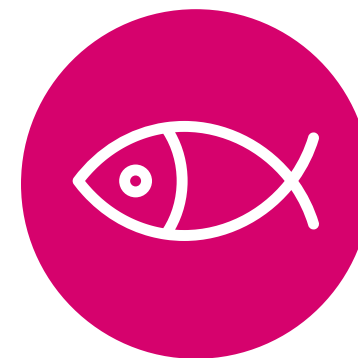




CHRISTIAN FAITH SETTINGS TOOLKIT



A BOLDER HEALTHIER BIRMINGHAM

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The Communities Team would like to thank Father Julian Sampson for his excellent commitment to community engagement during the piloting of the toolkits from 2022 to 2023. Father Julian successfully connected key faith leaders from multiple churches around Birmingham, ensuring fair and equitable feedback opportunities from different Christian denominations and from people with many different ethnic backgrounds.



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:

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.

ENGAGEMENT:

From 2022 to 2023, a prototype version of the Christian toolkit went through consultation with Christian faith leaders around Birmingham as a Christian faith leader panel. The panel included representatives from the Baptist, Church of England, Asian Christian, Black Pentecostal, Ethiopian Orthodox and Greek Orthodox churches. For the Christian toolkit, there were sections added that the panel felt were necessary for the Christian community, biblical references adjusted, and real-life stories added to demonstrate how faith can be used to encourage Christians to use their faith to help guide them on their journey to improved health.

USING THE TOOLKITS:

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 Christian users.

Feedback from community members across the different toolkits revealed that some health topics may be more suitably promoted at community centres, rather than at faith settings. For these topics, it may be useful for the faith setting to signpost their members to these centres. The toolkits have included signposting and resources that are both generic and specific to each faith, however, if any further support (such as signposting, service provision, professional speakers, or other key resources) is required from the faith settings, they can contact the Communities Team, Public Health Division via the email communitiesteam@birmingham.gov.uk.

Alongside the developed toolkits, the Communities Team has also created PowerPoint slides that include information from the toolkits. Where health topics are relevant or similar to one another, they have been merged together to support delivery of sessions that present multiple topics. As our engagement found some discomfort in delivering some health topics in their regular service, faith settings have the autonomy to use the slides that are most appropriate to them and remove the ones that they feel that they cannot deliver.

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**

BACKGROUND

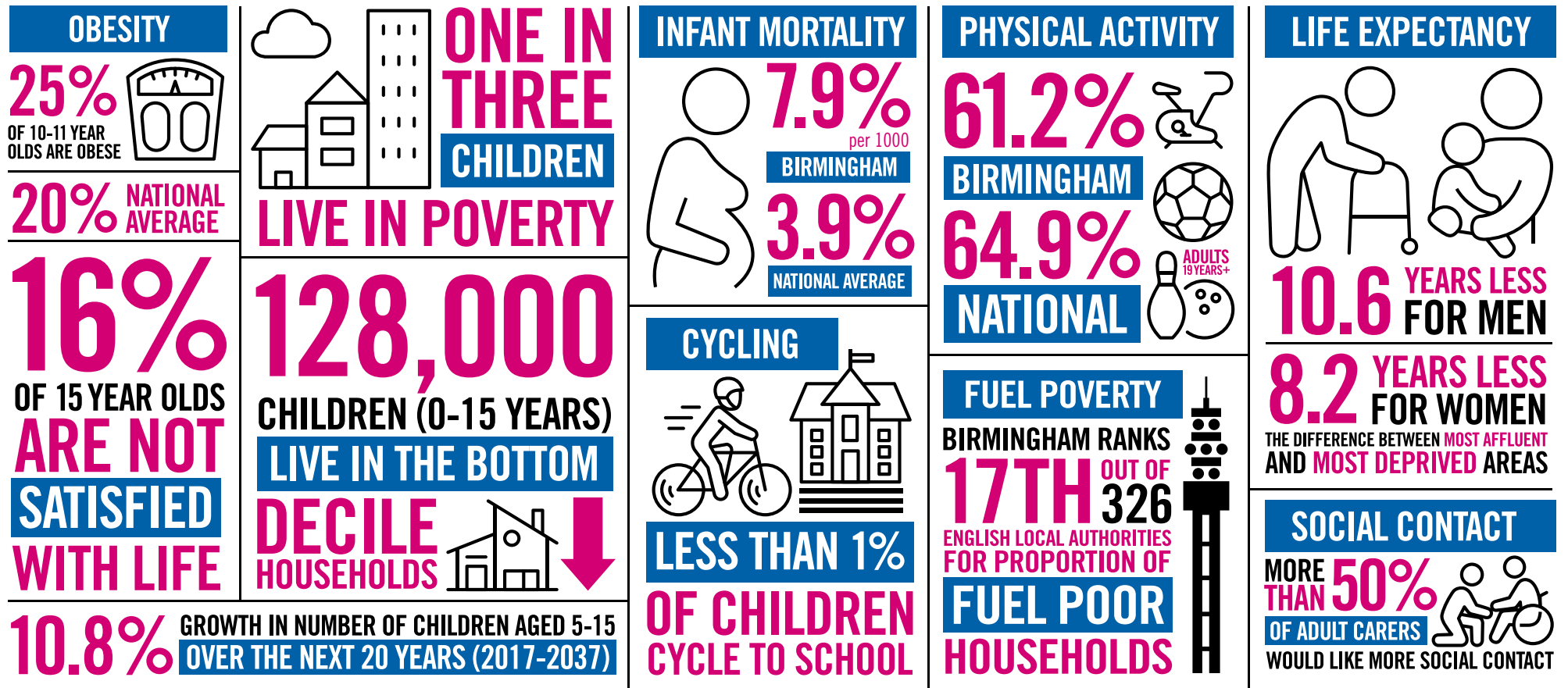


Figure 1: The health inequalities experienced within Birmingham's citizens
 Source: Birmingham City Council Public Health Green Paper 2019

CHRISTIAN FAITH SETTINGS TOOLKIT

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.

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.

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 was developed with community partners and had been tested and further developed and improved.

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



INTRODUCTION

HISTORICAL CONTEXT

Christianity in Birmingham has accommodated diverse population change since industrialisation. It now meets a cross section of denominational, economic, and ethnic community needs, both through the establishment of new church communities and by changes within established Catholic and Church of England institutions.

INDUSTRIALISATION

Nonconformism, especially Methodism, was very strong in the Black Country during the era of industrialisation. In 1843 the Anglican vicar of Oldbury reckoned "nineteen out of every twenty people are Nonconformists."⁽¹⁾ Though others suggest a figure nearer to 15%, this was still three times the national average,⁽²⁾ and by the end of the 19th Century there were about 1.5 times as many Nonconformist churches as there were Anglican.⁽³⁾

Nonconformism took off among the working poor, probably because of its 'democratic' structures and its informal, everyday style of worship. Nonconformist congregations were able to offer more effective practical help than the Anglican church, because their looser structures allowed them to organise more quickly. They provided basic unemployment relief, loans, and similar support.⁽¹⁾

IRISH MIGRATION

A second major influence on Christianity in industrial Birmingham was Irish (Catholic) immigration during the potato famine. By the mid-1800s, Birmingham had the fourth highest Irish-born population of any English or Welsh town. Another wave of immigration from Ireland after the Second World War meant that one child in every six born in Birmingham in the 1960s had at least one parent from Ireland.^(4, 5)

COMMONWEALTH MIGRATION

The Irish were only the first of several waves of immigrants to bring their own Christianity with them. In the 1960s (before the Immigration Act of 1971), 'Windrush' migrants came from the Caribbean to fill labour shortages resulting from the war. Like the rural migrants of the 17th Century, they seem not to have felt welcomed by the national church, instead joining - and building out further - the Black-led churches that migrants from Commonwealth countries had begun at the beginning of the 20th Century.⁽⁶⁾ Today Black led Pentecostal churches have a significant imprint on worship and Christian social support in the city.

EUROPEAN UNION MOVEMENT

During the second half of the 20th Century, net migration was broadly stable until the creation of the EU in 1993 when a steady increase began.⁽⁷⁾ European migrants have been overwhelmingly Catholic: it is estimated that over half a million Poles moved to the UK following 2004, including many priests.⁽⁸⁾ These migrants have either brought new vigour to existing Catholic congregations or have been supported to celebrate Mass in their own languages. (The Roman Catholic Archdiocese of Birmingham lists twenty-two 'ethnic chaplaincies', of which a third are for European nationals).⁽⁹⁾

THE FUTURE

The total numbers worshipping in churches continue in a long, slow decline that began after the two world wars. The nationally structured churches (Anglican, Catholic, Methodist) have far fewer worshippers than they once had, and the average age of their congregations is much older. However, there is a growth in independent churches, which are either entirely local or else have only loose ties to an umbrella organisation. These are often within the Evangelical and Pentecostal movements.

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The public decline of religion also hides the continuing power of the older churches: they have far fewer adherents, but they still have their buildings, organising structures, and through committed volunteers and staff, they still offer support to their local communities in many ways.



CURRENT DEMOGRAPHICS

Figure 2 below shows the most followed religions in Birmingham according to the 2021 Census. The most followed religion is Christianity, followed by 389,406 people (34.0% of the total population). The next most followed 'religions' are Islam (29.9%) and 'no religion' (24.1%).

Figure 2: Most followed religions in Birmingham: 2021

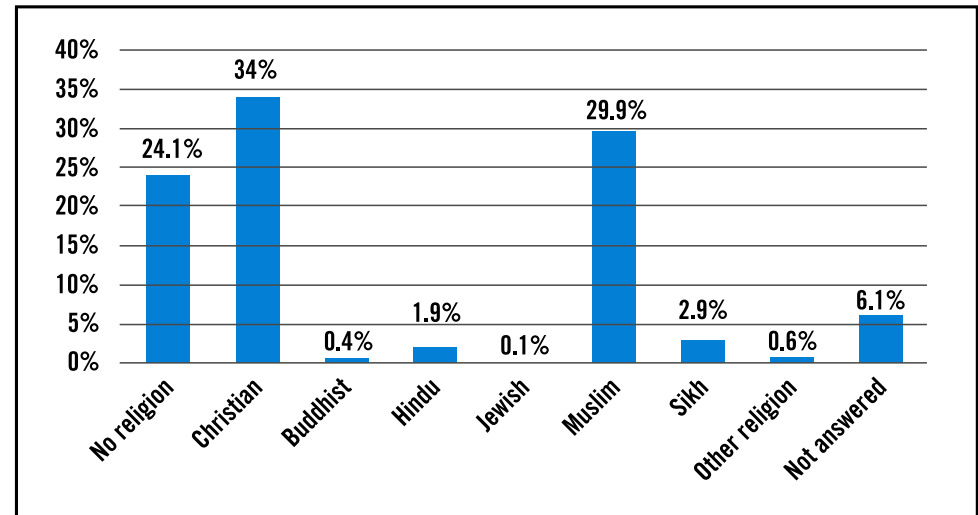


Figure 3 shows the ethnicity of Christians living in Birmingham, according to the 2021 Census. The highest percentage ethnic group was White (73.8%), followed by Black, Black British, Black Welsh, Caribbean or African (17.2%), Mixed or Multiple ethnic groups (4.5%), 'Other' ethnic group (3.0%), and Asian, Asian British or Asian Welsh (1.5%).



