



Birmingham
City Council

Buddhist Faith
Settings Toolkit

PROTOTYPE

Contents

Foreword.....	4
Acknowledgements.....	5
Background	6
Introduction	7
Current demographics	8
The role of Buddhist support in wellbeing.....	10
Buddhism in Birmingham.....	12
Health inequalities in Birmingham Buddhist communities	13
Promoting healthy eating and preventing obesity Background:	14
Promoting physical activity	16
Promoting mental health and wellbeing	18
Promoting healthy relationships.....	20
Conception and pregnancy	23
Promoting childhood health	26
Long-term disease.....	28
Promoting ageing and dying well.....	31
Preventing abuse and violence	34
Addressing addiction – alcohol, gambling, smoking and substance misuse	37
Preventing infection and taking up vaccination	40
Health screening	42
Wider determinants of health	44
Development opportunity checklist	47
References	54

Figures

Figure 1: The health inequalities experienced within Birmingham's citizens.....	6
Figure 2: Number of Buddhist places of worship by year of establishment.....	7
Figure 3: Proportion of Buddhists as part of religious communities in Birmingham	8
Figure 4: Number of Buddhist institutions in Birmingham by language group	8
Figure 5: Birmingham Buddhists by ethnicity	9
Figure 6: The Four Noble Truths	10
Figure 7: The Eight Divisions ⁽¹⁾	10
Figure 8: Dahlgren and Whitehead's Social Determinants of Health Model.....	45

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 the Buddhist users.

This is an initial version of the toolkit, developed with community partners who have advised on content and religious references. The next phase is for faith leaders and communities to use it as a prototype. We want to see how it goes 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, and with thanks to:

- Solutions4Health
- 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
- Ven. Dr W Kassapa - Chief incumbent of the Birmingham Buddhist Maha Vihara and President of the Midlands International Buddhist association in the U.K
- Andrew Nicholls – Buddhist Lead at Birmingham Council of Faiths

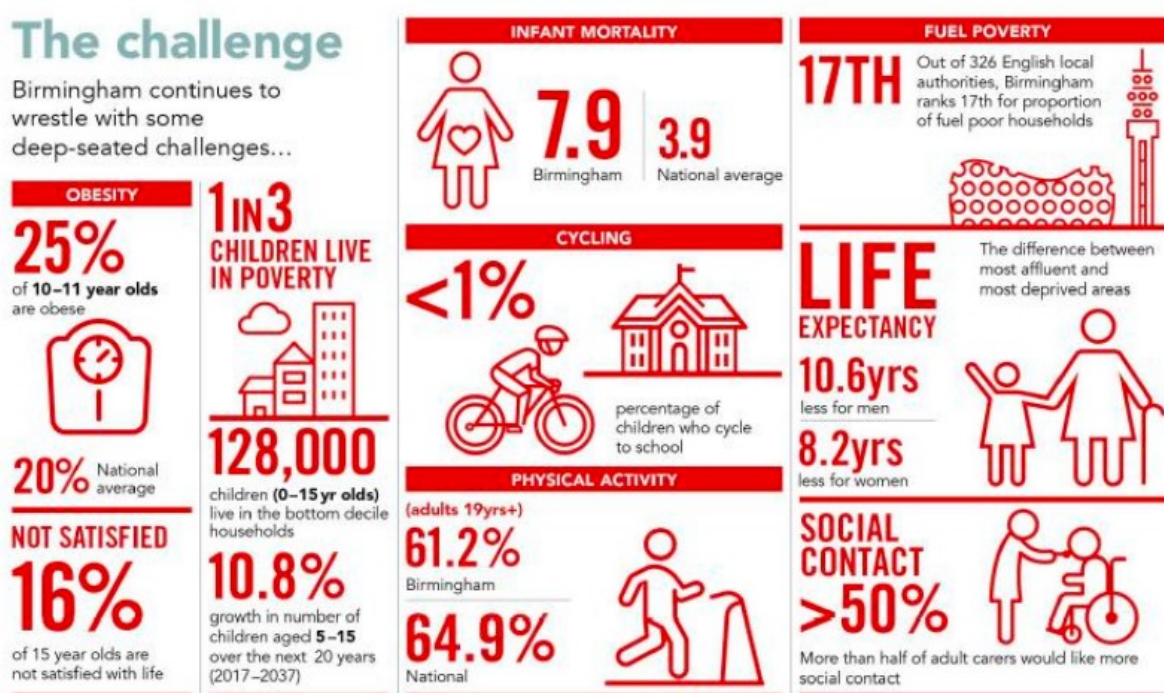
PROTOTYPE

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



F

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

Introduction

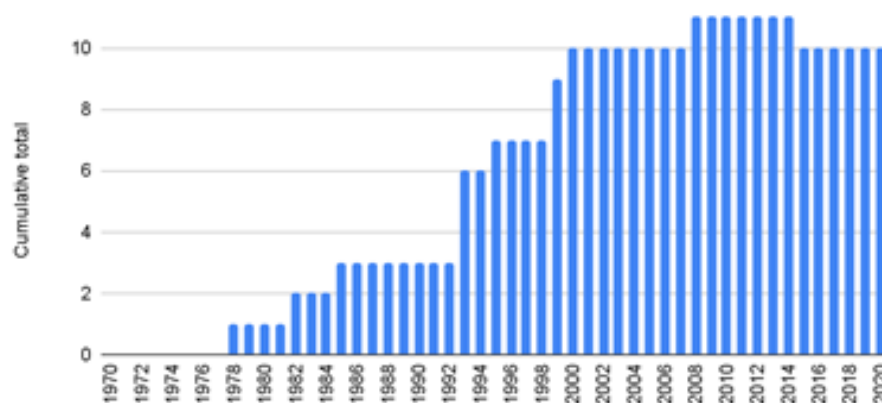
Historical context

The first Buddhist institution in Britain is reported to be the Buddhist Society of Great Britain and Ireland, founded in 1907.⁽²⁾ Trade and occupation by the British state in India and 'Indo-China' brought British intellectuals into contact with Buddhist ideas, often after contact with the Theosophical Society (Headquartered in Madras, this is a religious movement that was popular among secular-minded members of the upper- and middle classes).⁽³⁾ British people travelled to Asia for formal ordination into the 'Sangha' (the monastic community). The Buddhist Society (founded in 1924) continues to this day, as does broader 'Western' interest in Buddhist thought and practice.⁽²⁾

At the same time, Buddhist populations were present in Britain during the time of The British Empire, and since then, multiple ethnic groups that tend to follow Buddhism have migrated from Britain's former colonies.

In broad strokes, then, we can think of an 'indigenous' British Buddhist movement on the one hand, largely formed from the White, liberal, and educated middle-class; and a very wide range of minority ethnic Buddhist groups on the other. There are some links between these streams, but by and large, they do not cross.⁽⁴⁾

Figure 2: Number of Buddhist places of worship by year of establishment



Buddhism in Birmingham

In Birmingham, the first Buddhist institution was established in 1978, when Dr Rewatta Dhamma of Burma founded what later became the Birmingham Buddhist Vihara & Pagoda.^(5, 6)

Since that time there has been an increase in the number of Buddhist places of worship, especially during the 1990s. From the late '70s to the early '90s the story appears to have been primarily one of Burmese (Tibetan Mahayana) Buddhism with a number of English followers alongside. Although Theravada Buddhism did feature, its first appearance institutionally is in 1985.⁽⁵⁾ Around 1993, three new centres were established: another Burmese centre, an English 'Kadampa' centre, and the Vietnamese centre. The decade that followed saw a considerable increase in the number of places of worship, with the Punjabi, Chinese, and Sinhalese (Sri Lankan) centres appearing, along with another English centre.

