-term conditions that can have a significant impact on future health such as high blood pressure, obesity, heart disease, stroke and diabetes, particularly in communities where these are more common.
- Encourage people to act on the early symptoms of disease.
- Encourage people to actively manage their conditions and maintain their mental as well as physical health.
- Promote healthy behaviours, such as a good diet staying active.

Top 5 tips

1. Encourage people to seek medical advice early and signpost to resources such as the NHS Choices health apps.
2. Host health awareness events in conjunction with healthcare professionals, local and national charities and healthcare organisations.
3. Support national campaigns such as Change4Life, Healthier You and Act FAST.
4. Liaise with local Pharmacists to host or share information on medicines information events
5. Ensure synagogue activities are accessible and inclusive for people with long term conditions to help maintain their mental wellbeing.

Jewish references

Resources

Diabetes

- **NHS** – [Get tested for diabetes](#)
- **NHS** - [Support for type 2 diabetes management](#) and Gestational diabetes - [when your body cannot produce enough insulin during pregnancy](#)
- [Birmingham Diabetes Service information](#)
- **Diabetes UK** - [online information and support](#)

Cancer

- **NHS** - [Support for cancer](#)
- **NHS** - [How to spot cancer](https://www.nhs.uk/conditions/cancer/symptoms/) - <https://www.nhs.uk/conditions/cancer/symptoms/>
- [Birmingham and Solihull drop in cancer support centre \(children and adults\)](#)
- **Macmillan Cancer Support** – [Cancer information and support](#)
- **Chai Cancer Care** provides [comprehensive, professional and expert services](#) to any member of the Jewish community affected by cancer - patients, their families and friends -

Musculoskeletal conditions

- **NHS** – [Musculoskeletal conditions](#)
- **NHS**– [Arthritis advice and guidance](#)
- **NHS**- [Rheumatoid Arthritis advice and guidance](#)
- **NHS Birmingham Community Healthcare Trust**- [MSK Physiotherapy](#)

Cardiovascular Disease

- **NHS** - [Support for a stroke](#)
- [Birmingham and Solihull stroke recovery service](#)
- **NHS** – [Information on cardiovascular disease](#)

Case studies

Key Dates

<p>JAN</p> <p>National Obesity Awareness Week - Cervical Cancer Prevention Week - Dry January</p>	<p>FEB</p> <p>National Heart Month - World Cancer Day</p>	<p>MAR</p> <p>Prostate Cancer Awareness Month - National Salt Awareness Week - World Oral Health Day</p>	<p>APR</p> <p>Bowel Cancer Awareness Month - Stress Awareness Month - World Health Day</p>
<p>MAY</p> <p>Action on Stroke Month - Mental Health Awareness Week - World Hypertension Day</p>	<p>JUN</p> <p>Men's Health Week - Diabetes Week</p>	<p>JUL</p> <p>24/7 Samaritans - The Big Listen - World Hepatitis Day</p>	<p>AUG</p> <p>World Breastfeeding Awareness Week - Cycle to Work Day</p>
<p>SEP</p> <p>Know Your Numbers Week - Organ Donation Week - National Fitness Day</p>	<p>OCT</p> <p>Breast Cancer Awareness Month - National Cholesterol Month - World Mental Health Day</p>	<p>NOV</p> <p>National Stress Awareness Day - World Diabetes Day - Alcohol Awareness Week</p>	<p>DEC</p> <p>World AIDS Day - International Day of Persons with Disability</p>

Promoting ageing and dying Well

Background

"I love living at Andrew Cohen House because I can have kosher food."⁽¹⁰⁾

The Birmingham Jewish community has a significant elderly population⁽²⁾ and faith-based services have developed to support these members of the community where younger family members may be unable or too far away to support. Older people are over-represented in some congregations, many of whom are actively involved in supporting others. Jewish-led community volunteering can provide a sense of purpose, important for wellbeing, and can increase social interaction at older age preventing loneliness.

Frailty and falls

Frailty is a risk for people as they get older with more than half of over 85s considered frail.⁽⁵³⁾ Ageing is also associated with an increased risk of falling, due to many factors including sight and muscle loss, deterioration of balance and use of certain medications. Bones weaken as we get older, meaning that elderly adults are more prone to bone fractures when they fall. Where frailty exists, the person is likely to require assistance to remain independent at home.

It is particularly important to take action after a first fall, even if no injury was sustained to ensure that all risks for further falls are managed.

Mental health

Poor mental health is also a significant health concern amongst older people. The most common problem is depression, which affects around one in five older adults. For those with physical illness the risk is doubled for those in hospitals and trebled for those in care homes. Supporting older people to be social, keep active and stay independent in the home can be beneficial for overall wellbeing.

Dementia

Dementia refers to a group of related syndromes associated with a decline of brain functioning. The most common forms are Alzheimer's Disease and vascular dementia. The risk increases with age, especially after the age of 65⁽⁵⁵⁾ Affecting one in 14 people over the age of 65 and one in 6 over 80.

The number of people with dementia is increasing because people are living longer. It is estimated that by 2025, the number of people with dementia in the UK will be more than 1 million.⁽⁵⁴⁾ The Race Equality Foundation cite that it is important to recognise the faith and cultural traditions of Jewish people living with dementia, supporting them to live well as the condition progresses.⁽⁵⁵⁾

Digital Poverty

Digital exclusion is common within people of older age. Around 5 million people over the age of 55 are not online.⁽⁵⁶⁾ As many parts of society move online, there are a rising number of older people who are less connected to society, as they have limited access to online services. This can cause a lack of opportunity, access, knowledge and information for older adults.