CHRISTIAN FAITH SETTINGS TOOLKIT

Figure 3: Ethnic breakdown of Christians in Birmingham

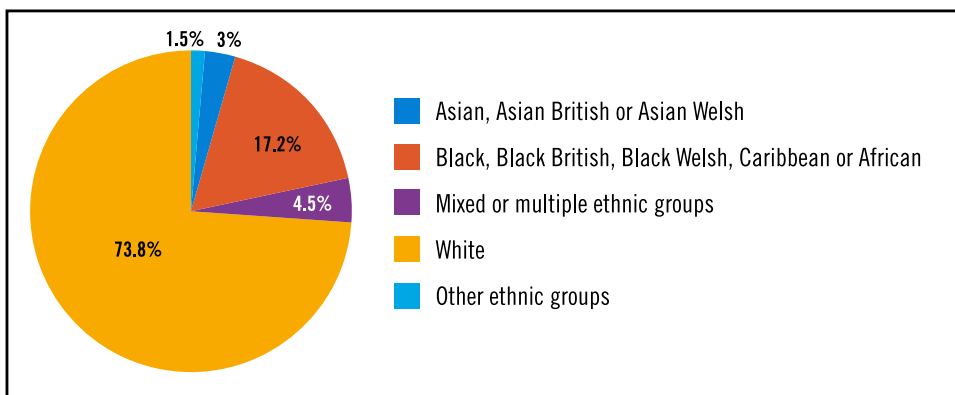


Table 1 below shows the top 10 non-UK countries of birth for Christians within Birmingham (2021 Census). The highest percentage of people were born in 'Other Europe' (8.6%), followed by North America and the Caribbean (3.7%) and Central and Western Africa (2.6%).

Table 1: Country of birth (non-UK) of Christians in Birmingham: 2021

Country of birth (non-UK)	%
Other Europe	8.6%
North America and the Caribbean	3.7%
Central and Western Africa	2.6%
South and Eastern Africa	2.4%
Ireland	2.2%
Southern Asia	0.8%
South-East Asia	0.8%
Middle East	0.5%
Central and South America	0.5%
Eastern Asia	0.4%

Overall, the age of Christians living in Birmingham is older than the city's average. In the 2021 Census, there were 24.6% of Christians aged 65+, compared to 13.1% of the total city. 22.3% of Birmingham's total population are aged 15 and under, compared to 15.3% of Christians in Birmingham.

Figure 4: Age of Christians in Birmingham: 2021

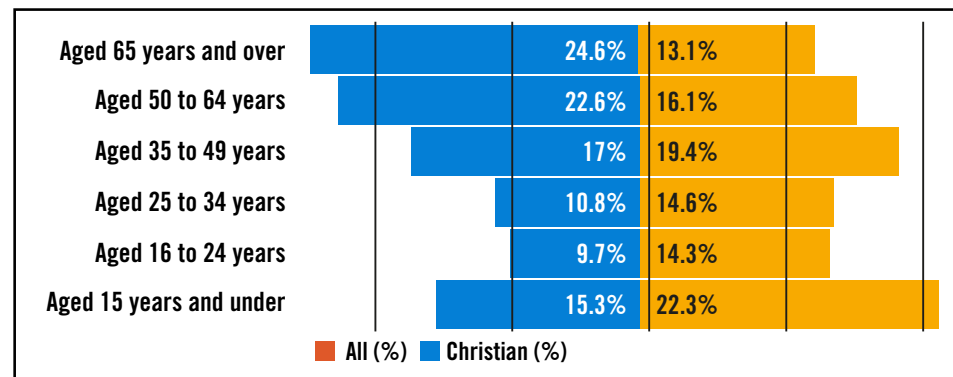
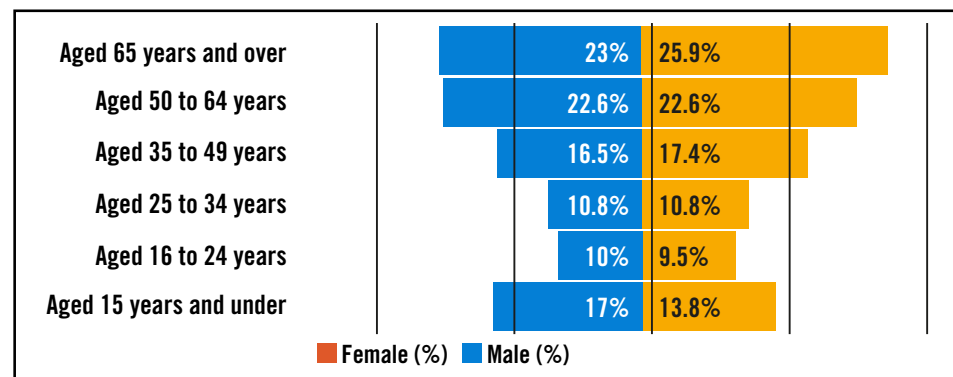


Figure 5 below shows the age and gender of Christians in Birmingham. There are more females (54.4%) than males (45.6%) who identified as Christians in the 2021 Census. The age of both males and females is comparable between male and female Christians. However, there was a higher percentage of males aged 15 and under (17.0%) compared to females in the same age bracket (13.8%).

Figure 5: Age and gender of Christians in Birmingham: 2021



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Table 2 below shows the top 10 middle layer super output area (MSOAs) of Muslims in Birmingham, by population size. The MSOAs with the highest percentage of Muslims are in Birches Green & Bromford East (1.5% of the total population), Gravelly Hill & South Erdington (1.4%), and Reddicap Heath (1.4%).

Table 2: Middle layer super output areas (MSOAs) of Christians in Birmingham: 2021

MSOA	Population No.	%
Birches Green & Bromford East	5,740	1.5%
Gravelly Hill & South Erdington	5,461	1.4%
Reddicap Heath	5,295	1.4%
Sheldon South	5,133	1.3%
Sutton Coldfield North & Park	5,116	1.3%
Kingstanding South East	5,045	1.3%
Chester Road	5,033	1.3%
Acocks Green East	4,720	1.2%
New Oscott	4,705	1.2%
Rectory Park & New Hall Valley	4,608	1.2%

THE ROLE OF CHRISTIAN COMMUNITIES IN SUPPORTING WELLBEING

Speaking of one 'Christian community' in Birmingham is challenging in practice. The diversity of ethnicities, cultures, and levels of affluence or deprivation mean Christians' health needs are varied.

However, central to almost all Christian denominations is a belief in service to others. Anyone can attend any church service, and many Christians would feel they have an obligation to help people in need.

Birmingham Churches therefore tend to promote wellbeing both among their close adherents, and also among their wider communities. Many church activities and outreach work are inclusive of all faiths and none. Churches regularly offer spaces of solace, put on social activities and provide pastoral support to anyone who seeks help. Food banks organised by Christian groups in the city address food poverty. Youth clubs, elderly lunch clubs and outreach activities provide people of all incomes with activities that support physical health, social health, and mental wellbeing.

Christians have a duty to help others regardless of which social or religious group they belong to. Jesus tells the story of the Good Samaritan in response to the question, 'Who is my neighbour?' When they saw man left for dead in the road, two members of the Temple hierarchy had 'passed by on the other side.' But a Samaritan - at that time, an enemy of the Jews - stopped, tended his wounds, and paid for him to stay somewhere while he recovered. Jesus asked his questioner,

'Which of these was a neighbour to the one who was left for dead?' The answer came: 'The one who showed mercy.' Those suffering with mental or physical illness are often a special concern: "Jesus ... called the disciples together, [and] gave them power and authority to drive out all demons and to cure diseases, and he sent them out to proclaim the kingdom of God and to heal the sick." (Luke 9)



HEALTH INEQUALITIES IN BIRMINGHAM'S CHRISTIAN COMMUNITIES

Christian communities in the city work with a population who are diverse ethnically, in age and income, serving the most and least deprived areas. Health inequalities in the population are most likely to be noticed in the most deprived groups and there are some notable health inequalities in Birmingham's large ethnic minority communities i.e., Black, and South Asian.

More than 1 in 4 children in Birmingham live in poverty¹⁰. Parents' access to nutritious food impacts all children's' health and obesity is more likely in more deprived households^{11,12}. Churches in the city provide important food bank touchpoints for the most deprived and can have an important role in providing the nutrition that young families need.

Christian communities doing outreach work like soup kitchens, food banks and homeless support are also likely to come into contact with the many people with complex needs in the city e.g. people experiencing a combination of homelessness, offending, substance misuse and/or mental health problems^x. Christian outreach services offer important holistic support to these communities that include practical as well as mental and physical wellbeing support.

Ethnicity can also impact health. Black and South Asian minorities have been disproportionately impacted by COVID-19 than their majority ethnic neighbours. Racism has a recognised impact on mental health and wellbeing. Women from minority ethnic backgrounds^{xi} (including black, South Asian and newly arrived communities) are more likely to experience complications in pregnancy and childbirth¹³.

In England, there is a systematic relationship between deprivation and life expectancy, known as the social gradient in health. Males living in the least deprived areas can, at birth, expect to live 9.4 years longer than males in the most deprived areas. For females, this gap is 7.4 years¹⁴.

Black-led churches and leaders are hosting conversations about inequality and wellbeing in the city, including Unity FM mental health podcast "What shape are you in¹⁵" and the Time4Change Churches Charter for Racial Justice and Racial Reconciliation Gatherings¹⁶.

The percentage of White children achieving entry rates into higher education is the lowest of all analysed ethnic groups¹⁷. This may suggest an issue in obtaining employment and a high level of management amongst White citizens.

Finally, loneliness, isolation and inactivity significantly impact the elderly in the city. Poor mental health is also a concern. 1 in 5 elderly people are considered to be depressed¹⁸. Supporting elderly people to keep active and stay independent can have a huge impact on wellbeing and church communities across the city are doing this through elderly befriending services, pastoral care in the community and running social events like coffee and cake clubs.

You can read more about inequalities and the faith-based, Birmingham-based, and national services you can use to respond to them in the 'services to support your community' section under each health outcome in this toolkit.

PROMOTING HEALTHY EATING

So, whether you eat or drink, or whatever you do, do all to the glory of God. 1 Corinthians 10:31.

BACKGROUND:

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 country¹⁹.

There is a Christian tradition of praying or 'say a grace' before eating as a sign of thankfulness²⁰. Generally, there are no dietary restrictions or diets that Christians follow. Some Christians abstain from consuming alcohol while many give up certain food items during the period of lent²¹. Another tradition more common in the Roman Catholic church, is to eat fish on Fridays, in particular on Good Friday as a mark of respect to the day that Jesus was crucified^{xx}.

Community provision is extremely important amongst Christian cultures. Churches regularly support families in crisis by offering food donated by the community²². Many churches offer tea and cake at service, but offering healthier options such as a bowl of fruit may help to improve eating throughout faith settings²³.