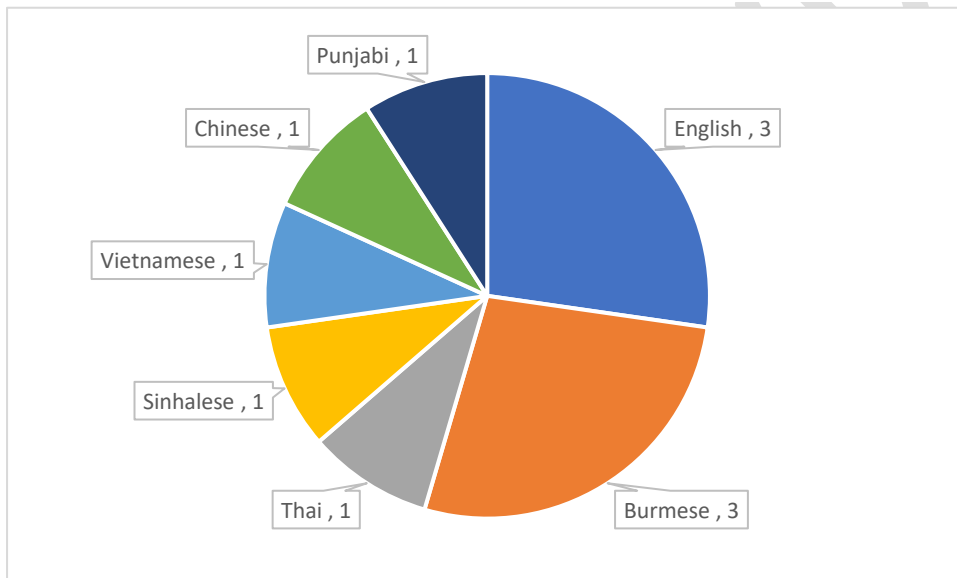
Current demographics

Figure 3: Proportion of Buddhists as part of religious communities in Birmingham



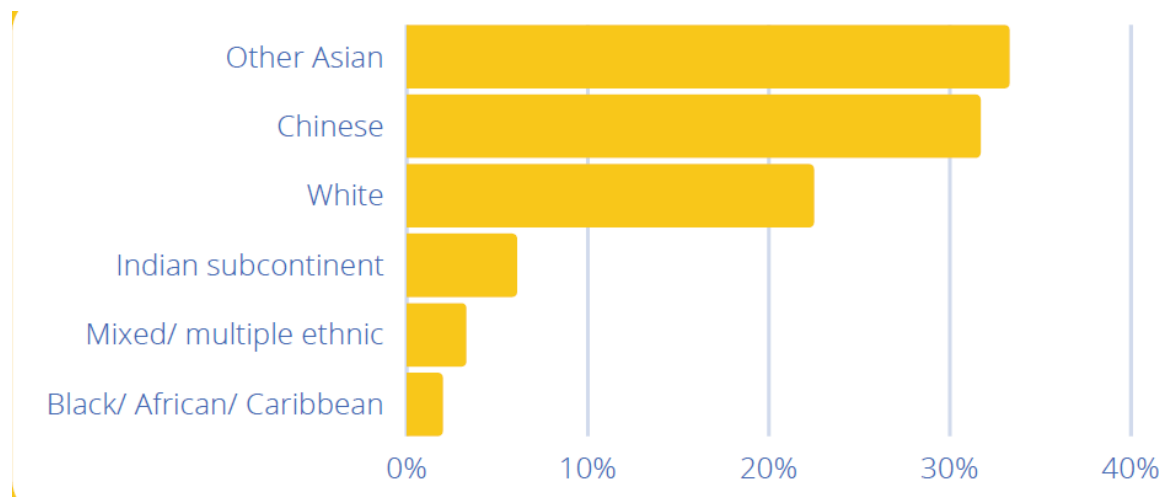
Around 5000 (0.44%) of Birmingham residents self-identified as Buddhist in the 2011 Census. The Office for National Statistics (ONS) 'annual population survey' suggests this number may be in decline, with only 3000 adherents estimated in 2018.⁽⁷⁾ However, the number of people Buddhist practice impacts through public activities like meditation and yoga may be higher.

Figure 4: Number of Buddhist institutions in Birmingham by language group



Buddhist institutions in the city number about 10 and can broadly be broken down into 7 language groups. Institutions can vary in ethnicity. The language stated here is the main language of management and operations and other languages may be spoken.⁽²⁾

Figure 5: Birmingham Buddhists by ethnicity



The 3 dominant Buddhist communities by ethnicity are Chinese, Other Asian (which includes Burmese, Vietnamese and Thai as well as some Sri Lankan respondents and White (85 % of which are White British).⁽⁸⁾

The role of Buddhist support in wellbeing

Health is at the core of the Buddhist faith. The 4 Noble Truths of the Buddha all pertain to an understanding that humans suffer, physically and psychologically. The Buddha is often compared to a physician. The path set out by the Buddha asks humans to diagnose the problem, to engage with suffering to accept it, feel it and understand it. The Buddha also acknowledges that there is a cure to suffering and encourages followers to seek wellbeing.

Figure 6: The Four Noble Truths

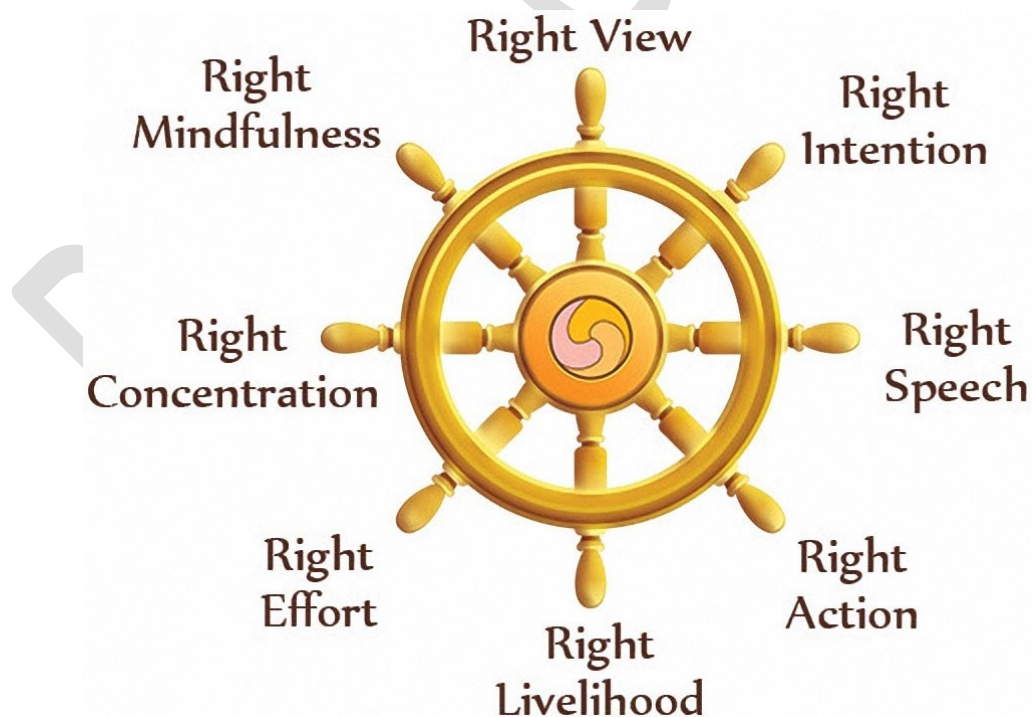
Infographic to be designed within final design – The Four Noble Truths

1. Dukkha
2. Samudāya
3. Nirodha
4. Magga

The noble truths ask us to diagnose our suffering and to find ways to manage it.

1. The truth of suffering (Dukkha)
2. The truth of the origin of suffering (Samudāya)
3. The truth of the cessation of suffering (Nirodha)
4. The truth of the path to the cessation of suffering (Magga)

Figure 7: The Eight Divisions⁽¹⁾



The eight divisions (or paths) of the Buddhist wheel are ways to maintain wellbeing, moral, emotional and physical, to lessen suffering or the potential for it.

1. Right Understanding - Sammā ditthi - Accepting Buddhist teachings.

2. Right Intention - Sammā sañkappa - A commitment to cultivate the right attitudes.
3. Right Speech - Sammā vācā - Speaking truthfully, avoiding slander, gossip and abusive speech.
4. Right Action - Sammā kammanta - Behaving peacefully and harmoniously; refraining from stealing, killing and overindulgence in sensual pleasure.
5. Right Livelihood - Sammā ājīva - Avoiding making a living in ways that cause harm, such as exploiting people or killing animals, or trading in intoxicants or weapons.
6. Right Effort - Sammā vāyāma - Cultivating positive states of mind; freeing oneself from evil and unwholesome states and preventing them arising in future.
7. Right Mindfulness - Sammā sati - Developing awareness of the body, sensations, feelings and states of mind.
8. Right Concentration - Sammā samādhi - Developing the mental focus necessary for this awareness.

PROTOTYPE

Buddhism in Birmingham

Birmingham Buddhist provision reflects the Buddhist ethic to recognise suffering and to manage physical, psychological and moral wellbeing. Buddhist centres in the city of Birmingham vary in their audience. Some centres offer programmes for members of the general public. Others act in a more traditional pastoral role within their own temple.

Birmingham Buddhist Centre and Kadampa Buddhist centre both run public facing programmes of mindfulness meditation for mental wellbeing and yoga programmes to improve physical wellbeing and movement. These activities are designed for the needs of younger and older people and for the needs of men and women respectively. There are also specific programmes for carers in the community.^(9, 10)

Buddhist temples in the city centre move on the needs of their adherents. Temples like the Wat Santiwongsaram and the Birmingham Buddhist Maha Vihara are more likely to provide traditional pastoral advice from faith leaders to adherents. In addition to worship and provision for religious holidays, they also provide social events and to some extent, communal care e.g. supported shopping for the elderly. The Maha Vihara is well attended by health care professionals from South Asian communities and it is felt that this community is able to offer informal health care advice and support within the community.^(11, 12)

The Chinese community centre in Birmingham, whilst not exclusively serving the Chinese Buddhist community, offers a broad range of wellbeing services. From social activities, to exercise programmes & care for students and the elderly. They also run a health development service under which are personal health assessments and information events, home visits & outreach for carers, interpretation and public health guidance.⁽¹³⁾

Health inequalities in Birmingham Buddhist communities

Background

As the Buddhist communities of Birmingham are ethnically diverse, it is difficult to speak about a single set of health inequalities.⁽¹¹⁾ The 'Other Asian' group include some smaller minority groups about whom not a lot of health data is known (including Burmese and Vietnamese). Within the 'Chinese' group are different regional groups with varying health-seeking strategies.⁽¹⁴⁾

There are a broad set of considerations, however, that one can apply when thinking about these different communities that should help direct how faith leaders support and signpost people depending on their background.

Ethnicity and disease prevalence

In the larger ethnic communities (White, Chinese and Other Asian) we can see risk factors and diseases that are more (or less) prevalent. Compared to White British, there are higher rates of infant mortality within Other Asian communities and higher rates of children who are overweight and obese. Whilst cancer is more prevalent in White British groups overall.⁽¹⁵⁾

The Chinese population in Britain overall has better health outcomes, obesity is low, smoking is less common as are cancers, diabetes and heart disease.⁽¹⁵⁾ But the Chinese population are overall less likely to seek healthcare and this may impact what is known about their needs.⁽¹⁴⁾

Newly arrived communities and access to healthcare

Newly arrived communities can face a range of challenges when it comes to navigating available healthcare, getting the checks and help that they are entitled to. Maternal health outcomes are lower for South Asian and newly arrived communities, this is thought in part to be due to the inability to navigate the healthcare system.⁽¹⁶⁾ The Chinese Community Centre offer a Health Development service to meet this need and leaders within the Buddhist community might use this toolkit, or existing knowledge, to signpost newly arrived communities.