Bereavement

Grieving the death of a loved one is an individual process. Not everyone deals with death in the same way, but grieving is part of the process that helps one to come to terms with a loss of a friend or family member. In Jewish tradition, burial usually occurs as soon as possible after death. A burial ceremony takes place at a cemetery. Within Judaism, there are stages of mourning: Shiva, Avelut and Yahrzeit seen as helping to process death of a loved one.

The risk of an elderly person dying within the first three months following the death of their spouse is greatly increased. Therefore, the faith setting needs to ensure support is given to individuals in the immediate months following the death of a partner.

Recommendations

- Ensure synagogue activities are inclusive for people with reduced mobility, visual or hearing problems
- Be dementia friends
- Encourage people to keep mentally active by reading, learning new things and playing educational games and puzzles.⁽⁵⁷⁾
- Encourage people to stay as active and fit as they can
- Help people to connect and socialise with each other, arrange meetings and activities that involve getting together and volunteering opportunities.
- Link people with community volunteering programmes/
- Talk about dementia encouraging people to seek a diagnosis and treatment.⁽⁵⁸⁾

Top 5 tips

1. Consider hosting welfare sessions
2. Hold physical activity classes/opportunities for older adults to keep their muscles strong and to keep their body moving.
3. Appoint an advocate for dementia from the community.
4. Consider support and social sessions for carers
5. Help older people access digital services and learn technical skills

Jewish references:

Resources

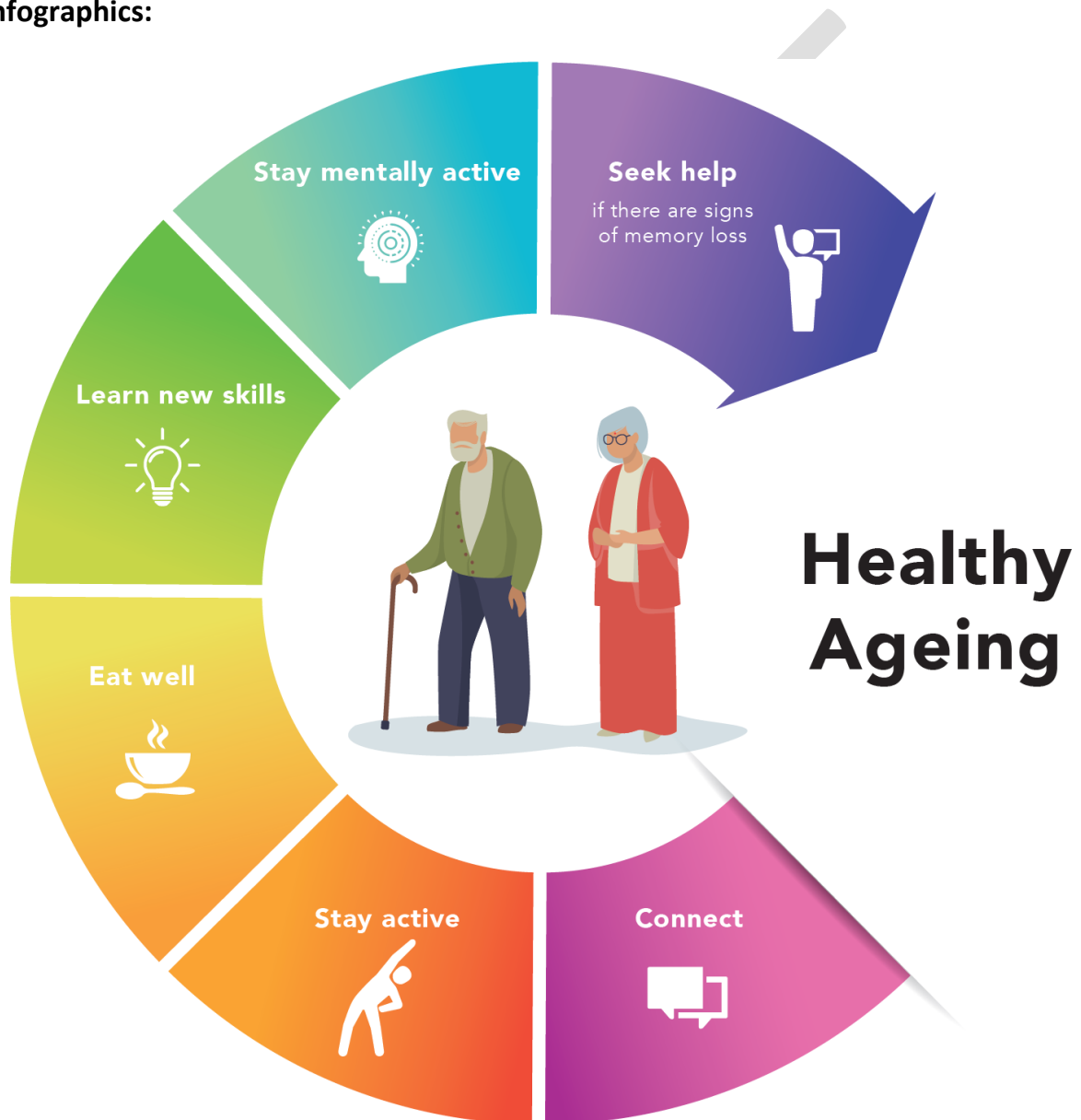
- **Birmingham City Council** – [Ageing well services](#): information of a range of organisations providing information, support and advice to help lead a healthier and happier life.
- **Age UK** – [10 tips for ageing better](#): Tips for living healthily and happily for longer. [Making the most of the internet](#): Step-by-step guides to help you feel confident and stay safe online.
- **Alzheimer's Society** - [Five things you should know about dementia](#).
- **Dementia Action** – [Dementia friendly physical environments checklist](#): small changes that can have a major impact on improving accessibility for people with dementia.
- [Birmingham Jewish Community Care](#)
- Birmingham Jewish Community Care (BJCC) are a faith-based organisation who go out to elderly members of the community to help them to live independently, signposting or involving other organisations to support them. BJCC often support mental health, those impacted by dementia and with frailty. BJCC also have sheltered housing with 34 flats and a warden for supported independent living. Before the pandemic. BJCC ran a lunch club twice

a week at their community centre with a minibus to collect people. This was to reduce isolation amongst the elderly.