The term obese describes a person who is very overweight, with a lot of body fat. BMI (body mass index) is a measure of whether you are 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 are a healthy weight
- 25 to 29.9 means you are overweight
- 30 to 39.9 means you are 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 are 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. Rates of obesity are higher amongst the most common Christian ethnic groups. In 2019/20, the percentage of White British (63.7%) and Black-ethnic adults (67.5%) who are overweight or obese was higher than the national average (62.8%)²⁴.

REAL LIFE STORY

Gloria is a 40-year-old graduate living in Handsworth.

"Last year my Dr told me that I needed to lose weight because I have inherited high cholesterol. With the cost of food being so high now, I decided that it was time to go shopping properly once a week, and rather than buying expensive ready meals I decided to buy raw ingredients. I really enjoy going to the markets to buy fresh vegetables and meat, and the 'cook along' sessions that take place in my church have encouraged me to be more adventurous. As a result of taking part in the 'cook along' sessions I also volunteer for the organisation that put on the healthy eating sessions, and I also volunteer with the Active Wellbeing Society who do lots of outdoor activities I am keen to try."

RECOMMENDATIONS:

- Religious leaders promote healthy eating messages and use Church venues as sites for providing education and training about a healthy diet
- Be a role model for the congregation following a healthy diet rich in fruit and vegetables
- Include discussions on healthy eating and helping people to live well
- Involve trusted and recognised health professionals in their work, who understand cultural sensitivities, which may include certain dietary customs, and speak the same language as members of the congregation²⁵.

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- Include activities that consider the factors that affect food choice, for example, hospitality and celebrations, which may involve the use of ingredients that are high in sugar and fat^{xv}.

TOP 5 TIPS:

1. Religious leaders promote a balanced diet in line with NHS guidelines and encourage '5-a-day', at least 5 portions of fruit and vegetables every day.
2. Include healthier food options at Churches and other Christian faith settings to promote healthy eating and manage a healthy bodyweight
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 with age-specific educational events and social media.

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.



PROMOTING PHYSICAL ACTIVITY

A joyful heart is good medicine, but a crushed spirit dries up the bones.
Proverbs 17:22.

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 Diabetes²⁶ heart disease and cancers. 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) 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 activity²⁷.

Physical activity can be seen as a key tool to practice good stewardship, learn self-control, stay ready for usefulness and to love others²⁸.

The percentage of White British adults (63.1%) who are physically active (>150 mins/week) is higher than the national average (61.4%). Both percentages are significantly higher than Black ethnic adults (53.3%)²⁹. This may suggest a large difference in physical activity levels amongst various Christian groups and communities and there is a need to encourage and promote physical activity within Black-led churches.

RECOMMENDATIONS:

- To help less active community members start moving more and strengthening, activities that improve posture may be a first step.

- Christian venues are used as 'safe' environments to deliver culturally-tailored physical activity programmes without language barriers^{xxv,30,31}.
- 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^{xxvii}.

REAL LIFE STORY

Michael is a 67-year-old man living in Perry Barr. He has been a church member for a long time and grown to appreciate the fellowship and friendship that the church provides particularly as he has been recently widowed.

"My wife and I had been members of our local church for several decades, but my wife was always more involved than I ever was, in fact she created quite a busy social life at church, especially when she retired. After a long illness she passed away recently. I did not know that a small group of men, (some of whom have been widowed) have been meeting together since the Pandemic to take a walk once a week. The Minister suggested that I might like to join the group. I was a little apprehensive at first, but soon discovered that we are all of a similar age and background, and that we are never short of things to talk about! Sometimes we have trips on the train to go walking somewhere a bit different. Getting some exercise has helped lift the clouds a little bit, and it feels good to be able to have a chat along the way.

TOP 5 TIPS

1. Encourage daily physical activity and advocate its positive effects regularly.
2. Empower members of the community to help plan, organise and deliver sports and physical activity programmes.
3. Tailor activities and sports to specific ages and abilities, encouraging all to take part.

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4. Host regular sports and physical activity sessions at church venues as well as through online video and social media platforms.
5. Signpost to local community groups, leisure centres and resources:
 - **NHS** – [Physical activity guidelines](#)
 - **NHS** – [Couch to 5K](#)
 - **NHS** – [12-week fitness plan](#)
 - **NHS** – [Physical Activity for Disabled Adults](#)



PROMOTING GOOD MENTAL HEALTH AND WELLBEING

Anxiety in a man's heart weighs him down, but a good word makes him glad. Proverbs 12:25

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 age³². Isolation is an important factor that leads to higher levels of anxiety and depression within communities³³. This in turn can increase the risk of other conditions such as cardiovascular disease and cancer³⁴. However, religion and cultural beliefs within the community provides social support, a sense of connection and meaning, improved life satisfaction and coping strategies³⁵.

The church plays a natural role in supporting mental health and wellbeing needs. The open-door policy of many churches means that people from all backgrounds seek pastoral support from clergy, volunteers, and those in chaplaincy roles. In addition, chaplains, clergy and volunteers perform many types of outreach work to the vulnerable in the community across all age brackets³⁶.

Faith settings and their leaders must consider the cultural nuances of mental health conditions and the ways in which they are perceived by different communities. Some communities may have to overcome myths and taboos associated with mental health conditions when accessing psychological support and care. Because the church can be a first port of call, mental health first aid training and knowing where to signpost people to any specialist support, they need is important.

The church can also provide a place for community cohesion and togetherness. This can reduce feelings of loneliness and isolation, which may be experienced by all members of the community but may be more

significantly felt within elder faith users. Opportunities to volunteer in community cafes for example, can help to increase a person's self-worth at the same time as enabling them to feel a part of a community, where it is possible to build friendships and a support network.

The Christian ethos supports kindness and love for those struggling with illness:

- *"A new command I give you: Love one another. As I have loved you, so you must love one another. By this everyone will know that you are my disciples if you love one another." - John 13:34-35*

Those who identify as Christian are more likely to report a better level of mental health compared to people with no religion³⁷. There are differences between communities with rates of common mental health disorders such as anxiety and depression, being highest amongst Black/Black British adults (22.5%), compared to White British (17.3%) and White Other (14.4%)³⁸.

RECOMMENDATIONS

- Make referrals to mental health services where needed
- Provide culturally appropriate spaces tailored to the mental health needs of different groups
- Be physically active which helps mental well-being.
- Encourage actions to support wellbeing such as learning something new to boost self-confidence and build a sense of purpose.
- Use techniques to pay attention to the present moment through mindfulness or meditation and more attention to your own thoughts, feelings and the world around us³⁹.

CHRISTIAN FAITH SETTINGS TOOLKIT

REAL LIFE STORY

David is a 27-year-old man living in East Birmingham.

"I have been living with Paranoid Schizophrenia all my life. Sometimes I can feel quite paranoid that other people are talking about me behind my back. I am on medication, and I have a good support worker from Birmingham Mind who keeps in regular touch with me. It was my support worker who suggested that I should visit the church down the road, because they have activities in the week that I might enjoy. I have started attending the Sunday morning service, and I enjoy meeting the other church members who are really kind. Sometimes I hear voices telling me that the people in the church do not want me to be there. The pastor is really reassuring about my voices and reassures me.

Sometimes I go through periods of being very paranoid and I do not attend church, but I always feel better when I have been to church, and I find it helps me to feel more positive."

SACRED SIGNS AND SYMBOLS

For many Christians' who live with mental health conditions, the practice of laying on of hands and prayer is an encouragement to faith and a special means of reassurance.

In the New Testament the laying on of hands was associated with Christ healing the sick (Luke 4:40) and after his ascension, the receiving of the Holy Spirit (See Acts 8:14-19).

TOP 5 TIPS

1. Religious leaders discuss mental health with the aim of encouraging people to take action to prevent mental ill-health and to seek help early from health services when needed.
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 to tackle stigma.

3. Create volunteering opportunities at the church 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.

RESOURCES

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

- Black Minds Matter
- Birmingham LGBT wellbeing support service
- Birmingham mind community development services for minoritized groups
- Hope together wellbeing journey podcasts for young Christians
- Mind Birmingham offer outreach services for African Caribbean communities, LGBTQ+ communities, men's mental health, women's wellbeing and newly arrived communities

CHRISTIAN FAITH SETTINGS TOOLKIT

- Mind and soul foundation: faith-centred support for young people in health and wellbeing
- [Premier lifeline Christian helpline](#)
- The Sanctuary app '[Together Again](#)' is a conversation starting game with access to emergency mental health support and faith and mental health support
- [The Sanctuary Course](#), to understand faith and wellbeing
- Unity FM mental health podcast "[What shape are you in](#)"

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



PROMOTING HEALTHY RELATIONSHIPS

“Above all, keep loving one another earnestly, since love covers a multitude of sins.” The Good News: Love each other honestly and earnestly, even when you hate them most. Forgiveness is key, and then your love will shine brightest in the darkest moments in your relationship. 1 Peter 4:8.

BACKGROUND

In scripture we hear a great deal about the ways in which God calls us to interact with those around us, and in **1 Corinthians 13:4-7** the benchmark for a good Christian relationship is set

- *“a healthy relationship depicts a real love that is patient, does not envy or boast; it is not resentful but rejoices at the truth.”*

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

As social norms have changed, Christians find themselves navigating modern ideas of relationships, sex, and sexuality. Navigating relationships, can be a really important pastoral role for the church to fulfil.

Different churches and denominations hold varied theological positions on non-heterosexual relationships and on relationships outside of marriage or after divorce. It is important that faith settings signpost people to support if they are unable to provide it within the faith setting, and that they are compassionate and non-judgemental in their approach. It is also important that church leaders develop a culture whereby informed conversations and signposting can be provided across a wide range of emotional and relationship issues.

In the past Churches held groups for young people which presented opportunities to discuss issues around relationships and sex, although these types of conversations are less common today. Churches are also involved in key life events such as marriage or baptism which provide opportunities for guidance on healthy relationships.

THE IMPORTANCE OF ROLE MODELS WITH CHURCH AND FAMILY LIFE

For Christians good role models have always been very important. Many Christians use the life story or way of life of a particular saint to shape their own Christian journey. Ultimately all Christians seek to follow the life and teachings of Jesus as the ultimate way of living a good and fulfilled life. Discipleship training, preaching, and teaching can all help to shape our thinking around becoming more Christlike.

Churches involvement in key life events such as marriage, baptism and funerals provide us with an opportunity to speak and teach on the value of healthy relationships, and many churches have developed innovative ways of engaging non church goers with some key messages.

TRUE LIFE STORIES AND ST. RITA

Difficulties in relationships are not just a facet of the modern world. St. Rita lived in the 14th century and experienced a lot of suffering at the hands of her husband.

Saint Rita was born in Italy to devout parents in 1381. When she grew up, Rita desired to become a nun, but her parents arranged for her to marry a man named Paolo Mancini, with whom she would have two sons.

It seems that Paolo was a complicated man (and there are varying accounts of his character) but we do know that Rita suffered during her marriage. Paolo was impetuous, had a fierce temper, and seems to have been irresponsible with gaming and debts. Violent conflicts between noble Italian families were common at this time and Paolo was involved in these feuds. He was rough

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with Rita and may even have been physically abusive.

In spite of all this, she exercised the virtues of patience and humility towards him and was a truly loving and faithful wife and homemaker. Over time, her love, example, and prayers bore fruit, and Paolo's heart began to undergo conversion. One biographer writes that he would become ashamed of his temper when it got the best of him, and rush out of the house, returning only when he had calmed down.