Attitudes towards mental health and wellbeing

Mental health can be taboo in many newly arrived populations. Belief in spirit possession, for example, can be sometimes used to explain mental health issues community members face.⁽¹²⁾ Although this attitude is changing, it can be important to know the signs of mental health issues, from anxiety or stress, through to more complex problems like psychoses and knowing how to signpost to the best available support. Volunteers can be trained in Mental Health First Aid and Birmingham Mind outreach teams have a lead from the Buddhist community leadership (See section on promoting mental health and wellbeing).

Promoting healthy eating and preventing obesity

Background:

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.

Almost two-thirds of adults in Birmingham and 40% of primary school children (aged 11 years) are overweight or obese and are much less likely to eat the recommended '5-a-day' portions of fruit and vegetables compared to the rest of the country.⁽¹⁷⁾

Buddhists are encouraged to follow specific dietary guidelines, but these can differ based on the form of Buddhism that is practiced. The first Precept instructs Buddhists to avoid killing and harming living beings, so many Buddhists are vegetarian. A large majority of Buddhists follow a Lacto-vegetarian diet and avoid alcohol and certain types of vegetables.⁽¹⁸⁾

The Buddha also taught the importance of being mindful with eating in the Donapaka Sutta:

*When a person is constantly mindful,
And knows when enough food has been taken,
All their afflictions become more slender
— They age more gradually, protecting their lives.*⁽¹⁹⁾

Mindful eating may include chewing food for longer periods, allowing time for food to be effectively digested. This is to ensure that eating is finished upon satiety, in order to best maintain a healthy bodyweight. Many Buddhists, including monks, practice fasting as a way of self-control.⁽¹⁸⁾ Fasting periods are usually from noon until sunrise.

Recommendations:

- Religious leaders take opportunities deliver healthy eating messages and temples should be used as sites for providing education and training about a healthy diet.⁽²⁰⁾
- Targeting education to households as a whole or focusing on older women, who are often responsible for meal preparation, may have a greater impact.⁽²⁰⁾
- Children should be treated as a high priority, as obesity and eating habits in childhood can follow into adulthood.⁽²¹⁾

- 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.⁽²⁰⁾
- Activities 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.⁽²⁰⁾

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. Trusted health professionals who share the same culture and speak the same language as members of the congregation should educate on topics such as healthy eating, as well as obesity and its complications.
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.

Buddhist 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 cancers.⁽²²⁾ 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.⁽²³⁾

Exercise within the Buddhist faith is complicated; however, the Buddha did highlight the importance of walking meditation in the Cankama Sutta:

"Monks, there are these five benefits of walking up & down. What five? One is fit for long journeys; one is fit for striving; one has little disease; that which is eaten, drunk, chewed, tasted, goes through proper digestion; the composure attained by walking up & down is long-lasting. These, monks, are the five benefits of walking up & down."⁽¹⁹⁾

More recently, Buddhists have undertaken in physical exercise to improve physical condition, alertness and cognitive function, maintain fitness, and reduce stress and fatigue. As individuals in a modern world now live more sedentary lifestyles, it is also worth to consider stretching and muscle strengthening exercises that can improve posture. These may help an individual to meditate to achieve aims of mindfulness (Sammā sati) and concentration (Sammā samādhi).⁽²⁴⁾

One in four women and one in five men are 'inactive', doing less than 30 minutes activity a week. Birmingham residents are more likely to be inactive than the UK population on average⁽²⁷⁾ and this is likely to have been impacted by the pandemic (28)(29). The rates of physical activity amongst Buddhist populations within the UK are not well publicised. However, the percentage of all Asian and Chinese people who were physically active in 2019/20 (49.5% and 56.7% respectively) was lower than the national average (61.4%).⁽²⁵⁾

Recommendations:

- To help less active community members start moving more and strengthening, activities that improve posture may be a first step.
- Buddhist venues are used as 'safe' environments to deliver culturally-tailored physical activity programmes without language barriers.^{(20),(26),(27)}
- Encourage 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.⁽²³⁾

Top 5 tips

1. Encourage individual 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 the mandir 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)

Buddhist 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

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.⁽²⁸⁾ Isolation is an important factor that leads to higher levels of anxiety and depression within communities.⁽²⁹⁾ This in turn can increase the risk of other conditions such as cardiovascular disease and cancer.⁽³⁰⁾ However, religion and cultural beliefs within the community provides social support, a sense of connection and meaning, improved life satisfaction and coping strategies.⁽³¹⁾

Practicing mindfulness is a key aspect within Buddhist meditation. Although the direct link between meditation and improved mental health is inconclusive, meditation has been shown to increase mindfulness, which has been shown to reduce anxiety and depression.⁽³²⁾ Thus, meditation practiced by Buddhists can have positive impacts on an individual's mental health.

Aspects of Buddhism have been adopted by practitioners and used to improve positivity and maintain mental wellbeing.⁽³³⁾ However, of the main religious groups within the UK, Buddhists are among the highest to report probable ill mental health.⁽³⁴⁾ This may be due to Buddhists having a higher likelihood of addressing their own mental health conditions, due to lower stigma that exists amongst Buddhist cultures compared to other religious groups. In the UK in the year 2017/18, Chinese people had the lowest rate of detention under the Mental Health Act out of 16 explored ethnic groups, at 46 detentions per 100,000 people.⁽³⁵⁾

Recommendations

- Make referrals to mental health services where you do not feel you can provide support
- Provide culturally appropriate spaces tailored to the mental health needs of different groups
- **Be physically active** - Improving physical health will help mental well-being and raise self-esteem.
- **Learn something new every day** to boost self-confidence and build a sense of purpose.
- **Pay attention to the present moment** through mindfulness or meditation and more attention to your own thoughts, feelings and the world around us.⁽³⁶⁾

Top 5 tips

1. Religious leaders should discuss mental health with the aim of encouraging people to seek help early from health services.
2. Arrange talks or workshops by trusted healthcare professionals and include members of the congregation who are happy to share their own experiences with mental illness.
3. Create volunteering opportunities at the Vihara 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. 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.

Buddhist references

- “Om śhānti śhānti śhānti.” This mantra—meant to bring inner peace to those who chant it—is an example of the many connections between Buddhist teachings and mental health.⁽³⁷⁾

Resources

- **Mind** - [Birmingham offer outreach services for men's mental health, women's wellbeing and newly arrived communities \(with a Buddhist lead worker\)](#)
- **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

- [Chinese Community Centre Wellbeing Services](#)
- [Meditation with 'meditate in Birmingham'](#)
- [Mindfulness for wellbeing and stress reduction - <https://birminghammindfulness.co.uk>](#)
- [Sangha nights for collective meditation around different mental wellbeing topics](#)
- [Birmingham Buddhist Vihara \(Peace Pagoda\) retreats and meditation events](#)

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 obesityⁱ. Our mental health and well-being are intricately connected to our personal relationships.

Buddhism teaches that a healthy relationship is one where we can continuously develop into the most wonderful versions of ourselves.⁽³⁸⁾ All relationships are permitted within Buddhism, as long as the relationship is not causing an individual to suffer. There is no obligation for Buddhists to marry and most Buddhists believe that marriage is a choice. Therefore, divorce and re-marriage are largely accepted by Buddhists, as 'undoing' a marriage is not a religious problem.

The Buddhist philosopher Daisaku Ikeda expressed love in the following way:

"If you are neglecting the things you should be doing, forgetting your purpose in life because of the relationship you're in, then you're on the wrong path. A healthy relationship is one in which two people encourage each other to reach their respective goals while sharing each other's hopes and dreams."⁽³⁸⁾

Globally, the average Buddhist lives with 3.9 people, which is the same as the worldwide average, but lower than many religious groups; Muslim (6.4), Hindu (5.7) and Christian (4.5); Jewish (3.7).⁽³⁹⁾ This may be due to the higher percentages of Buddhists who practice abstinence and chastity. Alternatively, half of the world's Buddhists live in China, where the 'One-child' policy may have reduced the potential for larger family sizes worldwide.⁽⁴⁰⁾ Buddhists are also the least likely of the six religious groups to live in two-parent households.⁽³⁹⁾

Recommendations

- Encourage and support extended family relationships, to respect our elders and support our parents and siblings, this will provide a healthy support network.
- Parents can support their children by being there to listen to them, staying involved in their life, being a positive role model, encouraging their interests and making them feel valued.
- Parents should ensure that they are able to provide a healthy environment for their child to grow up in when they are planning to increase the size of their family.
- Accept family relationships may face difficulties but teach the importance of patience and compromise during religious assemblies.
- Promote the positive benefits of healthy relationships on mental well-being and minimising loneliness, isolation and depression.
- Promote healthy relationships outside the home, including at work and at school by teaching the benefits of virtues such as compassion, mindfulness and honesty as well as minimising anger and envy.

Top 5 tips

From the Zen Buddhist, Haemin Sunim:⁽⁴¹⁾

"1. Be good to yourself first, then to others

I have met many good people who suffer from depression, panic attacks and other emotional disorders due to difficult relationships. These people are self-sacrificing who will often put other people's needs ahead of their own. But don't forget that you have a responsibility to be good to yourself first.