- [Andrew Cohen House Nursing Home](#) is also available for the wider community. 25% of residents are Jewish and the centre is run following Jewish principles, so all food and communal kitchens keep kosher and residents celebrate Jewish holidays. There is even a small synagogue inside.⁽⁵⁹⁾

Case studies:

Infographics:



Preventing abuse and violence

Background

"I wish that all the ills out there within our society did not affect our homes and our communities. But sadly, that's not the case. We're not immune to anything and that includes domestic violence. Domestic violence is 'rishut' – cruelty – it is totally unacceptable and we cannot allow ourselves to turn the other cheek to it."(60)

Needs

Abuse takes many forms. Emotional abuse is where control is exerted over someone by undermining independence e.g. controlling finances, limiting a person's social contact and limiting their movement. Domestic violence is the use of threats and or physical violence like pushing, hitting or choking or any unwanted, forced or pressurised sexual engagement. Domestic abuse can happen to women or men and in same sex as well as heterosexual relationships.⁽⁶⁰⁾

Child sexual abuse (CSA) and child sexual exploitation (CSE) can happen to any child, but groups considered particularly vulnerable are homeless, those in care and young carers.⁽⁶¹⁾ The sharing of indecent images, indecent internet interactions as well as physical assault are all considered forms of abuse. CSE happens when children are groomed, initially developing trust or an exchange of needs with the perpetrator (e.g. gifts, accommodation or attention) who then goes on to exploit them.^(61, 62)

Gender based violence, or violence against women and girls encompasses the range of violent acts towards women, because they are women This can take the form of sexual harassment online, sexual harassment in public, assault and rape. Female genital mutilation (FGM) is also a form of violence against women.⁽⁶³⁾

When considering forms of abuse, it is important to include spiritual abuse which is defined as: "Coercion and control of one individual by another in a spiritual context,"⁽⁶⁴⁾ is where misuse of scripture can be used to coerce the victim. Clearly there is an important role for the synagogue in identifying and taking action where this occurs.

Disclosure of abuse may occur to trusted members of the synagogue and there is a duty of care to act when this is the case.

Recommendations

- Take opportunities to promote the importance of non-violence and zero tolerance of abuse
- Ensure you have an appointed lead for safeguarding for your institution and clear processes when abuse is disclosed
- Ensure children's assemblies are conducted with at least two Disclosure and Barring Service-cleared adults present at all times.
- Ensure information you share has the correct permissions

Top 5 tips

1. Consider hosting workshops to teach parents, children and young adults to be alert to online grooming and abuse, and how to stay safe online.
2. Have a clear policy for safeguarding children and adults and trained leads for safeguarding.
3. Ensure adults working with children have enhanced Disclosure and Barring Service clearance.
4. Raise awareness about domestic abuse and how to get help.
5. Raise awareness of factors that may lead to violence and abuse such as financial worries, unemployment, stress within the family and how to get help for these stressors.

Jewish references:

Resources:

If you suspect child abuse is happening, [Birmingham Children's Trust](#) offer the following information:

- The Children's Advice and Support Service (CASS) provides a single point of contact for professionals and members of the public who want to seek support or raise concerns about a child.
- We want to keep all children and young people in Birmingham safe from harm. If you are concerned about a child please contact us. We will listen, assess your concerns, and can take action if a child is at risk.
- If you're not sure whether a child is at risk you can discuss the circumstances with us or with someone else who works with children, such as a teacher, health visitor or the NSPCC. All professionals who work with children have a responsibility to safeguard them and will know how to help.
- Contact details: 0121 303 1888; emergency Emergency out-of-hours 0121 675 4806.

Support for victims of domestic abuse

- Guidance to support anyone in a DV situation including, how to help them hide their tracks [online](#)
- If you need somewhere to stay, any of the refuge services will help you
- Council tenant's can call us on 0121 464 4700 and choose option 4 for antisocial behaviour [West Midlands Police Domestic Abuse support](#)
- [Birmingham and Solihull Women's Aid Domestic Abuse Helpline](#) - 0808 800 0028
- [Birmingham LGBT Domestic Abuse Service](#) - 0121 643 0821
- [Domestic abuse in pregnancy support](#)

Faith-related resources:

- **Jewish Women's Aid Toolkit** - [Training and Resources for organisations](#)
- [Jewish Women's Aid Schools' programme](#)
- [Jewish Women's Aid helpline and services](#)
- **Shema Koli** - [Support for victims of abuse \(children and young people or adult survivors\)](#) -
- **Shema Koli** - [Training in spotting the signs and keeping children safe](#)
- **Migdal Emunah** - [support for victims of sexual abuse and their families](#)

- **Migdal Emunah** - Training in safeguarding, child sexual abuse, sexual violence of adults, myths & stereotypes and cultural training with regards to sensitivity to the [Jewish community](#)