Paolo did have enemies, who eventually ambushed him and killed him. His sons wanted to avenge his death, but Rita tried to dissuade them; finally, she begged God to take the lives of her sons rather than allow them to commit a mortal sin which would endanger their eternal salvation. Both sons did pass away from an illness and were prevented from acting in violence.

Rita subsequently entered an Augustinian order of nuns. She died in 1457. Her feast day is May 22. Down the centuries many Christians have asked for St. Rita's prayers or intercession when they have been experiencing relationship difficulties and speak of seeking her intercession as a comfort to them in times of trouble.

RECOMMENDATIONS

- Take opportunities to encourage and support relationships
- 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
- Take action to protect people from abuse in relationships

TOP 5 TIPS

1. If as a faith institution you are unable to support with particular types of relationships or sexual health support, do signpost on using one of the services below

2. Consider targeted assemblies for adolescents and young adults to explore what makes a positive relationship
3. Provide spaces for young people to speak about relationship expectations and learn mutual respect and consent.
4. Take opportunities of church involvement in life's milestones to promote positive relationships and act if you see abuse.
5. Share details of relationship support groups and services with your community

RESOURCES

Services to support your community Directories of support

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



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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](#)



What makes a relationship **healthy**?

INFOGRAPHIC

Factors in a healthy relationship include:

- Understanding
- Compromise
- Mutual respect
- Safety
- Trust
- Honesty
- Good communication
- Individuality

PROMOTING HEALTHY CHOICES - CONCEPTION AND PREGNANCY

For you formed my inward parts; you knitted me together in my mother's womb. I praise you, for I am fearfully and wonderfully made. Psalm 139:13–16

BACKGROUND:

Naming a new baby or baptism often triggers contact with the Church and there are opportunities to support new and growing families throughout childhood.

Although for many parenthood is a time of joy, many women struggle with mental wellbeing during pregnancy and after giving birth or suffering a miscarriage, including depression, anxiety and for a small number, psychosis⁴¹.

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

Teachings around family planning vary between Christian denominations, there is evidence that planning the number and intervals of pregnancies assists adequate support to be given to children and the mothers' health to be protected⁴².

Around 1 in 7 couples struggle to conceive⁴³ and 1 in 4 will miscarry, usually in early pregnancy⁴⁴. For couples struggling to conceive, NHS funded diagnosis and treatment is available in Birmingham and can be accessed through the GP⁴⁵. Prospective LGBTQ+ parents can also speak through a range of options for having children with their GP⁴⁶. In addition, good nutritional health, a healthy weight, giving up smoking, and taking folic acid can improve the likelihood of conception.

It is important to understand that different faith users will have different needs. At times, these needs may not be met and health inequalities within faith communities may occur. For example, as found by the MBRRACE-

UK Saving Lives Report,⁴⁷ Black mothers are 4 times more likely than White mothers to die at childbirth. Churches and faith leaders can support their users to have improved access to appropriate care during and post-pregnancy, through appropriate support and signposting. Public Health initiatives such as the BLACHIR report,⁴⁸ seek to address maternal health inequalities across communities with local maternity partnerships. This will help to ensure that all communities are receiving the same high-level culturally appropriate care.

SICKLE CELL DISEASE

Sickle cell disease is most commonly seen in people of African and Caribbean ethnicity⁴⁹. People with sickle cell disease produce abnormally shaped red blood cells which do not live as long as healthy blood cells and can also block blood vessels. Approximately 1 in 4 babies that are born with sickle cell disease parents are carriers of the gene. It is therefore extremely important people (especially known carriers of the gene) undergo screening during pregnancy, as offered by the NHS. All babies are also offered the new-born blood spot test which can detect sickle cell disease, amongst other inherited conditions such as cystic fibrosis. This can help to support early treatment of babies that have sickle cell disease and other genetic conditions.

Mental health support from the perinatal mental health team, can be accessed via the GP during pregnancy and following birth⁵⁰.

REAL LIFE STORIES. THE BABY BANK

Tina a 55-year-old Health Visitor has been a member of her church since she was a child.

"I have always loved children, and particularly babies, hence my becoming a health visitor! Since the Covid pandemic the church members have been thinking about ways in which we can better serve the community around us (which is poor), in addition I am a member of a women's group that is made

CHRISTIAN FAITH SETTINGS TOOLKIT

up of church members from several churches in this part of Birmingham. Between the churches we have started a 'baby bank' that I run from our church, (where we have storage facilities). People have been generous, and we have stocks of toys, nappies, baby food and all sorts of other things. The baby bank is advertised locally, and between us we ensure that families who are in need, get things dropped off to them at home as quickly as we can."

RECOMMENDATIONS:

- Share information on healthy living to people planning pregnancy for example maintaining a healthy weight and avoiding alcohol and smoking.
- 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. 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 coffeeⁱⁱ.
- Share information on healthy living during pregnancy, women may continue or start moderate exercise (e.g. 30 minutes walking every day) during pregnancyⁱⁱ.
- Watch for signs of domestic abuse and act.
- Share information on vitamin supplementation for women trying to get pregnant, who should take a daily folic acid supplement and a vitamin D supplement. This should continue throughout their pregnancyⁱⁱ.

TOP 5 TIPS:

1. Consider pregnancy support groups with sessions on healthy eating, exercise, and 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.

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](#)
- Spurgeon's - a Christian charity who run children's centres in Birmingham where parents of young children can go to meet one another, and receive parenting support -

SICKLE CELL DISEASE:

- [NHS information on screening for sickle cell disease](#)
- [NHS information on sickle cell disease](#)
- [Sickle Cell Society – support and local services](#)

Healthy Pregnancy



Avoid listening to myths

Continue to exercise and stay healthy

Think about your mental health; stay positive, read and listen to devotional books and music

You may need vitamin B12 and iron supplements

Vegetarian foods that are high in iron include pulses, dark green vegetables, wholemeal bread and dried fruits such as apricots

INFOGRAPHIC:

To keep healthy during pregnancy:

- Avoid listening to myths
- Continue to exercise and stay healthy
- You may need vitamin b12 and iron supplements
- Think about your mental health; stay positive, read and listen to devotional books and music.
- Vegetarian foods that are high in iron include pulses, dark green vegetables, wholemeal bread and dried fruits such as apricots.



PROMOTING CHILDHOOD HEALTH

*“Children are a heritage from the Lord, offspring a reward from him”
Psalm 127:3.*

Jesus said, “Let the little children come to me, and do not hinder them, for the Kingdom of heaven belongs to such as these.” Matthew 19:14

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 rates⁵³ and illness. Eating well, exercising, and having 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 UK⁵⁴. In reception, 22.7% of White British, 30.8% of Black African and 25.2% of Black Caribbean children are overweight or obese, which are all higher than the national average (22.4%)⁵⁵. The West Midlands has the highest rates of childhood obesity in the UK^{iv}.

Children thrive when they can grow physically, emotionally, socially, and spiritually. Christians are aware of the importance of supporting children with additional needs and challenging circumstances.

- *Train up a child in the way he should go; even when he is old, he will not depart from it. - Proverbs 22:6 (ESV).*
- *Do not oppress the widow or the fatherless, the foreigner or the poor - Zechariah 7:10 (NIV)*

MENTAL HEALTH:

- Nationally, around 1 in 8 children and young people experience behavioural or emotional problems while growing up⁵⁶. Rates of mental health conditions in children are rising, an issue that was exacerbated by the coronavirus pandemic. According to the Mental Health Foundation,

75% of those with mental health conditions are not getting the help that they need⁵⁷.

- It is important to support children while they experience negative mental health outcomes. Action for Children has many tips which can help people to spot signs of poor mental health in children and advise on action to take. Any professional that works with children and young people, such as a teacher, school nurse, social worker or GP, can help children and young people to find the right service to treat mental health conditions. Young people aged 16 and over can refer themselves to Birmingham Healthy Minds, a free Improved Access to Psychological Therapies (IAPT) service for those experiencing symptoms of anxiety and depression.

Churches are responsible for safeguarding children who disclose that they are experiencing abuse or at risk of experiencing harm or abuse. All church officers and volunteers must follow their organisations safeguarding procedures should they feel that a child needs protecting within their setting.

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 church events, with a varied and balanced food offer.
- **Health promotion** such as awareness of the benefits of vaccination⁵⁸, breastfeeding⁵⁹, and easy measures for accident prevention are also important.
- Watch out for evidence of neglect, harm, and act.

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TOP 5 TIPS:

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

CHRISTIAN REFERENCES:

- *And he took the children in his arms, placed his hands on them and blessed them.—Mark 10:16 (NIV)*
- *He took a little child whom he placed among them. Taking the child in his arms, he said to them, "Whoever welcomes one of these little children in my name welcomes me; and whoever welcomes me does not welcome me but the one who sent me." - Mark 9:36-37*
- *Fathers, do not exasperate your children; instead, bring them up in the training and instruction of the Lord. - Ephesians 6:4*

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](#)
- **Kick Christian** chaplaincy and mentoring for young people through sports. See what they do [here](#) and their resource pack here
- **Forward Thinking Birmingham** – [supporting children and young people's mental health](#)
- **Kooth** - For young people aged 11 to 25 there are forums, guides, and counselling available [here](#)
- **Birmingham Healthy Minds** – Improved Access to Psychological Therapies for young people aged 16 and over



PROMOTING HEALTHY CHOICES FOR LONG-TERM CONDITIONS

*He gives strength to the weary and increases the power of the weak.
Isaiah 40:29*

BACKGROUND

As we age as a society, we are not only living longer overall but also living 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. The Church 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 problems⁶⁰.

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 groups⁶¹.

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 falls⁶². 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 pain⁶³.

There are three main groups of MSK conditions:

1) **Inflammatory Conditions, such as rheumatoid arthritis:**

These 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:**

These 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. Maintaining a healthy bodyweight and taking part in regular exercise can be really important in managing symptoms of osteoarthritis.

3) **Osteoporosis and fragility fractures:**

These include injuries 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. The Chief Medical Officer's Physical Activity Recommendations

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advise to spend at least 2 days a week on strengthening activities that work all the major muscle groups (legs, hips, back, abdomen, chest, shoulders, and arms). This improves muscle strength and bone density, which will help to manage the symptoms of musculoskeletal conditions and prevent physical injury.

Churches 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.

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. Black Africans, Black Caribbeans and South Asians in the UK are at higher risk of developing high blood pressure compared with White Europeans, while rates of CVD are higher amongst people of Black ethnicity.

SICKLE CELL DISEASE:

Sickle cell disease is most commonly seen in people of African and Caribbean ethnicity⁶⁴. People with sickle cell disease produce abnormally shaped red blood cells which do not live as long as healthy blood cells and can also block blood vessels. Sickle cell disease can lead to serious health issues such as strokes, an increased susceptibility to infection and lung problems. This can increase the likelihood of dying.