2. Text your parents to tell them you love them

Though we always wish our loved ones to be happy and healthy, we often do not express it, assuming that they already know how we feel. However, we all live busy lives, and you – like me – may find yourself sometimes wondering when you last said the words "I love you" to them. Do it today, you never know what you change you might make.

3. Forgive someone who has hurt you

One of the reasons forgiveness is so hard is that we try to suppress the rage or hatred, but the feelings will always come back. Instead of doing this, imagine the person who hurt you is in front of you imagine talking to them directly about how they made you feel. You may find yourself confronting deeper emotions, and eventually even learning to understand and become compassionate towards the person, which will in turn lead to a fuller life for yourself.

4. Harness the power of hugs

A researcher called Karen Grewen from the University of North Carolina found that if a couple hugs for twenty seconds before leaving the house in the morning, their stress index will be only half that of couples who do not do this. In other word, a brief, warm morning hug with someone we love provides us with a protective layer from the stress of the day.

5. Be courageous

Many people who try to forge their own path come up against strong opposition. But you must live the life you think has meaning, even if those around you try to dissuade you – they are not living your life for you, are they? Even if you fail, you will learn from your mistakes and try it differently next time. As long as you are prepared to take responsibility for the consequences of your choices, you can follow your heart."

Buddhist 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](#)

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**?

Conception and pregnancy

Background:

Conception and pregnancy are commonplace but there are many factors that can impact our ability to conceive a child and carry a pregnancy to full term. Around 1 in 7 couples struggle to conceive⁽⁴²⁾ and 1 in 4 will miscarry, usually in early pregnancy.⁽⁴³⁾ Many women struggle with mental wellbeing during pregnancy and after giving birth or suffering a miscarriage, including depression, anxiety and psychosis.⁽⁴⁴⁾ Mental health support from the perinatal mental health team, can be accessed via the GP during pregnancy and following birth.

Birth control was not mentioned in the earliest Buddhist teachings as there were no issues with population size. Buddhists may also choose chastity or abstinence, with the latter being commended by the Buddha. However, family size is considered a personal choice and the importance of procreating for Buddhists is more heavily dependent on whether they can provide effective resources to support a healthy life.⁽⁴⁵⁾

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.

Within the UK, the rates of babies born to Chinese-born mothers has declined in recent years. In 2014, Chinese-born mothers were ranked 10th for number of births by country, which fell to 12th in 2017 and 21st in 2020.⁽⁴⁶⁾

For couples struggling to conceive, NHS funded diagnosis and treatment is available in Birmingham and can be accessed through the GP.⁽⁴⁷⁾ Prospective LGBTQ+ parents can also speak through a range of options for having children with their GP.⁽⁴⁸⁾ In addition, good nutritional health, a healthy weight, giving up smoking, and taking folic acid can improve the likelihood of conception.^(47, 48) Mental health support from the perinatal mental health team, can be accessed via the GP all through pregnancy and following birth.⁽⁴⁹⁾

Recommendations:

-
- Share information on healthy living to people planning pregnancy for example maintaining a healthy weight and avoiding alcohol and smoking.⁽⁵⁰⁾
- Share information on healthy eating during pregnancy, pregnant women should eat a variety of foods including 5 portions of fruits and vegetables, carbohydrates, protein such as beans/lentils, fibre-rich foods and dairy.⁽⁵¹⁾ Pregnant women should limit their consumption of caffeine to 200mg per day, which is equivalent to 2 cups of tea/instant coffee or 1 cup of filter coffee.⁽⁵¹⁾
- Share information on healthy living during pregnancy, egomen may continue or start moderate exercise (e.g. 30 minutes walking everyday) during pregnancy.⁽⁵¹⁾
- Watch for signs of domestic abuse and take action.
- Share information on vitamin supplementation for women trying to get pregnant, whoshould take a daily folic acid supplement and a vitamin D supplement. This should continue throughout their pregnancy.⁽⁵¹⁾

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 after birth.

Buddhist 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.
- **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](#)

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](#)

Case Studies:

Infographic:



Healthy Pregnancy

Promoting childhood health

Background:

It is human nature to want to give our children the best start in life possible. Good maternal health and breastfeeding are important to help provide an advantage to children by reducing infant and childhood death rates⁽⁵²⁾ and illness. Eating well, exercise and emotional development are important pillars of childhood health.

Children have always been an integral aspect of Buddhism, participating in many rituals and children have carried Buddhist expectations in a variety of ways.⁽⁵³⁾ Perceptions of children within Buddhism do not significantly differ between children and adults, due to the countless lifetimes of karma.⁽⁵⁴⁾ Therefore, many of the beliefs, notions and health behaviours within the Buddhist faith are shared between children and adults. Meditation can give children a better control over their body and emotions which can help to improve the success of friendships and social interactions, as well as the ability to concentrate and focus when learning.

Eating well, exercise and emotional development are important pillars of childhood health. 1 in 5 reception class children and 1 in 10 year 6 children are obese or overweight in the UK.⁽⁵⁵⁾ In reception, 20% of Other Asian and 18% of Chinese children are overweight or obese which is lower than the national average (22%). However, rates of overweight/obesity are higher in Other Asian (39%) than all children (34%) and Chinese children (30%).⁽⁵⁶⁾ The West Midlands has the highest rates of childhood obesity in the UK.⁽⁵⁵⁾ Parental access to nutritious food impacts children's health and obesity. Obesity is more likely in more deprived households and ones where the mother is obese.^(57, 58)

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 Buddhist events, with a varied and balanced food offer.
- **Health promotion** such as awareness of the benefits of vaccination,⁽⁵⁹⁾ breastfeeding,⁽⁶⁰⁾ and easy measures for accident prevention are also important.
- Watch out for evidence of neglect and harm, and take action.

Top 5 tips:

1. Promote key child health awareness mini-topics in children's assemblies e.g. good sleep habits, handwashing, minimising screen-time, etc.
2. Incorporate physical activity during Buddhist children's events and 'own your health' activities, e.g. cooking with dad during Father's Day.
3. Family time and mental health: Encourage children to talk about their experiences and the attention to one's self.
4. Build in screen-time breaks during longer children's events with programmes that have 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

Buddhist 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:

PROTOTYPE

Long-term disease

Background

Illness and death are seen as part of life's process, so Buddhists generally prefer transparency regarding illness diagnosis, the effect of treatment and prognosis. Pain treatment can be administered to Buddhists, but treatment must consider that an individual should not be disconnected from what is happening to them.⁽⁶¹⁾ As we age as a society we are not only living longer overall but also live for more years with chronic conditions and ill health. There is much that can be done to prevent or delay the onset of long-term conditions, to prevent their progression and their impact on our lives. Buddhist venues can help support people to actively manage their health and maintain a good quality of life for longer.

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.⁽⁶²⁾

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.⁽⁶³⁾

Cardiovascular disease:

Heart disease and strokes are leading causes of death nationally and locally, causing 24% of all deaths in England and Wales in 2019. The prevalence of CVD has been reported as being lower within Chinese and Other Asian ethnic groups, whilst rates are higher in South Asian groups.^(15, 64)

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.⁽⁶⁵⁾ 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.⁽⁶⁶⁾

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.
- 2) 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. Temples 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.
- Promote positive healthy behaviours, such as healthy eating and physical activity.
- Ensure temple activities are accessible and inclusive for people with long term conditions to help maintain their mental wellbeing.

Top 5 tips

1. Encourage people to seek medical advice early and promote the use of 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 temple activities are accessible and inclusive for people with long term conditions to help maintain their mental wellbeing.

Buddhist 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](#)

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

Infographic



Promoting ageing and dying well

Background

Buddhist temples are frequently engaged with people who are elderly or nearing the end of their lives. Older people form an important part of some congregations, many of whom are actively involved in supporting others. Community volunteering can provide a sense of purpose, important for wellbeing, increasing social interaction and preventing loneliness. At the end of life, the individual may want to meditate over Buddhist teachings to control their mind, focusing on the present moment.

Frailty and falls

Frailty is a risk for people as they get older with more than half of over 85s considered frail.⁽⁶⁷⁾ 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.

Temples must ensure that they are mindful of trip and slip hazards to prevent the risk of falls and Buddhist communities can offer support to elderly users who are recovering from a fall.⁽⁶⁸⁾

Mental health:

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 1 in 6 over 80.

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 1 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.⁽⁶⁹⁾

Digital Poverty

Digital exclusion is common within people of older age. Around 5 million people over the age of 55 are not online.⁽⁷⁰⁾ 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. To Buddhists, the four core qualities that are important for a peaceful death are:

1. having a peaceful mind
2. not to suffer
3. family's acceptance of the patient's death

4. being with others and not alone.⁽⁷¹⁾

Many Buddhists will have contacts with groups or communities during the end of life. Following death, a Buddhist may request for their body to remain unmoved for a period of time, many prefer their body to be cremated instead of buried.⁽⁶¹⁾

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 vulnerable adults, helping to protect against key issues of abuse and neglect and supporting those in the immediate months following the death of a partner.

Recommendations

- Ensure 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.⁽⁷²⁾
- 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.⁽⁷³⁾

Top 5 tips

1. Host a welfare programme at the temple for older people, with regular meetings including educational, social, physical, mental well-being and volunteering activities.
2. Hold classes to allow those to meditate, taking part in mindfulness activity at older age.
3. Appoint an advocate for dementia from the community, hold multi-generational dementia awareness events, and develop links with local groups and organisations.
4. Make temples dementia-friendly environments and train volunteers on recognising the early signs of, and responding to, a person with dementia.
5. Reduce isolation by developing an outreach programme in which families regularly connect with others in the community and train older people to use technologies that facilitate communication.