Support for survivors of other forms of abuse and violence

- [Women's Aid chat service](#)
- [Refuge helpline and chat](#) - <https://www.nationaldahelpline.org.uk/en/Chat-to-us-online>
- [Safe space for sex workers](#) - <https://umbrellahealth.co.uk/our-services/safe/>
- [Help after rape and sexual assault](#)
- [LGBT abuse helplines](#) - <https://galop.org.uk/types-of-abuse/>
- [English National Domestic Violence Helpline](#) - 0808 2000 247. For Help Text 'NCDV' to 60777
- [Disrespect Nobody](#)
- [Galop \(for lesbian, gay, bisexual and transgender people\)](#) - 0800 999 5428 -
- [Men's Advice Line](#) - 0808 801 0327 - www.mensadvice.org.uk
- Paladin (National Stalking Advocacy Service) - 020 3866 4107. [Paladin assists with high risk victims of stalking throughout England and Wales](#)

Case studies:

Addressing addiction – alcohol, gambling, smoking and substance misuse

Background

“In recovery I’ve met others who understand me. I’ve found friends, with whom I feel comfortable to chat, vent, sit in silence or cry without feeling self-conscious. Recovery has introduced me to people with whom I can share my story without worrying about what they might think or who they might tell.”⁽⁶⁵⁾

Addictive behaviour can take many forms and affects not only the addicted individual but their families and the communities around them. Addiction is frequently hidden and if acknowledged, is challenging to overcome. Jewish communities are well placed to support people to tackle their addictions and support individuals and families in recovery.

Many Jewish organisations in the city are involved in outreach work that meets complex needs helping to provide a community of support and help with meaning-making.

Alcohol

The harms of alcohol are often underestimated. Among working age adults, alcohol is the leading cause of ill-health, disability, and death.⁽⁶⁶⁾ Problem alcohol use is currently on the rise in the West Midlands with a roughly 50% increase in the last 10 years.⁽⁶⁷⁾

Judaism permits moderate alcohol consumption and alcohol is often used within Jewish ritual practices, such as Kiddush. Wine, particularly red wine, is seen as something to be enjoyed, but treated with caution.

The rates of those who harmfully drink are highest amongst people of White British ethnicity (22.6%), compared to White Other (14.8%) and Black (7.1%).⁽⁶⁸⁾ In recent years a trend of people consuming alcohol at an earlier age and drinking more has emerged, particularly at home. The rates of those who drink at harmful levels are highest amongst people of White British ethnicity (22.6%), compared to White Other (14.8%) and Black (7.1%).⁽⁶⁸⁾

Alcohol consumption is particularly harmful during pregnancy, limiting the development of the baby’s brain and other organs.

Smoking

The contribution of smoking to heart diseases, lung diseases, and general ill health is well known. Smoking shortens life expectancy, Men who never smoke have a 78% chance of reaching 73; those who start smoking by the age of 20 and never stop have a 42% chance.⁽⁶⁹⁾ Smoking is strongly discouraged within Judaism.⁽⁷⁰⁾ Estimates indicate that Jews are more likely to be smokers than Sikhs, but less likely than any of the other 4 main religious groups within England.⁽⁷¹⁾

Harm from smoking is shared, with most second-hand smoke being odourless, meaning people can unknowingly breathe in harmful poisons, no matter how cautious the smoker is being. For those who have not yet decided to stop smoking, it is important to not smoke indoors to protect others from second-hand smoke. Passive smoking is particularly dangerous to children, pregnant women and people with chronic respiratory conditions.

Gambling:

Another form of addiction, gambling, has seen a rise in recent years as online gambling has become more common. The accessibility of gambling has resulted in an estimated 1.4 million people within the UK being harmed by their own gambling, while a further 1.5 million are at risk.⁽⁷²⁾ In 2019, the Gambling Commission launched a three-year strategy seeking to improve prevention, education, treatment and support for problem gamblers.

Substance misuse

Many people use substances recreationally at some point in their lives and this carries its own set of risks of health harms, victimisation and criminality. Substance misuse covers a broad range of addictive behaviours with health harms. For example, those who inject drugs are likely to be exposed to blood-borne diseases such as HIV and hepatitis. Smoking drugs adds similar risks to smoking tobacco. Psychoactive substances can cause and exacerbate serious mental health conditions, such as paranoia and depression.⁽¹³⁾

The recreational use of prescription or over-the-counter drugs has increased.⁽⁷³⁾ Their use recreationally, either on their own or in combination with other substances, both licit or illicit, including New Psychoactive Substances (NPS) has adverse impacts on health. They are of relative ease to access, with low cost, a decrease in the perception of the potential for harm and growing social acceptance or less stigmatisation.^(74, 75) Adverse mental health, physical health, and social problems can develop with regular and substantive use, and where use escalates, the risk for further harm will accumulate and increase morbidity.

Prevention and treatment

Prevention works, the sustained work on smoking has resulted in fewer smokers and Birmingham has an ambition to be smoke free by 2030.

Treating addiction is complex and may require medical and social support to be successful. Detoxing without specialist care can be extremely dangerous and should not be attempted. People with addiction issues may also have other needs which have made them vulnerable to substance misuse. In addition, addiction increases the risk of ill health, homelessness, worklessness and social isolation.

Each person will require a bespoke approach for their problem, Emphasis on acknowledging a problem, the possibility of personal change and the benefits of treatment is likely to be helpful.⁽⁷⁶⁾

“Twelve-step” groups are often used to support those with addiction issues. However, the regular programme features Christian religious practices, such as the Lord’s Prayer, which may be difficult for a Jewish user. Adaptation of the “twelve-step” programme featuring Jewish elements may be more beneficial for Jews attempting to break addiction.⁽⁷⁰⁾

Recommendations

- Encourage non smoking, and signpost people to help if they cannot quit alone
- Reduce the stigma surrounding substance misuse and encourage people to seek help from healthcare services.
- For those dependent on alcohol or drug additions, help from specialist services is essential to help cut down or stop completely.