People can live with sickle cell disease but must learn to manage their own condition. Sickle cell disease is treated with professional advice at specialist sickle cell centres. Treatments should always be at the discretion of a medical professional. This may include:

- Drinking plenty of fluids and staying warm
- Taking regular painkillers and antibiotics to reduce symptoms and control against infection

- Blood transfusions

[The Sickle Cell Society](#) is a charity which can provide support and information on local services to those living with sickle cell disease.

REAL LIFE STORIES, FROM TONY AND SANDRA

Tony is a retired engineer from East Birmingham.

"I have always been a worrier, in fact my father used to tell me that if I had nothing to worry about, I would worry about that. Now as a white male, aged 60+ and a member of the Church of England I can, for the main, control these anxieties. In the past, as a single person with no immediate family, anxiety was hard to deal with. One day an elderly parishioner told me that ' You are never alone, and he pointed heavenwards ' I have remembered this and when I am feeling low, I talk to God and have found this to be particularly helpful. I also benefit from the friendship offered by the Church family. The following Bible verses have been of help: Deuteronomy 31:6 Be strong and of good courage, do not be afraid of them for the Lord your God, He is the one who goes with you. He will not leave you or forsake you. Psalm 55:22 Cast your burden on the Lord. And he shall sustain yours. He shall never prompt the righteous to be moved."

SACRED SIGNS AND SYMBOLS

For many Christians' livings with long term health conditions, the prayers of their congregation or Christian community are a great reassurance. Many churches maintain a prayer or intercession list of people who have requested prayers, so that prayers can be offered during services or by prayer partners.

The laying on of hands and anointing with oil (as a part of our worship) can go hand in hand with prayer because of the way God has made the world, and wired our own hearts, we often reach for something tangible, physical, and visible to complement, or serve as a sign of, what is happening invisibly and what we are capturing with invisible words. These things can be of great help and reassurance to those living with long term illness. Although oil used

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in worship may have been blessed, many Christians keep a small quantity of ordinary olive oil at home for the purposes of mark themselves with the sign of the cross during their own private prayers and devotions.

THE IMPACT OF NOT TAKING CARE OF LONG-TERM HEALTH CONDITIONS ON YOU AND YOUR LOVED ONES

The following story from Russell, (who is now retired and living in Erdington), highlights the impact of not taking care of long-term conditions on us and those around us.

When my mother was diagnosed as diabetic, she was immediately admitted to hospital where she almost lost her foot. She did not even know that she was diabetic until this crisis occurred. Thanks to prayer and the skill of the surgeon her foot was saved. Recovery was long, and the following affected her and her family:

She could not go out for many months as her foot was heavily bandaged and she could not wear footwear.

A nurse had to come every day for almost two years, and this impacted on my father being able to go out for shopping etc.

My father became my mother's carer, as well as having to undertake household chores, cooking cleaning etc.

It was about two years before she was able to visit me in Birmingham, wearing a pair of slippers. The last visit she made in July 1995 she proudly showed that she was wearing actual shoes.

She lost her confidence, lost weight, and looked a shadow of her former self.

Until her admission into hospital her condition had not been diagnosed and was therefore not managed and we do not know how long she had had it.

I felt helpless as I was a hundred miles away but used to dash up at weekends (especially when she was hospitalised) and help Dad prepare for the following

week. The nurses were kind and let me visit outside of regular weekend visiting hours.

Another consequence was that my own doctor regularly checked me for signs of the disease which I went on to develop in my early fifties.

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, diabetes, and sickle cell disease, particularly in communities where these are more common.
- Encourage people to act on the early symptoms of disease.
- Encourage people to actively manage their conditions and maintain their mental as well as physical health.
- Promote moderate physical activity and strengthening activities that work all of the major muscle groups. This will help to reduce symptoms of musculoskeletal conditions seen at older age.
- Support and signpost those who are experiencing chronic pain. Help citizens get the best advice, as well as empowering themselves to improve their health.
- Promote healthy behaviours, such as a good diet staying active.

TOP TIPS

1. Encourage people to seek medical advice early and signpost to resources such as the NHS Choices health apps.
2. Host health awareness events in conjunction with healthcare professionals, local and national charities, and healthcare organisations.

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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

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](#)
- [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](#)

INFOGRAPHIC

Annual calendar of international health awareness days:

JANUARY:

National Obesity awareness week, Cervical Cancer prevention Week, Dry January

FEBRUARY:

National heart month, World Cancer Day

MARCH:

Prostate cancer Awareness Month, national salt awareness week, World oral health Day

APRIL:

Bowel Cancer awareness Month, Stress awareness Month, World Health Day

MAY:

Action on Stroke month, Mental Health Awareness Week, World Hypertension day

JUNE:

Men's Health Week, Diabetes Week

JULY:

24/7 Samaritans- The Big Listen, World Hepatitis Day

AUGUST:

World Breastfeeding Awareness Week, Cycle to Work Day

SEPTEMBER:

Know your Numbers Week, Organ Donation Week, National Fitness Day

OCTOBER:

Breast Cancer Awareness Month, National Cholesterol Month, World Mental Health Day

NOVEMBER:

National Stress Awareness Day, World Diabetes Day, Alcohol Awareness Week

DECEMBER:

World AIDs Day, International Day of Persons with Disability

CHRISTIAN FAITH SETTINGS TOOLKIT

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

PROMOTING AGEING AND DYING WELL

My flesh and my heart may fail, but God is the strength of my heart and my portions forever. Psalm 73:26

BACKGROUND:

The Church is 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.

FRAILTY AND FALLS

Frailty is a risk for people as they get older with more than half of over 85s considered frail⁶⁵. 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 act after a first fall, even if no injury was sustained to ensure that all risks for further falls are managed.

MENTAL HEALTH:

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

DEMENTIA:

Dementia refers to a group of related syndromes associated with a decline of brain functioning. The most common forms are Alzheimer's Disease and vascular dementia. The risk increases with age, especially after the age of 65. 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 million⁶⁶.

The faith community and their users can support those living with dementia. Many communities already run dementia friendly cafes and drop-in groups. The following tips and strategies are useful for church leaders and volunteers to reflect upon when working with Dementia sufferers or their families:

- **Practical strategies** – setting up reminders or prompts, preparing advanced decisions or a lasting power of attorney for the future
- **Social strategies** – relying on family help, seeking spiritual support, joining new activity groups
- **Emotional strategies** – using humour, focusing on short-term pleasure, or living for the moment, focusing on positive aspects
- **Health improvement strategies** – exercising more, adopting a healthier diet, cutting down on alcohol and smoking⁶⁷.

It is also important to understand that the life of a carer will likely become more challenging once they start caring for someone with dementia. This may be progressive, with rising care support required as the symptoms of dementia worsen. It is essential that carers do not neglect their own physical and mental health while caring for those with dementia⁶⁸.

Dementia Friendly Church is a UK-based organisation that support churches in their quest to become more dementia-friendly. The website offers many tips and guides that help church leaders to minister more deeply and meaningfully to those living with dementia and individuals who have a family member with dementia.

CHRISTIAN FAITH SETTINGS TOOLKIT

DIGITAL POVERTY

Digital exclusion is common among people of older age. Around 5 million people over the age of 55 are not online⁶⁹. 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. Church Action on Poverty offers support for older adults who experience digital exclusion^{lxvi, lxvii, lxviii.(1, 2, 3)}

The Church has an important role in dying well, supporting, and advocating for individuals and their carers at the end of life.

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. Christians hold funerals at church venues to help the deceased's soul to enter Heaven, while offering comfort and support for those mourning. Furthermore, the risk of an elderly person dying within the first three months following the death of their spouse is greatly increased. The risk of an elderly person dying within the first three months following the death of their spouse is greatly increased. Therefore, the faith setting needs to ensure support is given to individuals in the immediate months following the death of a partner.

REAL LIFE STORIES

Sandra is a recently retired Social Worker from Sutton Coldfield.

"I personally, do not have any long-term health conditions; I am 60 years old of Black Caribbean background. Even though I cannot respond to the question directly, I can add that a number of regular worshippers at my church, many aged 70+ and of Black Caribbean background, do have a range of health conditions such as diabetes, high blood pressure, arthritis,

and mobility issues. Although these conditions impact their daily lives, their attendance at church is important. This is down to their background and upbringing as Christians in the West Indies, which regarded attending church weekly as a key part of demonstrating their faith; you had to be very ill to miss church. This has carried through their lifetime and not changed, giving many a focus/purpose for getting on with their life perhaps dealing with chronic pain and ailments. My mother falls into this category. She is 80+ has arthritis and mobility issues but her faith and devotion to the church keeps her positive and active. She reads her bible and other scripture related material daily, plans the hymns for Sunday and other services arrives early to prepare the altar and in the past been on many outings / pilgrimages. I frequently hear members of the congregation say, "God willing" or "if life spare" a mindset that helps to see them through each day and to not take future events to come for granted."

SACRED SIGNS AND SYMBOLS

In some churches there are some special practices that take place when a person is close to death. During the Last Rites for example, the Eucharist Viaticum, which is the receiving of the Eucharist for someone who is close to death can be offered alongside sacramental confession and anointing with holy oil to bring spiritual healing.

RECOMMENDATIONS

- Ensure Church 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 puzzles⁷⁰.
- 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.

CHRISTIAN FAITH SETTINGS TOOLKIT

- Link people with community volunteering programmes
- Talk about dementia encouraging people to seek a diagnosis and treatment⁷¹.

TOP 5 TIPS

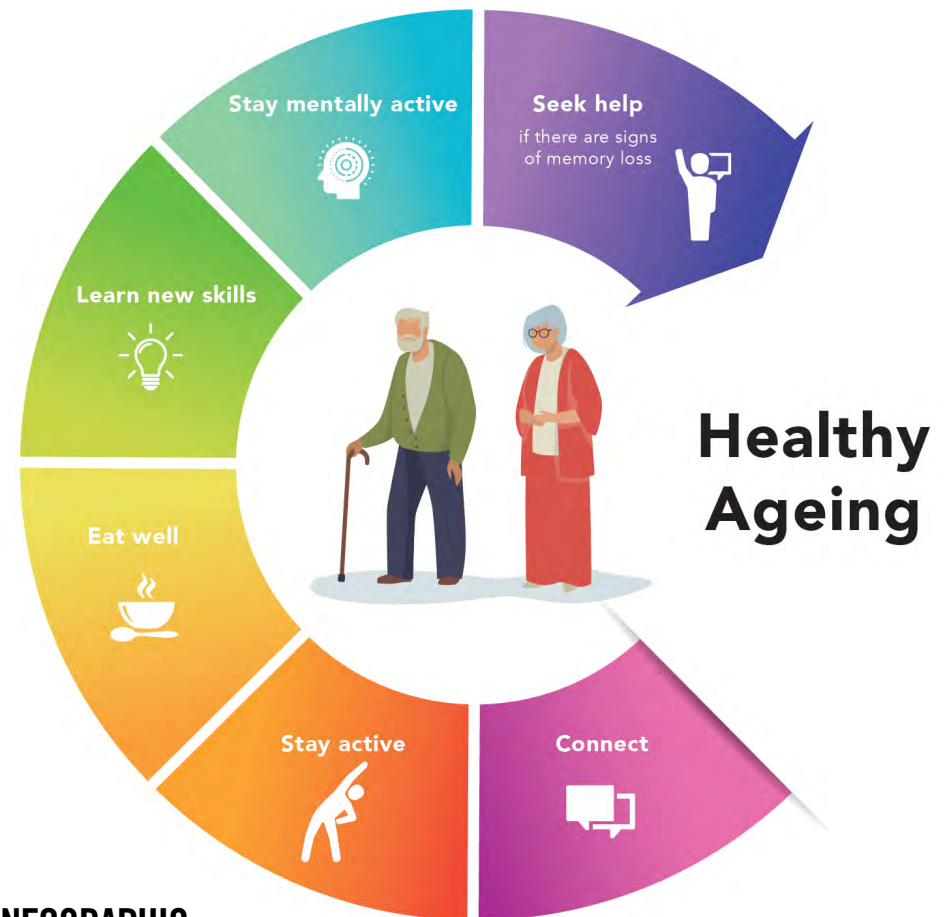
1. Consider hosting welfare sessions
2. Hold physical activity classes/opportunities for older adults to keep their muscles strong and to keep their body moving.
3. Appoint an advocate for dementia from the community.
4. Consider support and social sessions for carers
5. Help older people access digital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

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.