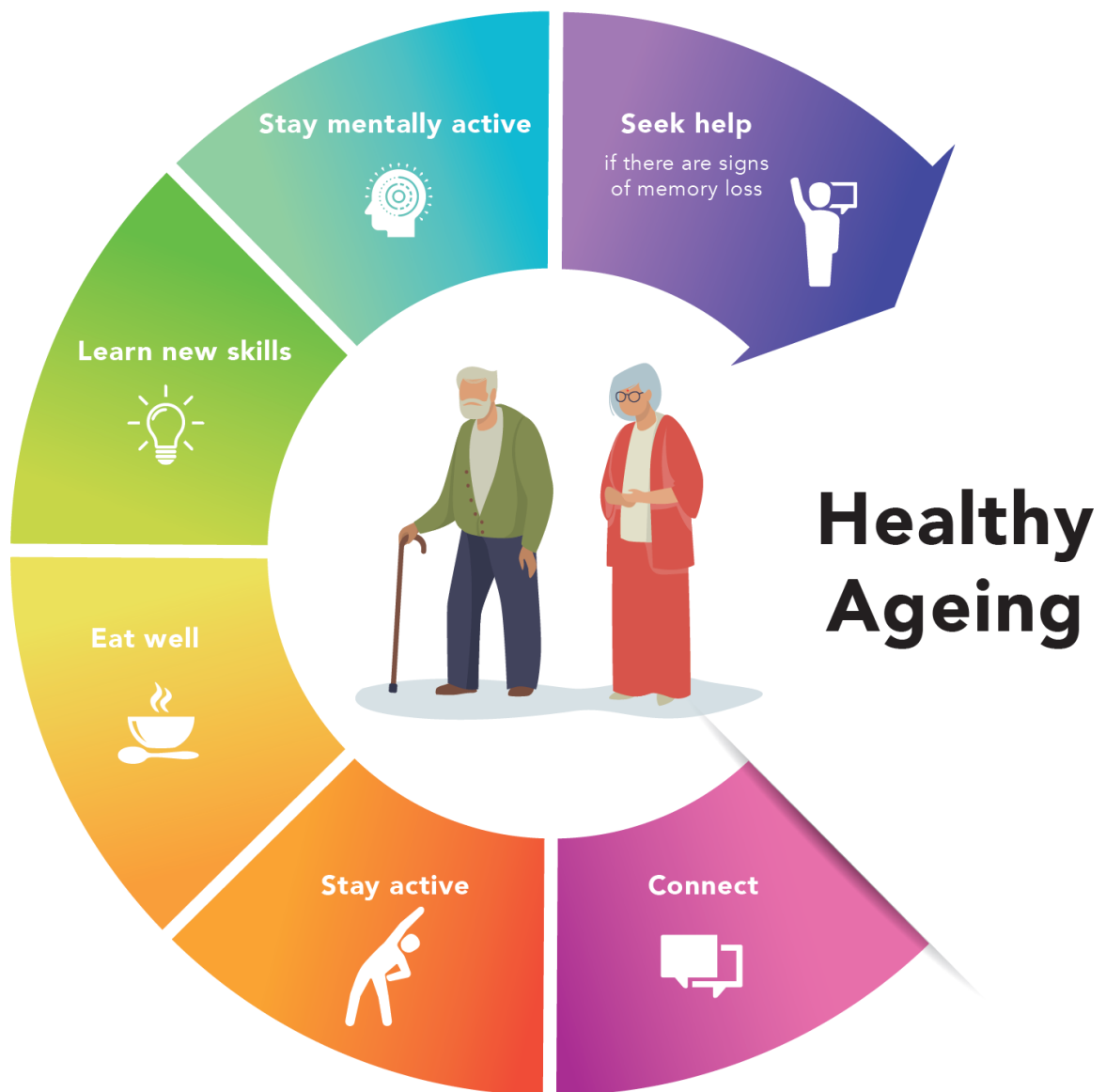
Buddhist references:

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.

Case studies:

Infographics:



PP

Preventing abuse and violence

Background

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 can also be expressed as the use of threats and intimidation to control and 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.⁽⁷⁴⁾

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.⁽⁷⁵⁾ 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.^(75, 76)

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.⁽⁷⁷⁾

The Buddha taught others to avoid suffering. Therefore, the key teaching of *Ahimsa*, or non-violence should be followed; we should avoid doing harm to other living things and causing others to suffer.⁽⁷⁸⁾ This provides an excellent platform to use scriptural texts to discuss the consequences of abuse and violence and measures that can be taken to prevent these behaviours. Awareness of domestic violence, protecting abuse of vulnerable people, and the impact of cultural norms, beliefs and stigma that may prevent people from seeking help must be acknowledged.

Nationally, people affiliated to religious groups perceive hate crime to have gone up by “a little” or “a lot” over recent years. However, of the six main faith groups, Buddhists have the lowest percentages (74%), which is also lower than those with no religious affiliation (76%).⁽⁷⁹⁾ Compared to other religious groups, Buddhist have high percentages of those who think the police are doing a good or excellent job (63%). This is higher than Christian (58%), Jewish (57%), Muslim (59%) and Sikh (55%) citizens, but lower than Hindu citizens (65%).⁽⁷⁹⁾

Recommendations

- Promote the importance of non-violence and respect for others in Buddhism and incorporate the consequences of abuse and violent behaviours in assemblies and sermons.
- Ensure children's assemblies are conducted with at least two Disclosure and Barring Service-cleared adults present at all times.
- Promote awareness of behaviours that may contribute to violence and abuse such as alcohol or substance misuse, and other addictions such as gambling, and teach the importance of avoidance of these to prevent violence and abuse.

Top 5 tips

1. Workshops to teach parents, children and young adults about the importance of being alert to online grooming and abuse and provide guidance on where to get advice about staying safe online.
2. Have a clear policy for safeguarding children and adults and trained leads for safeguarding, who provide annual child and adult safeguarding training for all volunteers working in the faith setting.
3. Ensure adults working with children have all undergone enhanced Disclosure and Barring Service clearance.
4. Hold workshops and seminars with charities or partners that are aware of Buddhist beliefs and behaviours to 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 provide guidance on how to get help for these stressors to prevent abuse.

Buddhist 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 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 tenants 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](#)

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/) - 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](http://www.mensadviceline.org.uk) - 0808 801 0327 - www.mensadviceline.org.uk
- Paladin (National Stalking Advocacy Service) - 020 3866 4107. [Paladin assists with high risk victims of stalking throughout England and Wales](#)

Case studies:

PROTOTYPE

Addressing addiction – alcohol, gambling, smoking and substance misuse

Background

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. Buddhist communities are well placed to support people to tackle their addictions and support individuals and families in recovery.

For Buddhists, taking intoxicants constitutes unwholesome karma and has two evil consequences: bad consequences in the present life and unfortunate future rebirth.⁽⁸⁰⁾ The Buddha highlighted that intoxication led to the breach of other precepts: abstinence from killing, stealing, sexual misconduct and false speech.⁽⁸¹⁾

However, estimates suggest that that Buddhists are more likely to smoke than people who follow Christian, Hindus, Jewish, Muslim and Sikh faiths.⁽⁸²⁾ Within the UK, the percentage of those who drink more than the maximum government recommended alcohol units per week (14 units) is lower amongst people of Chinese ethnicity (4%) compared to White British (40%).⁽⁸³⁾

Alcohol

Most people consume alcohol to some extent. However, the harms of alcohol misuse are underestimated. Among working age adults, alcohol is the leading cause of ill-health, disability, and death.⁽⁸⁴⁾ Problem alcohol use is currently on the rise in the West Midlands with a roughly 50% increase in the last 10 years.⁽⁸⁵⁾ People are starting to consume alcohol at an earlier age and are drinking more, 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%).^{(86) (86)} 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%).⁽⁸⁶⁾

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.⁽⁸⁷⁾

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 means 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.⁽⁸⁸⁾ 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.⁽⁸⁹⁾

The recreational use of prescription or over-the-counter drugs has increased. 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.^(90, 91) (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.⁽⁹²⁾

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, 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 mandir.
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.
6. Practice mindfulness to abstain from consumption of intoxicants.

Buddhist References

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](#)

Case studies

Preventing infection and taking up vaccination

Background

Health protection means preparing for waves of infection, such as flu and the coronavirus. Protecting against disease means seeing prevention of illness as better than having to treat it later. To prevent infection, temples should enforce effective hand washing and sanitising amongst those using the temple, 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.⁽⁹³⁾

Overall, the population of Birmingham has a significantly lower than average rate of childhood and flu vaccinations.⁽¹⁷⁾ Faith leaders around the city have signed up to become Community Champions, engaging directly with their communities to increase the understanding and uptake of life saving vaccines.⁽⁹⁴⁾ However, vaccine hesitancy is common amongst Buddhist populations and of the six main faith groups, Buddhist were ranked 5th for COVID-19 vaccination rates between the 8th December 2020 and 12th April 2021 (83.3% vaccinated).⁽⁹⁵⁾

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, e.g. to China, 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

Buddhist 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

PROTOTYPE

Health screening

Background

Health screening can be extremely important in ensuring the greatest protection and longevity of health. Diagnosing a health issue early can mean that treatment is more effective and can lead to people making more informed decisions about their health. This decreases the risk of complications and increases the chance of better health outcomes.

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.