Top 5 tips

1. Raise awareness of the negative impact of smoking and second-hand smoking, alcohol misuse and illicit drugs through religious discourses and health seminars.
2. Educate children and youth of the harms of substance misuse and involve them in creating content for newsletters and posters that can be displayed in the synagogue.
3. Raise awareness of national campaigns such as Dry January, Stoptober and Alcohol awareness week in November.
4. Keep leaflets and resources that can be picked up by people and know where to direct them for help: GP, pharmacist, local health services or online.
5. Arrange drop-in sessions where specialists can provide advice and support about smoking and alcohol to community members in their own language.

Jewish References

Resources

Faith-centred support:

- **Chabad Jewish Recovery** [peer support online](#)
- **Jewish Community Recovery** [online resources](#) – or on [Facebook](#) – on [Instagram](#)
- **Jami** - [Online emotional wellbeing support by Jami](#)

Other resources:

- **NHS** – [Self-help tips to stop smoking](#), [Paan, bidi and shisha](#), [Find stop smoking services](#), [Alcohol misuse](#), [Alcohol support](#) and [Drug addiction](#).
- **Smokefree National Helpline** – Free advice: Call 0300 123 1044 and ask to speak to an interpreter for the language you need.
- **Quit with Bella app** – [AI powered personal stop smoking coach](#)
- **Alcohol Change UK** – [Checking your drinking](#), [Alcohol fact sheets](#) and [Tips for cutting down](#)
- **KIKIT** is a Birmingham based culturally sensitive service for Black, Asian and Minority Ethnic groups [suffering drug and alcohol addiction](#)
- **12-steps programme for drug addiction**
- [GamCare](#) offers free information, support and counselling for problem gamblers in the UK.

Case studies

Preventing infection and improving vaccination uptake

Background

“We should recognise Hashem is calling upon us to be His partners. He wants us to have hishtadlut, our efforts to behave with responsibility, at this critically important time to ensure that we don’t take any risk with regard to our health and that we responsibly safeguard and protect the lives of others.”⁽⁷⁷⁾

Health protection means preparing for waves of infection, such as flu and the coronavirus, as well as protecting against environmental hazards such as chemicals and radiation. To prevent infection, synagogues and other Jewish faith settings should enforce effective hand washing and sanitising amongst those using the synagogue, as well as regular and effective cleaning.

Vaccination can be really important in protecting against many diseases, preventing up to 3 million deaths worldwide every year. Since vaccines were introduced in the UK, diseases like smallpox, polio and tetanus that used to kill or disable millions of people are either gone or seen very rarely. The annual flu vaccine also helps to protect the most vulnerable groups from serious or fatal illness.⁽⁷⁸⁾

Overall, the population of Birmingham has a significantly lower than average rate of childhood and flu vaccinations.⁽⁷⁹⁾ Even before the Covid-19 pandemic, Birmingham had amongst the worse vaccine coverage in the country. Uptake of MMR (Measles, mumps and rubella) vaccine was only at 83% where the target for the UK is 95%.⁽⁸⁰⁾ Vaccine and booster uptake to protect against COVID 19 has also been lower in the city.⁽⁸¹⁻⁸³⁾

According to the Office for National Statistics, COVID-19 vaccination rates between the 8th December 2020 and 12th April 2021 amongst Jewish people were higher than Buddhists, Muslims and those with no religion, but lower than Sikhs, Hindus and Christians.⁽⁸⁴⁾

Faith communities throughout the city have signed up to be Community Champions, engaging directly with their communities to increase understanding and uptake of life saving vaccines.^(67, 76)

Recommendations

- Encourage vaccine uptake in children and adults, for example for flu, COVID, TB, travel vaccines and routine childhood vaccinations
- Educate about the importance of health as well as various diseases and empower them to take ongoing responsibility for their own health
- Encourage effective hand washing and sanitising amongst those using the synagogue, as well as regular cleaning

Top 5 Tips

1. Raise awareness of vaccination through religious talks and seminars, videos and social media channels.
2. Encourage those travelling abroad to book travel clinic appointments with healthcare professionals, to ensure recommended travel-related vaccines and anti-malaria tablets are taken.
3. Raise awareness of health and disease through religious discourses, smaller group discussions, talks, leaflets, posters, publications and online platforms.

4. Adhere to public health advice in response to COVID-19, including regular hand-washing and limiting contact when experiencing symptoms of COVID-19
5. Encourage people taking antibiotics to follow information from their healthcare provider

Jewish references

Resources

Services to support your community Vaccination support

- Become a [community champion](#) for the COVID-19 vaccines
- **NHS** - Learn more about [vaccines](#)
- **Birmingham City Council** - [How to book a COVID-19 vaccine in Birmingham](#)
- **NHS** - [The flu vaccine is available for free at GP services and pharmacies if you are:](#)
 - 50 and over
 - have certain health conditions
 - are pregnant
 - are in long-stay residential care
 - on a carer's allowance
 - or are the main carer for an older or disabled person who may be at risk if you get sick
 - live with someone who is more likely to get infections (such as someone who has HIV, has had a transplant or is having certain treatments for cancer, lupus or rheumatoid arthritis)
 - a frontline health or social care worker.

Antibiotics and medication

- **NHS** – [Antibiotics](#)

Case Studies

Health screening

Background

“The Ashkenazi population has a high rate of carriers of BRCA mutations: about 1 in 40 compared to 1 in 800 in the general population. Although not every person who tests positive will get cancer, the risk can be greatly reduced if preventative measures are taken.”⁽⁴⁷⁾

Sh'mirat haguf, a term translating as guarding the body is important amongst Jews. This may include embracing in things that benefit the body, as well as attending health screening checks.