Faith-related resources:

- [Elderlink](#) (East Birmingham)
- [Parish Nursing outreach](#) (Sparkhill and Sutton Coldfield)
- Parish Nursing resource (for setting up your own outreach)
- Neighbourhood chaplains’ resource (for setting up your own outreach)
- [Anna chaplaincy](#)
- [Other Christian Adult Social Care in Birmingham](#)



INFOGRAPHIC

Healthy Ageing:

- Connect
- Stay Active
- Eat well
- Learn new skills
- Stay Mentally active
- Seek help – if there are signs of memory loss

PROMOTING AWARENESS FOR PREVENTION OF ABUSE AND VIOLENCE

BACKGROUND

The Church can play an important role as a safe haven or supportive space for victims of abuse and violence. Through outreach work you may spot the signs that something is not right. Onus and the Black churches domestic abuse forum are two examples of resources to help churches be safe spaces for victims and know how to spot the signs of abuse and intervene⁷².

- *The Lord tests the righteous, but his soul hates the wicked and the one who loves violence. (Psalm 11:5)*

OVERVIEW

Abuse takes many forms. Emotional abuse is where control is exerted over someone by undermining independence e.g., controlling finances, limiting a person's social contact, and limiting their movement. Domestic violence is the use of threats and or physical violence like pushing, hitting, or choking or any unwanted, forced, or pressurised sexual engagement. Domestic abuse can happen to women or men and in same sex as well as heterosexual relationships⁷³.

Child sexual abuse (CSA) and child sexual exploitation (CSE) can happen to any child, but groups considered particularly vulnerable are those experiencing homelessness, those in care and young carers⁷⁴. 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^{lxiv,75}.

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 women⁷⁶.

When considering forms of abuse, it is important to include spiritual abuse which is defined as: "Coercion and control of one individual by another in a spiritual context⁷⁷," is where misuse of scripture can be used to coerce the victim. There is therefore an important role for the Church in identifying and acting where this occurs.

Disclosure of abuse may occur to trusted members of the church and there is a duty of care to act when this is the case. The church must refer to their own safeguarding procedures when abuse is disclosed.

RECOMMENDATIONS

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

TOP 5 TIPS

1. Consider hosting workshops to teach parents, children, and young adults about the importance of being alert to online grooming and abuse, and how to stay safe online.
2. Have a clear policy for safeguarding children and adults and trained leads for safeguarding.
3. Ensure adults working with children have enhanced Disclosure and Barring Service clearance.
4. Raise awareness about domestic abuse and how to get help.

CHRISTIAN FAITH SETTINGS TOOLKIT

5. Raise awareness of factors that may lead to violence and abuse such as financial worries, unemployment, stress within the family and how to get help for these stressors.

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 tenant's can call us on **0121 464 4700** and choose option 4 for antisocial behaviour [West Midlands Police Domestic Abuse support](#)
- [Birmingham and Solihull Women's Aid Domestic Abuse Helpline](#) - **0808 800 0028**
- [Birmingham LGBT Domestic Abuse Service](#) - **0121 643 0821**
- [Domestic abuse in pregnancy support](#)

SUPPORT FOR SURVIVORS OF OTHER FORMS OF ABUSE AND VIOLENCE

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



ENCOURAGING AVOIDANCE OF RISKY BEHAVIOUR - ALCOHOL, SMOKING, GAMBLING, AND SUBSTANCE MISUSE

Heal me, Lord, and I will be healed; save me and I will be saved, for you are the one I praise. Jeremiah 17:14

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

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

The Birmingham Christian homelessness project operate from churches across the city. They partner with charity Aquarius to help vulnerable people to leave drug and alcohol addictions⁷⁸. Community detox project 'Keys' integrates Christian spiritual and community support into a 12-step programme for drug and alcohol addiction recovery. Keys is accessed nationally online⁷⁹.

ALCOHOL

Most people consume alcohol to some extent, and for most this will not be problematic, indeed alcohol forms part of communion for many churches. However, the harms of alcohol misuse are underestimated. Among working age adults, alcohol is the leading cause of ill-health, disability, and death⁸⁰. Problem alcohol use is currently on the rise in the West Midlands with a

roughly 50% increase in the last 10 years⁸¹. 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%)⁸². 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%)^{xxxii}.

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

SMOKING

The contribution of smoking to heart diseases, lung diseases, and general ill health is well known. 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% chance⁸³.

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

GAMBLING

Another form of addiction, gambling, has seen a rise in recent years as online gambling has become more common. The accessibility of gambling has resulted in an estimated 1.4 million people within the UK being harmed by their own gambling, while a further 1.5 million are at risk⁸⁴. In 2019, the Gambling Commission launched a three-year strategy seeking to improve prevention, education, treatment and support for problem gamblers.

CHRISTIAN FAITH SETTINGS TOOLKIT

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 depression⁸⁵.

The recreational use of prescription or over-the-counter drugs has increased⁸⁶. 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^{87,88}. 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 had resulted in fewer smokers and Birmingham has the 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.

[The Christian 12-step programme](#) has been harnessed within Christian Rehab Centres for faith-based addiction recovery.

REAL LIFE STORIES. STEVE, 43

"I have struggled with alcohol since I was a teenager. At first, I struggled with being bullied at work, and stole alcohol from my parents' drinks cabinet at home. I would wake up feeling so ill that I would need a drink to make me feel better in the morning. For many years I would go to the pub every day after work, and alcohol became one of the driving forces in my life, (though I did not realise it at the time). When I hit my mid-thirties, my partner left me for someone else (we had both become heavy drinker by this time). Whether it was loneliness or just a way of coping I started to binge drink for weeks at a time, until eventually I got hospitalized and nearly died of alcohol poisoning. Believe it or not, but this wasn't the end of my drinking career, and I carried on drinking until one day I reached rock bottom and got arrested for drink driving and assaulting a police officer. My parents put me in touch with Alcoholics Anonymous, and through the fellowship, I started to explore my faith. On my 40th birthday I was baptised, and although I do not attend church every week, my meditation and prayer have become a part of my daily routine to keep me sane, and away from the insanity of alcohol. I do not know what the future will hold, I can only take one day at a time. I have learnt the prayer of serenity off by heart. Anyone who has struggled with addiction will know how important its message is.

The Prayer of Serenity.

*God, grant me the serenity to accept the things I cannot change,
the courage to change the things I can,
and the wisdom to know the difference.*

CHRISTIAN FAITH SETTINGS TOOLKIT

SACRED SIGNS AND SYMBOLS

For many people suffering from addiction, the ancient practice of Christian Meditation can be a great source of reassurance and peace. Meditation can take a variety of different forms but will often involve creating a quiet space and finding a posture in which it is possible to focus upon the things of God. Some people find a focal point such as a candle or icon helpful, whilst others might find these things distracting. Some people find playing some music helpful, whilst others prefer complete silence. In the secular world the practice of meditation is often referred to as 'mindfulness.' The Christian community has a great opportunity to offer space for meditation with the current renewed interest meditation and mindfulness, which has been proved to reduce anxiety and stress.

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 church.
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.

RESOURCES

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



PREVENTING INFECTION AND TAKING UP VACCINATION

Scripture tells us that both sickness and health come from God:

*“For the wounds, but he binds up; he shatters, but his hands heal.”
Job 5:17-18*

BACKGROUND

Health protection means preparing for waves of infection, such as flu and the coronavirus, as well as protecting against environmental hazards such as chemicals and radiation. To prevent infection, churches and other Christian faith settings should enforce effective hand washing and sanitising amongst those using the church, 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 illness⁸⁹.

Overall, the population of Birmingham has a significantly lower than average rate of childhood and flu vaccinations^{xix}. It is important to understand and engage with individuals' concerns around vaccination. Churches in the city, particularly Black-led churches, have played a key role in addressing vaccine hesitancy and misinformation. Birmingham Churches Together have signed up to be Community Champions, engaging directly with their communities to increase understanding and uptake of life saving vaccines⁹⁰.

According to the Office for National Statistics, Christians have lower levels of vaccine hesitancy compared to most religious groups and those with no-religion. COVID-19 vaccination rates were highest within Christians between the 8th December 2020 and 12th April 2021 (93.2% vaccinated)⁹¹.

REAL LIFE STORIES. ROB A RETIRED BUILDER ON STAYING AT HOME DURING COVID

“As time has gone on, it is easy to forget the fear that took over many people’s lives when the news of the Covid pandemic really started to take hold. I would say that I am a healthy, level-headed 70-year-old, but a lot of the things I was hearing and reading at the time terrified me, especially because I care for my wife who has several quite complicated health conditions that makes her very vulnerable to any kind of respiratory illnesses. We took staying at home and isolating very seriously. Fortunately, in our church, we have several younger families who took a real interest in recording services that church members could watch at home, although I do not think our Vicar was too keen on being filmed to begin with! This was a real lifeline for many of us, and it was not long before we started an online bible study and chat group. We discussed the vaccination on more than one occasion, and it became clear that for everybody’s sake it was important to get vaccinated. In my view, being a Christian is about serving and thinking about other’s needs, and I saw the vaccination as a fairly unexpected way of caring for my family’s health and wellbeing as well doing my Christian duty by encouraging others to get vaccinated however old or young, they happened to be.”

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 church, as well as regular cleaning

CHRISTIAN FAITH SETTINGS TOOLKIT

TOP 5 TIPS

1. Raise awareness of vaccination through religious sermons, 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 handwashing and limiting contact when experiencing symptoms of COVID-19
5. Encourage people taking antibiotics to follow information from their healthcare provider

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](#)



PROMOTING 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.

CANCER

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^{xix}. The rates of cancer screening amongst Christians within the UK is largely unexplored. One study has shown the rates of colorectal screening to be higher among Christian men compared to Hindu, Sikh and Muslim men. A study has found the knowledge of breast, bowel and cervical cancer screening within the six largest ethnic groups in the UK to be the highest amongst White-ethnic individuals⁹³.