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.⁽¹⁷⁾ The rates of cancer screening amongst Buddhists within the UK is largely unexplored. However, 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 lowest amongst Chinese-ethnic individuals.⁽⁹⁶⁾

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.⁽⁹⁷⁾
- 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.⁽⁹⁷⁾

Top 5 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.

Buddhist 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 examination of the eyes, heart, hips and testes and 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 eye disease.

Cervical screening

- Cervical screening is offered to all women and people with a cervix aged 25 to 64 to check the health of cells at the neck of the womb. 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

Case studies

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 and the opportunities they have in life to improve their health and wellbeing. These are summarised in the model by Dahlgren and Whitehead (below).⁽⁹⁸⁾

Birmingham is one of the most deprived areas in England and has one of the highest levels of unemployment in the country.⁽¹⁷⁾ Employment levels, a key determinant of health, in 2018 are lower amongst Buddhists in the UK (69.0%) compared to people with no-religion (77.3%). As with all religions, the rates of those not in employment or actively seeking employment is higher amongst Buddhist females than males. The most common employment sectors for Buddhists are public admin, education and health and distribution, hotels and restaurants.⁽⁹⁹⁾

Education

The percentage of Buddhists (48.0%) with a degree or equivalent qualification is higher than Sikhs, Muslims and Christians, but lower than Hindu and Jewish people. Temples should aim to encourage furthering of education, helping to maximise job prospects amongst their users.⁽¹⁰⁰⁾

Employment

Buddhists (28.0%) are more likely to be economically inactive (not in employment or pursuing employment) than Christians, Hindus, Jews, Sikhs and people with no religion, but less likely than Muslims.⁽¹⁰⁰⁾ As with all of the main religious groups, males are more likely to be economically active than females.⁽¹⁰⁰⁾

Deprivation

Deprivation by ethnicity statistics reveal that within England, lower percentages of Chinese-ethnic individuals (8.9%) live in deprivation compared to the general population (10.0%). However, rates amongst Other Asians (11.4%) are higher than the general population.⁽¹⁰¹⁾

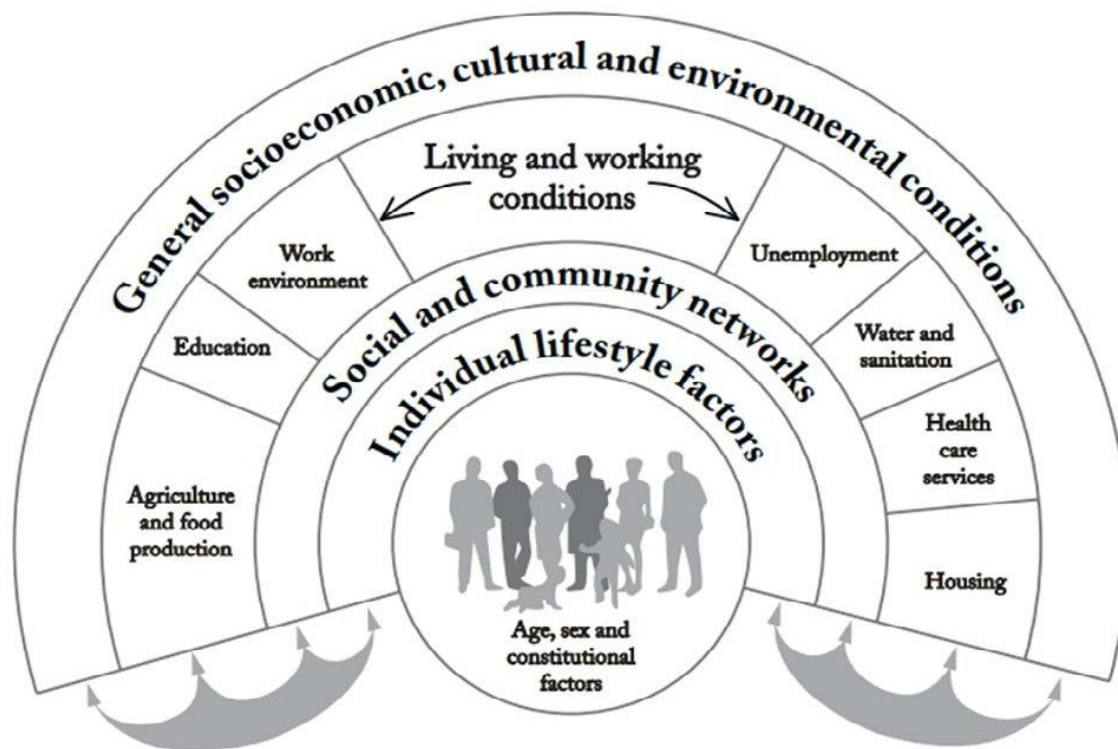
Buddhists are the most likely to live in smaller households of any religious group.⁽³⁹⁾

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.⁽¹⁰³⁾ The Clean Air Zone has been enforced within inner city Birmingham to improve air quality and the health of our citizens, particularly children.⁽¹⁰⁴⁾

Infographic

Figure 8: 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 mandir, use public transport or consider car-sharing.
- Buddhists are advised to follow a vegetarian diet, as not only does it reduce suffering upon the individual, meat consumption has a significant negative impact on the environment, it causes cancers and heart disease, as well as a source for transmitting viruses from animals to humans.⁽¹⁰⁵⁾
- Raise awareness of other ways to reduce carbon footprint through reducing long-haul flights, speed management, using renewable energy, home insulation, reuse and recycling.⁽¹⁰⁶⁾

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.

Buddhist 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](#).
- **NBO** – [Buddhist Green Days](#)
- **University of Birmingham** – [Guild of Students](#). [Student Groups](#)

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;
- 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 to demonstrate their impact and 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
			Outcome or impact measures
	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	<p>Are various forms of communication used for promoting project events and communicating health and well-being messaging?</p> <ul style="list-style-type: none"> - 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 <p>Social media platforms such as Facebook, Twitter, Instagram and YouTube</p>		
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				
Promoting mental health and wellbeing				
Promoting healthy relationships				
Conception and pregnancy				
Promoting childhood health				
Long-term disease				
Promoting ageing well and retirement				
Preventing abuse and violence				
Addressing addiction – alcohol, smoking and substance misuse				
Preventing infection and improving vaccination uptake				
Health screening				
Wider determinants				
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? (think of use of successes and altering things that didn't work so well)	
----	---	--

PROTOTYPE

References

1. Buddha Weekly. 8 Rights: The Noble Eightfold Path - the Heart of the Buddha's Teaching 2022 [Available from: <https://buddhaweekly.com/the-noble-eightfold-path/>].
2. The Buddhist Society. The Buddhist Society: History. 2022 [Available from: <https://www.thebuddhistsociety.org/page/history>].
3. The Open University. Theosophical Society. Home Page. 2022 [Available from: <https://www.open.ac.uk/researchprojects/makingbritain/content/theosophical-society>].
4. Coleman JW. The New Buddhism: The Western Transformation of an Ancient Tradition. USA 2002 [Available from: <https://oxford.universitypressscholarship.com/view/10.1093/acprof:oso/9780195152418.001.0001/acprof-9780195152418>].
5. AHSBirmingham WMBC. Background. 2022 [Available from: <https://ahsbirmingham.wordpress.com/background-2/>].
6. Birmingham Buddhist Vihara. Vihara. 2022 [Available from: <http://www.birminghambuddhistvihara.org/>].
7. Birmingham Live. The Fastest Growing Religion in Birmingham Revealed - And It May Surprise You 2019 [Available from: <https://www.birminghammail.co.uk/news/midlands-news/fastest-growing-religion-birmingham-revealed-16105391>].
8. Office for National Statistics. NOMIS Data. 2022 [Available from: <https://www.nomisweb.co.uk/query/select/getdatasetbytheme.asp?opt=3&theme=&subgrp=>].
9. Meditate in Birmingham. Home Page. 2022 [Available from: <https://meditateinbirmingham.org/>].
10. Birmingham Buddhist Centre. Mindfulness for Health. 2022 [Available from: <https://www.birminghambuddhistcentre.org.uk/breathworks/>].
11. Kassapa WV. Birmingham City Council Healthy Faith Communities Consultation Interview. . In: Solutions for Health, editor. 2021.
12. Nicholls A. Birmingham City Council Healthy Faith Communities Consultation Interview. In: Solutions for Health, editor. 2021
13. Chinese Community Centre - Birmingham. Health Development. 2022 [Available from: <https://chinesebirmingham.org.uk/health-development>].
14. Chau RCM. Health Experiences of Chinese People in the UK. : Race Equality Foundation. ; 2008 [Available from: <https://raceequalityfoundation.org.uk/wp-content/uploads/2018/03/health-brief10.pdf>].
15. Raleigh V,
and
Holmes, J. . The Health of People from Minority Ethnic Groups in England. : The King's Fund. ; 2021 [Available from: <https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england>].
16. Public Health England. Maternity High Impact Area: Reducing the Inequality of Outcomes for Women from Black, Asian and Minority Ethnic (BAME) Communities and Their Babies. 2020 [Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942480/Maternity_high_impact_area_6_Reducing_the_inequality_of_outcomes_for_women_from_Black_Asian_and_Minority_Ethnic_BAME_communities_and_their_babies.pdf].
17. Public Health England (PHE). Public Health Outcomes Framework - Birmingham. Public Health Outcomes Framework 2021 [Available from: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data>]