Birmingham has a significantly lower than average rate of cancer screening coverage for breast, cervical and bowel cancer, as well as abdominal aortic aneurysm screening.⁽⁷⁹⁾ The rates of cancer screening amongst Jews within the UK is largely unexplored. Attendance at cancer screening is essential for Jewish people who have Ashkenazi relatives, due to the association between alterations in codes BRCA 1 and BRCA 2 associated with breast, ovarian and prostate cancer.

One study has shown the rates of colorectal screening to be lower amongst Jewish people compared to Christians.⁽⁸⁵⁾ A study has found the knowledge of breast, bowel and cervical cancer screening within the six largest ethnic groups in the UK to be the highest amongst White-ethnic individuals.^(85, 86) A study has found the knowledge of breast, bowel and cervical cancer screening within the six largest ethnic groups in the UK to be the highest amongst White-ethnic individuals.⁽⁸⁶⁾

The NHS also offers [health check-ups](#) for adults in England aged 40 to 74. These are designed to check for common symptoms of stroke, heart disease, type 2 diabetes, kidney disease and dementia.

Recommendations

- Education around the importance of attending and the benefits of cancer screening programmes (cervical cancer, breast cancer and bowel cancer).
- Educate and encourage attendance for other NHS screening programmes (abdominal aortic aneurysm screening, diabetic eye screening, NHS health check and screening tests offered in pregnancy).
- Hold health checks at the faith setting, with clear pathways for directing people back to the GP for follow-up.
- Health checks should be targeted for early detection of conditions without symptoms which are prevalent in the community, such as heart disease, high cholesterol, high blood pressure, diabetes, kidney and liver damage.

Top tips

1. Raise awareness of NHS screening programmes through talks and events where members of the community can share their positive experiences of the process.
2. Provide a 'one-stop shop' health screening programme at the faith setting with point-of-care tests, risk calculation, tailored culturally appropriate health promotion in a suitable language, and follow-up where required.
3. Get in touch with local NHS services who are currently running community health screening programmes for guidance.

Jewish references

Resources

Screening - types offered by life stage

The screening tests offered in pregnancy are:

- screening for infectious diseases (hepatitis B, HIV and syphilis)
- screening for Down's syndrome, Patau's syndrome and Edwards' syndrome screening for sickle cell disease and thalassaemia
- screening to check the physical development of the baby (known as the 20-week scan or mid- pregnancy scan)
- diabetic eye screening if you are pregnant and have type 1 or type 2 diabetes

Newborn babies are offered:

- a physical examination, which includes the eyes, heart, hips and testes a hearing test
- a blood spot test to check if the baby has any of 9 rare conditions

Diabetic eye screening

- From the age of 12, all people with diabetes are offered an annual diabetic eye test to check for early signs of diabetic retinopathy

Cervical screening

- Cervical screening is offered to all women and people with a cervix aged 25 to 64 to check the health of cells in the cervix. It is offered every 3 years for those aged 25 to 49, and every 5 years from the ages of 50 to 64

Breast screening

- Breast screening is offered to women aged 50 to 70 to detect early signs of breast cancer. Women over 70 can self-refer

Bowel cancer screening

- Everyone aged 60 to 74 is offered a bowel cancer screening home test kit every 2 years.
- If you're 75 or over, you can ask for a kit every 2 years by phoning the free bowel cancer screening helpline on 0800 707 60 60.
- Abdominal aortic aneurysm (AAA) screening
- AAA screening is offered to men during the screening year (1 April to 31 March) that they turn 65 to detect abdominal aortic aneurysms (a dangerous swelling in the aorta). Men over 65 can self-refer

More about screening

- Learn more about screening available on the [NHS](https://www.nhs.uk/conditions/nhs-screening/) - <https://www.nhs.uk/conditions/nhs-screening/>
- [Birmingham NHS Health Checks](#) programme which screens for a wide range of illnesses and is open to anyone

PROTOTYPE

Wider Determinants of Health

Background

The wider determinants of health are a diverse range of social, economic and environmental factors which influence people's mental and physical health. These are summarised in the model by Dahlgren and Whitehead (below).⁽⁸⁷⁾ Birmingham is one of the most deprived areas in England and has one of the highest levels of unemployment in the country.⁽⁷⁹⁾

Education

Education is very important within Judaism:

- ***“The mind of the prudent acquires knowledge, and the ear of the wise seeks knowledge.”***
Proverbs 18:15.

The percentage that have degrees or equivalent-level qualifications is higher amongst Jews, compared to Christians, Sikhs, Muslims, and Buddhists but lower than Hindus.⁽⁸⁸⁾ Still, synagogues may wish to encourage and signpost attendees to career planning and the educational journey that they require.