It is important to understand that different barriers can exist across different faith users. These may include barriers to accessing and using care, as well as a lack of cultural understanding within care. As identified in the Caribbean Community Health Profile⁹⁴, rates of breast cancer screening and PSA testing are lower in Black-ethnic people, compared to White counterparts. Earlier diagnosis significantly increases the chances of survival and preventing long-term changes to the body. Therefore, it is important for faith leaders to work closely with their users to highlight the importance of cancer screening and capturing the cancer at an early stage of diagnosis.

Cancer survivorship rates in the UK have doubled in the last 40 years⁹⁵. This results in a higher number of cancer survivors, or people currently living with cancer. Cancer survivors can continue to live happy and healthy lives by following personal care plans⁹⁶. These help to promote recovery, sustain

recovery, and manage consequences of treatment. As with any physical condition, it is important for cancer survivors to maintain a healthy body weight, limit alcohol usage to a maximum of 14 units per week, abstain from smoking and substance misuse and partake in regular physical activity (see physical activity section for Government recommendations on physical activity guidelines).

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

RECOMMENDATIONS

- Education around the importance of attending and the benefits of cancer screening programmes (cervical cancer, breast cancer and bowel cancer).
- Educate and encourage attendance for other NHS screening programmes (abdominal aortic aneurysm screening, diabetic eye screening, NHS health check and screening tests offered in pregnancy).
- Hold health checks at the faith setting, with clear pathways for directing people back to the GP for follow-up⁹⁷.
- 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^{xcvii}.

TOP TIPS

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

CHRISTIAN REFERENCES

- *This calls for patient endurance on the part of the people of God who keep his commands and remain faithful to Jesus.*
Revelation 14:12
- *A cheerful heart is good medicine, but a crushed spirit dries up the bones.*
Proverbs 17:12
- *Dear friend, I pray that you may enjoy good health and that all may go well with you, even as your soul is getting along well.* **John 1:2**

SCREENING - TYPES OFFERED BY LIFE STAGE

The screening tests offered in pregnancy are:

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

Newborn babies are offered:

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

Diabetic eye screening

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

Cervical screening

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

Breast screening

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

Bowel cancer screening

- Everyone aged 60 to 74 is offered a bowel cancer screening home test kit every 2 years.
- If you're 75 or over, you can ask for a kit every 2 years by phoning the free bowel cancer screening helpline on 0800 707 60 60.

Abdominal aortic aneurysm (AAA) screening

- AAA screening is offered to men during the screening year (1 April to 31 March) that they turn 65 to detect abdominal aortic aneurysms (a dangerous swelling in the aorta). Men over 65 can self-refer

More about screening

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

UNDERSTANDING WIDER DETERMINANTS OF HEALTH

“The earth is the Lord’s, and everything in it, the world, and all who live in it.” Psalm 24.

BACKGROUND

The wider determinants of health are a diverse range of social, economic, and environmental factors which influence people’s mental and physical health. These are summarised in the model by Dahlgren and Whitehead (below)⁹⁸. Birmingham is one of the most deprived areas in England and has one of the highest levels of unemployment in the country^{xix}.

EDUCATION

Higher educational levels of Christians appear to be significantly lower than other religious groups. Of the six main religious groups and those who are not religious, Christians (30.0%) have the lowest percentages of those with a degree or equivalent qualification⁹⁹. This is perhaps surprising as the Bible endorses education and studying:

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

The role of the church may consider encouraging young church users to further their education and may wish to signpost individuals to career planning and the educational journey required.

EMPLOYMENT

Working hard is regularly outlined throughout the Bible:

- *“You who are servants who are owned by someone, obey your owners. Work hard for them all the time, not just when they are watching you.*

Work for them as you would for the Lord because you honour God.”

Colossians 3:22

Rates of employment within Christians are not significantly lower than the other main religious groups. The percentages of Christians that are employed are higher than Buddhist, Jewish, Muslim and Sikh citizens^{xcix}. Average earnings of Christian citizens within the UK are lower than Hindu and Jewish citizens, but higher than Buddhists, Muslims and Sikhs^{xcix}.

DEPRIVATION

The rates of deprivation between Christian ethnic-groups vary dramatically. 9.0% of White British live in the 10% most deprived neighbourhoods which is lower than people of Black ethnicity (15.2%) (Black African = 15.6%, Black Caribbean = 14.1%, Black Other = 16.6%)¹⁰⁰. The church can provide a community space for individuals which can help to reduce social deprivation. Encouraging church users to focus on education and job prospects can also improve income and employment.

AIR QUALITY

Poor air quality is the largest environmental risk to health in the UK. Pollutants are emitted through many activities, such as transport, industry, farming, energy generation and heating buildings, causing and aggravating heart and lung disease as well as cancers¹⁰¹. The Clean Air Zone has been enforced within inner city Birmingham to improve air quality and the health of our citizens, particularly children¹⁰².

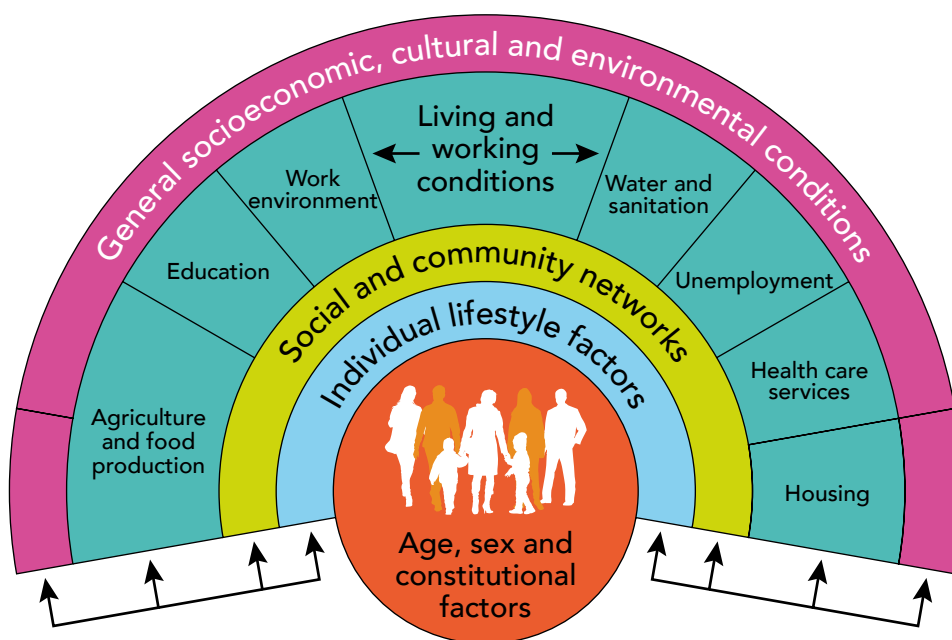
RECOMMENDATIONS

- 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.

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- Encourage members of the community to reduce car use and instead, where possible, walk or cycle to work or the church, use public transport or consider car-sharing.
- Raise awareness of other ways to reduce carbon footprint through reducing long-haul flights, speed management, using renewable energy, home insulation, reuse and recycling.^{103,4}

Figure 6: Dahlgren and Whitehead's Social Determinants of Health Model



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.

RESOURCES

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

FINANCIAL SUPPORT

This toolkit highlights recommendations for how churches, and community centres, can support their congregations with a variety of health-related topics to improve overall health and well-being of the community.

However, it is recognised that financial constraints may restrict how much support can be provided to the congregation. Therefore, this section of the toolkit can be utilised to signpost to relevant funding portals.

BIRMINGHAM VOLUNTARY SERVICE COUNCIL

Birmingham Voluntary Service Council (BVSC) is the leading voluntary sector support body in Birmingham, committed to ensuring that voluntary action can thrive and make a positive difference for everyone in Birmingham.

BVSC provides support for organisations looking to identify new income streams and business development approaches that will help organisations grow and thrive.

- **Business Development and Funding Network**

Any individual working in the voluntary, community, faith or social enterprise sector in Birmingham can join the network for weekly webinars to hear the latest funding opportunities and get tips for successful applications.

[Join the network](http://www.surveymonkey.co.uk/r/WKVG3YL) (www.surveymonkey.co.uk/r/WKVG3YL)

- **Engage for Funding Portal**

Funding search portal available to BVSC members whose annual turnover is less than £1m. Registration will provide immediate, free access to a comprehensive database of funding opportunities.

Access the Engage for funding portal [here](https://funding.idoxopen4community.co.uk/engageforfunding) (https://funding.idoxopen4community.co.uk/engageforfunding)

- **Business Development Webinars & Resources**

In 2020 BVSC successfully secured funding from the National Lottery Community Fund Covid-19 Relief, to support the sector with accessing funding opportunities.

[Business Development Webinars & Resources](https://www.bvsc.org/business-development-webinars-1) (https://www.bvsc.org/business-development-webinars-1)

FINDITINBIRMINGHAM

FinditinBirmingham promotes local opportunities to local organisations via the 'opportunities' section of their website from a variety of funding sources, including Birmingham City Council.

Funding opportunities on [FinditinBirmingham](https://www.finditinbirmingham.com/opportunities) (https://www.finditinbirmingham.com/opportunities)

ADDITIONAL SUPPORT

If your church or community centre requires any additional support in locating available funding opportunities, please contact the Communities Team at Birmingham Public Health at **CommunitiesTeam@birmingham.gov.uk**.



DEVELOPMENT OPPORTUNITY CHECKLIST

CONTENTS

- Table 1: **Vision**
- Table 2: **Church Committee**
- Table 3: **Planning**
- Table 4: **Training**
- Table 5: **Resources and Collaborations**
- Table 6: **Communication**
- Table 7: **Evaluation and Sharing Good Practice**
- Table 8: **Topic Specific Summary of Tips**

ABOUT THE 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.

If you require support in completing this checklist, then please contact the Communities Team at Birmingham City Council CommunitiesTeam@birmingham.gov.uk.

USING THE CHECKLIST

THINGS TO CONSIDER

- When completing the different sections of the development opportunity checklist, consider using a 'SWOT' framework to help with strategic planning of health and well-being projects.
- **Strengths:** consider what you do well as a church or Christian organisation currently, your strongest assets, what resources there currently are to help support any health and well-being projects.
- **Weaknesses:** consider what areas of health and well-being can be improved within the church or Christian organisation, what resources aren't currently available that could support any projects, what skills need developing among the Committee, which areas may external support be needed.
- **Opportunities:** this refers to any external factors which could support your church or Christian organisation, this might include considerations on how you will reach more people or connections with key professionals who can support in the delivery of health and well-being topics.
- **Threats:** this refers to any factors which have the potential to harm the church or Christian organisation. This may include topic areas which are not appropriate to cover in a church or with certain Christian groups.

CURRENT PROGRESS

- This area of the checklist provides an opportunity to review what is currently being done at the church or Christian organisation to address

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health and well-being topics. Information in this section should cover what projects are currently ongoing, what resources and support is available or what future plans include if currently there is no progress against the checklist question. This section can also be utilised to reflect on what can be added to the current progress.

- For example, are projects delivered in the appropriate language(s) for the group? Currently, any projects relating to health and wellbeing are delivered in appropriate languages for members of the local congregation.