18. Healthline. Buddhist Diet: How it Works and What to Eat 2020 [Available from: <https://www.healthline.com/nutrition/buddhist-diet>].
19. Lockley P. Diet, Exercise and Buddhist Spiritual Practice. : Trusting in Buddha; 2016 [Available from: <https://trustinginbuddha.co.uk/diet-physical-exercise-and-buddhist-spiritual-practice/>].
20. Leung G, Stanner S. Diets of Minority Ethnic Groups in the UK: Influence on Chronic Disease Risk and Implications for Prevention. . Nutr Bull. 2011;36(2):161-98.
21. Brown T, Smith S, Bhopal R, Kasim A, Summerbell C. Diet and Physical Activity Interventions to Prevent or Treat Obesity in South Asian Children and Adults: A Systematic Review and Meta-Analysis. . Int J Environ Res Public Heal. 2015;12(1):566-94.
22. Public Health England. Everybody Active Every Day: Two Years On. 2017 [Available from: <https://www.gov.uk/government/publications/everybody-active-every-day-2-year-update>].
23. NHS. Home. Live Well. Exercise 2021 [Available from: <https://www.nhs.uk/live-well/exercise/couch-to-5k-week-by-week/>].
24. Shrestha MK. Buddhist Attitude Towards Health Related Physical Fitness in Kathmandu Valley. University Journal 2020;35(2).
25. Active Lives Survey. Physical Activity by Ethnicity Over Time: Gov.UK; 2020 [Available from: <https://www.ethnicity-facts-figures.service.gov.uk/health/diet-and-exercise/physical-activity/latest>].
26. Patel N, Ferrer HB, Tyrer F, Wray P, Farooqi A, Davies MJ, et al. Barriers and Facilitators to Healthy Lifestyle Changes in Minority Ethnic Populations in the UK: a Narrative Review. J Racial Ethn Heal Disparities. 2016;4(6):1107-19.
27. Horne M, Tierney S. What Shapes Physical Activity Attitudes Within an Ethnic Minority? An Intergenerational Comparison of British Indian Women. . Prev Med (Baltim) 2019;55(4):276-84.
28. NHS England. Mental Health 2021 [Available from: <https://www.england.nhs.uk/mental-health/>].
29. Robb CE, de Jager CA, Ahmadi-Abhari S, Giannakopoulou P, Udeh-Momoh C, McKeand J, et al. Associations of Social Isolation with Anxiety and Depression During the Early COVID-19 Pandemic: A Survey of Older Adults in London, UK. Front Psychiatry. 2020;11:591120.
30. Karasz A, Gany F, Escobar J, Flores C, Prasad L, Inman A, et al. Mental Health and Stress Among South Asians. J Immigr Minor Health. 2019;21(Suppl 1):7-14.
31. Jaspal R, Lopes B. Discrimination and mental health outcomes in British Black and South Asian people during the COVID-19 outbreak in the UK. Mental Health, Religion & Culture. 2021;24(1):80-96.
32. Parmentier FBR, García-Toro M, García-Campayo J, Yañez AM, Andrés P, Gili M. Mindfulness and Symptoms of Depression and Anxiety in the General Population: The Mediating Roles of Worry, Rumination, Reappraisal and Suppression. Front Psychol. 2019;10:506.
33. Laurent L, Sheffield D, Holland F. Exploring Buddhism as a 'Tool' to Support Well-Being: An Interpretative Phenomenological Analysis of Western Adopters' Experiences. Pastoral Psychology. 2021;70(5):471-85.
34. UK Household Longitudinal Study. Self-Reported Mental Health State. : Gov.UK; 2019 [Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/religionandhealthinenglandandwales/february2020>].
35. Mental Health Services Dataset. By Ethnicity (16 Ethnic Groups): Gov.UK; 2018 [Available from: <https://www.ethnicity-facts-figures.service.gov.uk/health/mental-health/detentions-under-the-mental-health-act/2.1#by-ethnicity-16-ethnic-groups>].
36. NHS. 5 Steps to Mental Wellbeing 2019 [Available from: <https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/five-steps-to-mental-wellbeing/>].
37. Greenstein L. How Buddhism Benefits Mental Health. : National Alliance on Mental Illness; 2016 [Available from: <https://www.nami.org/Blogs/NAMI-Blog/October-2016/How-Buddhism-Benefits-Mental->].

[Health#:~:text=Studies%20show%20that%20meditating%20has,thoughts%20from%20a%20different%20perspective.](#)

38. Buddhability. What is the Secret to a Healthy Relationship? 2021 [Available from: <https://buddhability.org/purpose/healthy-relationship/>].
39. Williams H. Religious People Live in Larger Households, Pew Study Finds. : Church Times 2020 [Available from: <https://www.churchtimes.co.uk/articles/2020/17-january/news/uk/religious-people-live-in-larger-households-pew-study-finds>].
40. Kramer S. Key findings: How Living Arrangements Vary by Religious Affiliation Around the World 2019 [Available from: <https://www.pewresearch.org/fact-tank/2019/12/13/key-findings-how-living-arrangements-vary-by-religious-affiliation-around-the-world/>].
41. Sumin H. 5 Top Tips from a Buddhist Monk 2019 [Available from: <https://www.rte.ie/lifestyle/living/2019/0124/1025287-5-top-tips-from-a-buddhist-monk/>].
42. NHS. Infertility. 2018 [Available from: <https://www.nhs.uk/conditions/infertility/>].
43. Tommy's. Baby Loss Support. Baby Loss Information and Support. 2022 [Available from: <https://www.tommys.org/baby-loss-support>].
44. Kulakiewicz A, Parkin E, Baker C. Maternal Mental Health: House of Commons Library. ; 2021 [Available from: <https://researchbriefings.files.parliament.uk/documents/CDP-2021-0025/CDP-2021-0025.pdf>].
45. Gnanawimala B. 'Free to Choose.' The Buddhist View. . Asiaweek. 1993;27(54).
46. Office for National Statistics. Country of Birth of Non-UK Born Mothers and Fathers. 2021 [Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/livebirths/bulletins/parentscountryofbirthenglandandwales/2020>].
47. Birmingham Women's and Children's NHS Foundation Trust. Fertility Treatment Costs. : NHS.; 2022 [Available from: <https://bwc.nhs.uk/fertility-costs/>].
48. NHS. Having a Baby if You Are LGBT+ 2020 [Available from: <https://www.nhs.uk/pregnancy/trying-for-a-baby/having-a-baby-if-you-are-lgbt-plus/>].
49. NHS. Perinatal Mental Health Service . Birmingham and Solihull Mental Health NHS Foundation Trust. 2022 [Available from: <https://www.bsmhft.nhs.uk/our-services/specialist-services/perinatalmental-health-service/>].
50. NHS. Trying to Get Pregnant 2020 [Available from: <https://www.nhs.uk/pregnancy/trying-for-a-baby/trying-to-get-pregnant/>].
51. (NICE). NifHaCE. Scenario: Antenatal care - uncomplicated pregnancy - Management. : Clinical Knowledge Summaries; 2021 [Available from: <https://cks.nice.org.uk/topics/antenatal-care-uncomplicated-pregnancy/management/antenatal-care-uncomplicated-pregnancy/#lifestyle-advice>].
52. (ONS). OfNS. Child and infant mortality in England and Wales. 2020 [Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/childhoodinfantandperinatalmortalityinenglandandwales/2018>].
53. Sasson VR, Metcalf F. Buddhist Views of Childhood: Oxford Bibliographies 2021 [Available from: <https://www.oxfordbibliographies.com/view/document/obo-9780199791231/obo-9780199791231-0073.xml#obo-9780199791231-0073-bibitem-0001>].
54. Sinnott M. Baby Ghosts: Child Spirits and Contemporary Conceptions of Childhood in Thailand. . TRaNS: Trans- Regional and - National Studies of Southeast Asia 2014;2(2):293-317.
55. Birmingham City Council. Health and Wellbeing Advice Birmingham Connect To Support 2022 [Available from: <https://birmingham.connecttosupport.org/keeping-active-and-well/health-and-wellbeing-advice/>].
56. Public Health Outcomes Framework. Overweight Children by Ethnicity. : Gov.UK; 2018 [Available from: <https://www.ethnicity-facts-figures.service.gov.uk/health/diet-and-exercise/overweight-children/latest>].