Employment

Despite having generally higher levels of education, rates of employment within Jewish citizens are lower than Christians and Hindus, but are higher than Muslims and Buddhists and the same as Sikhs.⁽⁸⁸⁾ The average earnings of Jewish workers are significantly higher than any other religious group. This is likely due to a high proportion of Jews (40%) being in high-skill occupations.⁽⁸⁸⁾

Deprivation

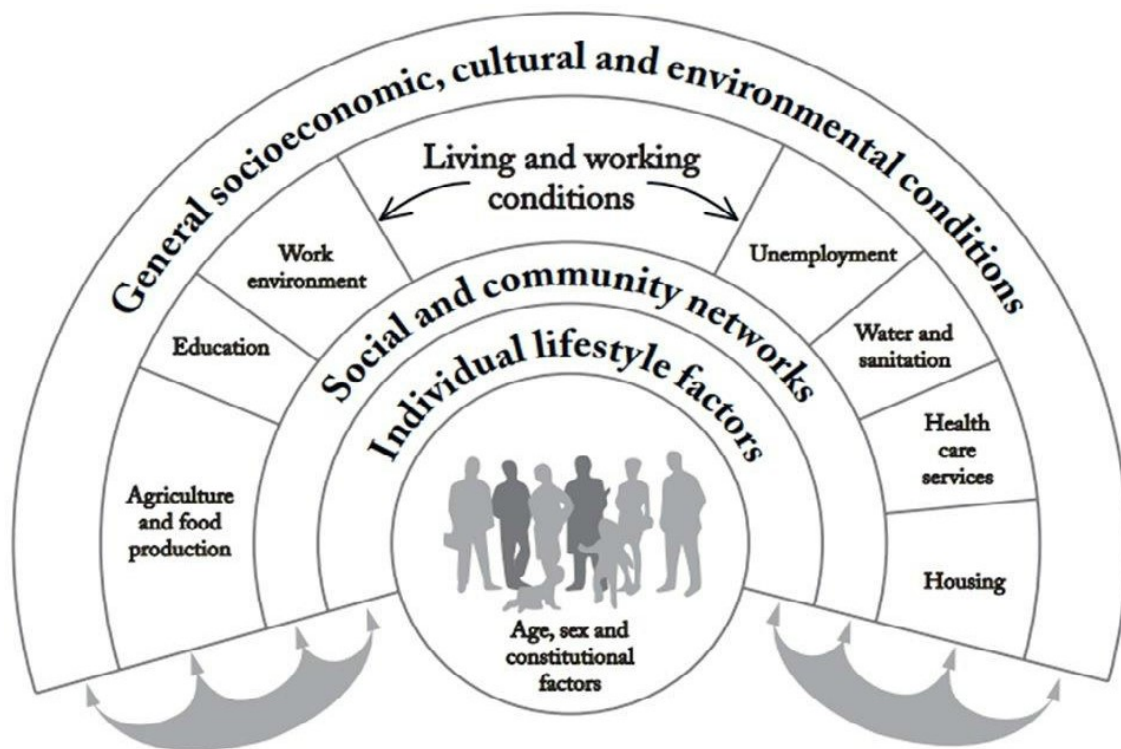
The rates of deprivation within White ethnic groups are lower than the national average. 9.0% of White British and 8.2% of White Others live in the top 10% deprived neighbourhoods (national average = 9.9%).⁽⁸⁹⁾ Jewish communities are very well connected and offer an opportunity to improve social deprivation across groups. The synagogue can encourage education and job prospects which will help to improve income and employment.

Air quality

Poor air quality is the largest environmental risk to health in the UK. Pollutants are emitted through many activities, such as transport, industry, farming, energy generation and heating buildings, causing and aggravating heart and lung disease as well as cancers.⁽⁹⁰⁾ The Clean Air Zone has been enforced within inner city Birmingham to improve air quality and the health of our citizens, particularly children.⁽⁹¹⁾

Infographic

Figure 4: Dahlgren and Whitehead's Social Determinants of Health Model



Recommendations

- Organise educational, skills development and careers events for people of all ages, and integrate these alongside faith-based teaching.
- Provide guidance to the congregation on hygiene, cleaning and ventilation to minimise the risk of infections spreading in multigenerational households.
- Encourage members of the community to reduce car use and instead, where possible, walk or cycle to work or the synagogue, use public transport or consider car-sharing.
- Raise awareness of other ways to reduce carbon footprint through reducing long-haul flights, speed management, using renewable energy, home insulation, reuse and recycling.⁽⁹²⁾

Top 5 tips

1. Appoint an education and careers team or committee who can plan and organise events, offer guidance and networking opportunities with other members of the community.
2. Develop links with local and regional organisations, higher education institutions and government agencies who can offer careers guidance, work experience and training opportunities for members of the community.
3. Celebrate Earth Day annually to raise awareness of the environment, organise a regular local litter-picking initiative, get involved in tree-planting activities and volunteering for local wildlife or environmental organisations.
4. Reduce the carbon footprint of the faith setting by maximising natural light and energy efficient lighting, using renewable energy such as solar systems, using water-efficient fixtures and efficient heating, ventilation and air conditioning systems.

5. Promote health services available to individuals in the local area and encourage individuals to partake in screening and vaccination opportunities.

Jewish references

Resources

- **GOV.UK** – [National Careers Service](#) and [Job Help](#): careers information, advice and guidance to help make decisions on learning, training and work at all stages of careers. [The Skills Toolkit](#): free courses to help learn new skills or get a new job. [Free courses for jobs](#): details of the free courses and qualifications to help adults gain skills for life.
- **Birmingham City Council** – [Pollution](#): air pollution, its effects and how to reduce it.
- **Energy Saving Trust** – [Top tips to reduce your carbon footprint](#).
- **University of Birmingham** – [Guild of Students. Student Groups](#)
- [Birmingham Jewish Community Care](#) - Community Social Care Team

Case studies

Development opportunity checklist

The development opportunity checklist was developed for faith settings to reflect on the services that they provide for their faith settings and their users. The checklist is split into eight sections, including the themes discussed throughout the Healthy Faith Setting toolkit. The checklist is design to help gather information on: The current levels of health promotion activities;

- The current levels of health promotion activities;
- Solutions to develop new initiatives;
- Leadership, implementation and planning on findings of key sections: for example, decreasing isolation, raising awareness of diseases and screening, signposting to specialist services;
- Reflecting on how inclusive services are, covering all ages and gender expressions
- Training and development opportunities for staff and volunteers

The development opportunity checklist can help faith settings demonstrate their impact and also evaluate their work for development opportunities to better the health needs of the Faith settings users.