57. UK Parliament. Hunger, Food Insecurity and Malnutrition in the UK. 2019 [Available from: <https://publications.parliament.uk/pa/cm201719/cmselect/cmenvaud/1491/149105.htm#footnote-167>].
58. Public Health England. Patterns and Trends in Childhood Obesity. 2021 [Available from: <https://birmingham.connecttosupport.org/keeping-active-and-well/health-and-wellbeing-advice/>].
59. NHS. Why Vaccination is Safe and Important 2019 [Available from: <https://www.nhs.uk/conditions/vaccinations/why-vaccination-is-safe-and-important/>].
60. UNICEF. Research on Infant Health. Baby Friendly Initiative 2022 [Available from: <https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/>].
61. The Buddhist Society. Buddhist Health 2022 [Available from: <https://www.thebuddhistsociety.org/page/buddhist-health>].
62. Birmingham City Council. NHS Health Checks Programme. Supporting Healthier Lives. 2022 [Available from: https://www.birmingham.gov.uk/info/50263/supporting_healthier_lives/2448/nhs_health_checks_progr].
63. Public Health England. 3.8 Million People in England Now Have Diabetes 2016 [Available from: <https://www.gov.uk/government/news/38-million-people-in-england-now-have-diabetes#:~:text=Diabetes%20is%20more%20common%20in,15.2%25%20compared%20to%208.0%25>].
64. Scarborough P, Bhatnagar P, Kaur A, Smolina K, Wickramasinghe K., Rayner M. Ethnic Differences in Cardiovascular Disease. British Heart Foundation Statistics Database 2010;10.
65. Office for Health Improvement and Disparities. Musculoskeletal health: Applying all our health 2022 [Available from: <https://www.gov.uk/government/publications/musculoskeletal-health-applying-all-our-health/musculoskeletal-health-applying-all-our-health#:~:text=MSK%20conditions%20are%20a%20group,conditions%2C%20for%20example%2C%20rheumatoid%20arthritis>].
66. Arthritis Research UK. Musculoskeletal health. A public health approach 2022 [Available from: <https://www.versusarthritis.org/media/2179/public-health-guide.pdf>].
67. Turner G. Introduction to Frailty, Fit for Frailty Part 1 British Geriatrics Society 2014 [Available from: <https://www.bgs.org.uk/resources/introduction-to-frailty>].
68. Age UK. Falls in later life: a huge concern for older people 2019 [Available from: <https://www.ageuk.org.uk/latest-press/articles/2019/may/falls-in-later-life-a-huge-concern-for-older-people/>].
69. NHS. About dementia 2020 [Available from: <https://www.nhs.uk/conditions/dementia/about/>].
70. Centre for Ageing Better. Digital inclusion 2022 [Available from: <https://ageing-better.org.uk/digital-inclusion>].
71. Masel EK, Schur S, Watzke HH. Life is uncertain. death is certain. Buddhism and palliative care. J Pain Symptom Manage. 2012;44(2):307-12.
72. Opoku-Boateng G. Effect Of Platform Type on Player Gaming Experience: An Investigation of Brain Games for Cognitive Performance Enhancement in Healthy Older Adults. CHI Play 2016 - Proc Annu Symp Comput Interact Play Companion 2016 16:18-20.
73. Mukadam N, Waugh A, Cooper C, Livingston G. What would encourage help-seeking for memory problems among UK-based South Asians? A qualitative study. BMJ Open. 2015;5(9):e007990.
74. NHS. Getting Help for Domestic Violence. 2019 [Available from: <https://www.nhs.uk/live-well/healthy-body/getting-help-for-domestic-violence/>].
75. Umbrella. Abuse and Violence. Sexual Exploitation 2022 [Available from: <https://umbrellahealth.co.uk/abuse-and-violence/sexual-exploitation/>].

76. NHS. Spotting Signs of Child Sexual Abuse 2019 [Available from: <https://www.nhs.uk/live-well/spotting-signs-of-child-sexual-abuse/>].
77. European Commission. What is Gender-Based Violence? 2022 [Available from: https://ec.europa.eu/info/policies/justice-and-fundamental-rights/gender-equality/gender-based-violence/what-gender-based-violence_en].
78. Clarke L. The Importance of Ahimsa Nonviolence in Buddhism – “Nonviolence is the Weapon of the Strong.” Buddha Weekly 2022 [Available from: <https://buddhaweekly.com/the-importance-of-ahimsa-non-violence-in-buddhism-buddha-ghandi-and-dr-king-showed-us-nonviolence-is-the-weapon-of-the-strong/>].
79. Office for National Statistics. Crime Survey for England and Wales. CSEW Perceptions of Crime. ONS. 2020 [Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/religiouscrimeinenglandandwales/february2020>].
80. Holmes DD. Concerning Intoxicants. : Buddhist Door Global 2019 [Available from: <https://www.buddhistdoor.net/features/concerning-intoxicants/>].
81. Kuensel. Buddhism and Intoxication. 2019 [Available from: <https://kuenselonline.com/buddhism-and-intoxication/#:~:text=%E2%80%9CIntoxicant%20includes%20anything%20we%20ingest,the%20time%20of%20the%20Buddha.>
82. UK Household Longitudinal Study. Smoking Prevalence.: Office for National Statistics 2018 [Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/religiousandhealthinenglandandwales/february2020>].
83. Institute of Alcohol Studies. Ethnic Minorities and Alcohol 2020 [Available from: <https://www.ias.org.uk/wp-content/uploads/2020/12/Ethnic-minorities-and-alcohol.pdf>].
84. Department of Health and Social Care, NHS England, Office for Health Improvement and Disparities, and, NHS Improvement. Chapter 12: Alcohol: Gov.UK; 2021 [Available from: <https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention/chapter-12-alcohol>].
85. Office for National Statistics. Alcohol-Specific Deaths in the UK: Registered in 2020 2021 [Available from: <https://www.gov.uk/government/statistics/alcohol-specific-deaths-in-the-uk-registered-in-2020>].
86. Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing E. Harmful and Probable Dependent Drinking in Adults. By Ethnicity 2014 [Available from: <https://www.ethnicity-facts-figures.service.gov.uk/health/alcohol-smoking-and-drug-use/harmful-and-probable-dependent-drinking-in-adults/latest>].
87. Phillips AN, Wannamethee SG, Walker M, Thomson A, Smith GD. Life expectancy in men who have never smoked and those who have smoked continuously: 15 year follow up of large cohort of middle aged British men. *Bmj*. 1996;313(7062):907-8.
88. The Guardian. Gambling addiction could be nine times higher than industry claims 2022 [Available from: <https://www.theguardian.com/society/2022/mar/23/gambling-addiction-could-be-nine-times-higher-than-industry-claims#:~:text=Gambling%20addiction%20could%20be%20nine%20times%20higher%20than%20industry%20claims,-This%20article%20is&text=Gambling%20addiction%20rates%20may%20be,1.5%20million%20are%20at%20risk>].
89. Megnin-Viggars O, Brown M, Marcus E, Stockton S, and, Pilling S. Review 1: The Epidemiology, and Current Configuration of Health and Social Care Community Services, for People in the UK with a Severe Mental Illness Who Also Misuse Substances: NICE; 2016 [Available from: <https://www.nice.org.uk/guidance/ng58/evidence/evidence-review-1-the-epidemiology-and->

[current-configuration-of-health-and-social-care-community-services-for-people-in-the-uk-with-a-severe-mental-illness-who-also-misuse-substances-pdf-2727941293.](#)

90. Levine DA. "Pharming": the abuse of prescription and over-the-counter drugs in teens. *Curr Opin Pediatr.* 2007;19(3):270-4.
91. Coombes H, Cooper RJ. Staff perceptions of prescription and over-the-counter drug dependence services in England: a qualitative study. *Addiction Science & Clinical Practice.* 2019;14(1):41.
92. National Institute on Drug Abuse. Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Principles of Effective Treatment 2018 [Available from: <https://nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment>].
93. NHS England. Why Vaccinations Are Safe and Important 2019 [Available from: <https://www.nhs.uk/conditions/vaccinations/why-vaccination-is-safe-and-important/>].
94. Birmingham City Council. COVID-19 Community Champions 2022 [Available from: https://www.birmingham.gov.uk/COVID-19_Community_Champions].
95. Office for National Statistics. Public Health Data Asset, National Immunisation Management Service. Religion. 2021 [Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthinequalities/bulletins/coronavirusandvaccinationratesinpeopleaged70yearsandoverbysociodemographiccharacteristicsengland/8december2020to12april2021>].
96. Robb K, Wardle J, Stubbings S, Ramirez A, Austoker J, Macleod U, et al. Ethnic disparities in knowledge of cancer screening programmes in the UK. *J Med Screen.* 2010;17(3):125-31.
97. Eastwood SV, Rait G, Bhattacharyya M, Nair DR, Walters K. Cardiovascular risk assessment of South Asian populations in religious and community settings: a qualitative study. *Family Practice.* 2013;30(4):466-72.
98. Public Health England. Chapter 6: Wider Determinants of Health. : Gov.UK; 2018 [Available from: <https://www.gov.uk/government/publications/health-profile-for-england-2018/chapter-6-wider-determinants-of-health#:~:text=The%20wider%20determinants%20of%20health,inequalities%20presented%20in%20Chapter%205>].
99. Office for National Statistics. Religion, Education and Work in England and Wales. 2020 [Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/datasets/religioneducationandworkinenglandandwales>].
100. Office for National Statistics. Religion, education and work in England and Wales: February 2020 2020 [Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/religioneducationandworkinenglandandwales/february2020>].
101. English Indices of Deprivation. Most Income-Deprived 10% of Neighbourhoods, by Ethnicity. 2019 [Available from: [https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/demographics/people-living-in-deprived-neighbourhoods/latest#:~:text=Asian%20people%20as%20a%20whole,live%20in%20them%20\(9.0%25\)](https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/demographics/people-living-in-deprived-neighbourhoods/latest#:~:text=Asian%20people%20as%20a%20whole,live%20in%20them%20(9.0%25))].
102. SAGE. Housing, Household Transmission and Ethnicity: For SAGE meeting 26th November 2020 - Consensus statement. 2020 [Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943178/S0923_housing_household_transmission_and_ethnicity.pdf].
103. GOV.UK. Health matters: air pollution. Chemical and environmental hazards. 2018 [Available from: <https://www.gov.uk/government/publications/health-matters-air-pollution/health-matters-air-pollution>].

104. Birmingham City Council. A Clean Air Zone for Birmingham. 2022 [Available from: https://www.birmingham.gov.uk/info/20076/pollution/1763/a_clean_air_zone_for_birmingham].
105. González N, Marquès M, Nadal M, Domingo JL. Meat consumption: Which are the current global risks? A review of recent (2010–2020) evidences. Food Research International. 2020;137:109341.
106. BBC News. Climate change: Top 10 tips to reduce carbon footprint revealed. 2020 [Available from: <https://www.bbc.co.uk/news/science-environment-52719662>]

ⁱ Mental Health Foundation. Relationships in the 21st century [Internet]. 2016 [cited 2021 Dec 1] Available from: <https://www.mentalhealth.org.uk/relationships>

PROTOTYPE