Section 1: Describing Your Community and Congregation		Notes	Action Points
1a	How do you describe your organisation?		
1b	Can you describe your congregation in terms of population size?		
1c	Do you have any sense of the demographics of your congregation in terms of age, ethnicity, home location, disability, etc?		
1d	Which ward is your faith setting operating in?		
1e	What are the priority health issues identified in the local health and wellbeing information for your local ward population either looking at the local authority public health profile or on the national local health website		
1f	Are there any specific community health profile issues that are relevant to your congregation or staff? Birmingham City Council		

	has published some specific community health profiles available here		
Section 2: Understanding Organisational Ambition		Notes	Action Points
2a	Does your organisation have a clear vision or ambition around health and wellbeing?		
2b	How would you describe your organisation vision or ambition for the health and wellbeing of your congregation?		
2c	How would you describe your organisation vision or ambition for health and wellbeing of staff and volunteers?		
2d	Is there an identified operational lead for health and wellbeing?		
2e	Is there a senior trustee or management committee level champion for health and wellbeing?		
2f	Is there an identified management or governance committee that receives and discusses health and wellbeing projects?		
2g	Do you have any specific indicators or outcomes you monitor to measure success in your health and wellbeing work?		
2h	Are communications accessible and in appropriate languages for the congregation?		
2i	How important do you feel health and wellbeing is within the context of your		

	faith work with communities? (scale from 1 – 10)		
Section 3: Understanding current activity		Notes	Action Points
3a	Is there a specific plan or strategy to improve the health and wellbeing for: i. Your congregation? ii. Your staff? iii. Your volunteers?		
3b	Do you have any specific programmes or projects focused on health and wellbeing at the moment? If yes, please indicate below:		
	Theme	Internal or external funding?	Description
	Health inequalities		
	Promoting healthy eating and preventing obesity		
	Promoting physical activity		
	Conception and pregnancy		
	Promoting childhood health		
	Promoting ageing well and retirement		
	Promoting mental health and wellbeing		
	Promoting healthy relationships		
	Preventing abuse and violence		
	Encouraging healthier lifestyles by addressing smoking and substance misuse		
	Protecting against disease and health protection		
	Vaccination and screening		
	Diversity and Inclusion		
	Accessing Health Services		
Understanding current activity		Notes	Action Points
3c	How much is faith part of the delivery of these projects?		

3d	How do you capture outcome information for externally funded projects?		
3e	Do you have any specific local or national partnerships with health and wellbeing organisations, e.g. local GP practice, dentist or local disease specific charity or community organisation?		
3f	Are various forms of communication used for promoting project events and communicating health and well-being messaging? - Word-of-mouth, face-to-face communication, assemblies or online webcast announcements - Print media such as posters, booklets, flyers or paper publications - Messaging such as emails, text message or WhatsApp - Electronic media such as website pages, online newsletters and apps Social media platforms such as Facebook, Twitter, Instagram and YouTube		
3g	How do you train staff involved with health and wellbeing initiatives?		
Section 4: Looking to the future		Notes	Action Points
4a	Do you want to refresh your strategy for health and wellbeing?	Yes/No	
4b	Which of the following areas do you want to focus on for future delivery planning?		
	Theme	Develop more on existing work	Start new project
			Plan for future project(s)
	Health inequalities		

Promoting healthy eating and preventing obesity			
Promoting physical activity			
Conception and pregnancy			
Promoting childhood health			
Promoting ageing well and retirement			
Promoting mental health and wellbeing			
Promoting healthy relationships			
Preventing abuse and violence			
Encouraging healthier lifestyles by addressing smoking and substance misuse			
Protecting against disease and health protection			
Vaccination and screening			
5. Developing a faith-based strategy for health and wellbeing		Description	
5a.	How can strategy development help us to improve the health and wellbeing of the people who use the health services?		
5b	How can I be sure our strategy will meet patients' future needs?		
5c	What development is required within our setting?		
6. Developing existing projects		Description	
6a.	What rationale did we provide for the projects that we are completing?		
6b	How did we ensure the project was appropriate for the community that accesses it?		
6c	Do we have enough capacity to fulfil the project? Could we increase it further and how?		
6d	What training opportunities could we provide to: i. Volunteers ii. Citizens iii. Staff		
6e	How are we planning to evaluate the projects that we are completing?		

6f	How will we ensure we learn from the evaluation? <i>(think of using successes and altering things that didn't work so well)</i>	
7. Starting a new project		Description
7a.	What rationale will we use we for a new project?	
7b	How will we ensure that the project is appropriate for the community that will access it?	
7c	How can we shape our current capacity to fit the outcomes of the project?	
7d	What training opportunities could we provide to: iv. Volunteers v. Citizens vi. Staff	
7e	How are we planning to evaluate the projects?	
7f	How will we ensure we learn from the evaluation? <i>(think of use of successes and altering things that didn't work so well)</i>	
8. Planning for the future		Description
8a.	What rationale will we use for building the team, relating to the projects that we are delivering?	
8b	How will we ensure that the setting is providing appropriate projects for the communities that access it?	
8c	What capacity do we have within the team for our future aims? What do we need to do to increase capacity? <i>(think of business case)</i>	
8d	What training opportunities could we provide to: vii. Volunteers viii. Citizens ix. Staff	
8e	How are we planning to evaluate the projects?	
8f	How will we ensure we learn from the evaluation? <i>(think of use of successes and altering things that didn't work so well)</i>	

PROTOTYPE

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PROTOTYPE