ACTION POINTS AND ACTION OWNERS

- This section of the checklist should be used to identify the next steps in working towards the specific health and wellbeing goal, as well as identifying who is responsible for specific actions.
- For example, to support in sharing information about local health and well-being services we will continue identifying and developing contact with local services that may be used for members of the community to engage with. Our volunteer lead will be responsible for building relationships with contacts from these services.

COMMENTS

- This section of the checklist can be used to cover any specific points to your church or Christian organisation that have not been addressed in the current progress or action points columns. This may include specific considerations needed for certain congregations, inclusion of any relevant SWOT analysis, or general feedback and comments. This section may also be used for general comments relating to this toolkit.
- For example, have you considered the various forms of media to communicate health and well-being messages and promoting events with the church? When creating resources for older adults, the church should consider focussing on print media with larger font due to digital exclusion and accessibility.

IDEAS FOR HEALTH AND WELLBEING

- At the end of the toolkit there are some ideas for the Christian community on activities that could be completed at the church to address the health topics identified throughout the toolkit. Please use the ideas written and share any additional ideas with us at: **communitiesteam@birmingham.gov.uk**
- We would love to be able to share your great ideas with other churches within Birmingham.

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CHECKLIST 1 (VISION)

Section	Checklist Question	Current Progress	Action Points and Action Owners	Comments
1a	What is the overall vision for health and well-being in the congregation?			
1b	Are you aware of the important problems faced by the congregation?			
1c	What key areas do you want to address?			
1d	How confident are you as a church in being able to address these key areas?			
1e	What are the timelines to achieve this?			

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CHECKLIST 2 (THE CHURCH COMMITTEE)

Section	Checklist Question	Current Progress	Action Points and Action Owners	Comments
2a	Does the church or Christian organisation have a lead for health and well-being, as well as a wider health committee or members of the church with relevant skills?			
2b	Are the management committee and other key members of the church involved in discussions about health and well-being projects?			
2c	How will you bring members of the church and other volunteers on board with the delivery of the key areas and aims?			
2d	Are healthcare professionals from the church involved in bringing their skills to the health and wellbeing team?			
2e	Is the church management committee and other key members aware of ethical considerations around the project?			

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CHECKLIST 3 (PLANNING)

Section	Checklist Question	Current Progress	Action Points and Action Owners	Comments
3a	Do you have a plan for improving the health and well-being of the church using this toolkit?			
3b	Have you identified key areas for development in health and wellbeing for the church? Have you considered what training you will need to develop in health and wellbeing?			
3c	Are the planned activities and approaches inclusive in their offering to different groups in the church? For example: <ul style="list-style-type: none"> • Children • Adults • Older adults • Women • People with disabilities 			
3d	Have you considered safeguarding through DBS checks?			

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Section	Checklist Question	Current Progress	Action Points and Action Owners	Comments
3e	Do the plans factor in religious and cultural sensitivities?			
3f	Are projects delivered in the appropriate language(s) for the group?			
3g	Have you considered any limitations of delivering the project, for example, what is achievable and what requires additional support? Consider where you can try to get additional support.			
3h	Do you know where to find the latest advice on health and wellbeing issues?			
3i	Is faith, reference to scriptures and religious teaching included in the health and well-being projects?			

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CHECKLIST 4 (TRAINING)

Section	Checklist Question	Current Progress	Action Points and Action Owners	Comments
4a	<p>What specific training needs are required for the team to deliver the project or projects?</p> <p>What organisations can support/ deliver the training to improve confidence and skills for the church?</p>			
4b	Does the team know where to signpost the church to specific services, for example stop smoking services, weight management, health screening?			
4c	How will opportunities be provided for the team to develop their skills?			
4d	How will you measure success of the project? For example, will you collect a questionnaire, will you look at improving rates of a certain health behaviour?			
4e	How will you ensure that learnings from things that didn't work so well are taken forwards into future projects?			

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CHECKLIST 5 (RESOURCES AND COLLABORATIONS)

Section	Checklist Question	Current Progress	Action Points and Action Owners	Comments
5a	<p>Have you made a list of resources required to deliver the project?</p> <p>If there are further resources required, how do you plan on filling these gaps?</p>			
5b	<p>Could you collaborate with other churches and Christian organisations to run projects locally?</p>			
5c	<p>Do you have any collaborations with other churches nationally who can provide ideas and support for projects?</p>			
5d	<p>How will you link into services already being offered?</p>			

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Section	Checklist Question	Current Progress	Action Points and Action Owners	Comments
5e	Are you already working with local services to deliver similar projects? Could these be shared with other churches across Birmingham to promote local services and share success?			
5f	Does the church or Christian organisation encourage its church to engage with local health service patient groups and forums?			

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CHECKLIST 6 (COMMUNICATION)

Section	Checklist Question	Current Progress	Action Points and Action Owners	Comments
6a	To what extent, if any, are services at the church marketed in the church? How are they currently marketed and where are there gaps?			
6b	Is there a communications lead at the church? If there is not, is this something that you can ask for support from other churches, Birmingham City Council, or other local services?			
6c	How much stage time is devoted to communicating health and well-being messages and services for the church?			
6d	<p>Have you considered the various forms of media to communicate health and well-being messages and promoting events with the church?</p> <p>For example, church website, newsletters in print, face-to-face, print media such as posters and booklets, social media platforms such as Facebook, twitter and Instagram.</p>			

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Section	Checklist Question	Current Progress	Action Points and Action Owners	Comments
6e	Do you use a variety of media such as images, videos, stories, educational resources and links to further information and organisations?			
6f	Is literature and communication accessible and printed or verbally delivered in different community languages, as well as English?			

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CHECKLIST 7 (EVALUATION AND SHARING GOOD PRACTICE)

Section	Checklist Question	Current Progress	Action Points and Action Owners	Comments
7a	Are the projects making any difference to the overall health and wellbeing of the church? (see 4d for how to measure success). How do you know this?			
7b	How will you gather open feedback on projects from the church?			
7c	How will you ensure that learnings from the feedback are taken forwards for the next project?			
7d	Will you share the feedback with other Christian organisations, external service providers and professionals? How will you try and do this?			
7e	Will the church community be offered an opportunity to give their views on the feedback gathered? If so, how will you offer the opportunity?			

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CHECKLIST 8 (TOPIC SPECIFIC SUMMARY OF TIPS)

This section of the checklist provides some ideas for health and well-being projects that can be run for specific topics.

Toolkit Section	Suggested Project Focus Areas	Comments (what projects have been implemented, current progress, action points and action owners)
Promoting Healthy Eating	<ul style="list-style-type: none"> • Address Christian eating habits. • Food banks • Produce culturally aware resources. • Develop targeted set of interventions. • Target different groups and generations. • Discuss changing life time dietary habits. 	
Promoting Physical Activity	<ul style="list-style-type: none"> • Review what the church users want. • Involve active members of the church to be ambassadors of the project. • Regular sessions to be displayed on social media and community networks. • Display posters for physical activity in the church which are tailored at different age groups. • Do you have practices in place to ensure cultural is addressed, such as women being able to participate comfortably in settings where men are present? • Activities for older members of the church to address conditions related to ageing such as osteoarthritis. • Encourage group visits to the local leisure centres by providing transport from the Church. 	

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Toolkit Section	Suggested Project Focus Areas	Comments (what projects have been implemented, current progress, action points and action owners)
Promoting Good Mental Health and Well-being	<ul style="list-style-type: none"> • Support from professional organisations. • Talk about mental health in the church. • Use of terms that are inclusive and promote positive mental health and wellbeing. Talk about professional services with the church as a whole. • Provide 'safe' and 'brave' spaces either in the church or elsewhere. 	
Promoting Healthy Relationships	<ul style="list-style-type: none"> • Educate younger people about healthy relationships. • Work with existing service providers. • Arrange talks or workshops by trusted healthcare professionals and professionals in the church. • Respect the many different relationships that people may enter into and do not negatively judge or discriminate against them. • Encourage family time. 	
Promoting Healthy Choices: Conception and Pregnancy	<ul style="list-style-type: none"> • Openly condemn those who abort their pregnancy in preference for a son. • Sexual and reproductive health resources to be developed and distributed in English and other community languages. • Organise open and honest conversations about sexual and reproductive health. • Tackle anti-women biases within the church through awareness events. • Develop sexual and reproductive health educational resources and community led interventions for the church. • Promoting where family planning services are available for people in Birmingham outside of the church. 	

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Toolkit Section	Suggested Project Focus Areas	Comments (what projects have been implemented, current progress, action points and action owners)
Promoting Childhood Health for Christian Children	<ul style="list-style-type: none"> • Rolling programme with key themes of discussion. • Flexibility to gather ideas. • Small groups running at different times to involve more parents and grandparents. • Regularly maintained display board at the Church sharing local information specific to parents and children. • Organise Cultural Arts and Crafts workshops. • Making learning fun and engaging for children. 	
Promoting healthy choices for long-term conditions	<ul style="list-style-type: none"> • Raise awareness on the importance of healthy lifestyle change. • Facilitate physical activity classes to support those with long-term conditions. • Raise awareness on the importance of early treatment and health screening. • Utilise community leaders to tell their stories of living with long-term conditions. • Support those with long-term conditions and chronic pain. 	
Promoting Ageing and Dying Well	<ul style="list-style-type: none"> • Organise outreach work and targeted work with particularly vulnerable and socially isolated elders in the church to enable elderly people to interact with each other. • Work with local health providers. • Address health and social care needs of the elderly. • Collaborate with other organisations who already provide services required for project. 	

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Toolkit Section	Suggested Project Focus Areas	Comments (what projects have been implemented, current progress, action points and action owners)
Promoting Awareness for Prevention of Abuse and Violence	<ul style="list-style-type: none"> • Take a stand against abuse. • Providing women and girls with a safe space. • Deliver educational programmes via primary care and public campaigns and outreach programmes. • Involve local healthcare and education infrastructure. • Provide women with financial insights and form filling. 	
Promoting healthy choices for long-term conditions	<ul style="list-style-type: none"> • Raise awareness on the importance of healthy lifestyle change. • Facilitate physical activity classes to support those with long-term conditions. • Raise awareness on the importance of early treatment and health screening. • Utilise community leaders to tell their stories of living with long-term conditions. • Support those with long-term conditions and chronic pain. 	
Encouraging Avoidance of Risk Behaviour: Alcohol, Smoking, Gambling and Substance Misuse	<ul style="list-style-type: none"> • Function as support networks where issues around alcohol and substance misuse can be openly discussed. • Provide leaflets in community languages and English. • Fund projects on alcohol abuse. • Gather statistics on substance abuse and the effects of smoking. • Form partnerships with local services. 	

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Toolkit Section	Suggested Project Focus Areas	Comments (what projects have been implemented, current progress, action points and action owners)
<p>Preventing Infection and Taking Up Vaccination</p>	<ul style="list-style-type: none"> • Deliver training courses, workshops, seminars to educate the church. • Organise outreach work and targeted work with vulnerable groups in the church. • Provide additional community services and activities. . • Engage other organisations who may already be working to address these issues. • Develop media campaigns to raise awareness of diseases in the Christian community. • Ensure the church is setting an example for health protection by ensuring a clean and sterile environment with appropriate handwashing facilities. • Promote the value of vaccinations in the church. • Work with health providers so the church community can be advised and supported in different community languages. • Deliver training courses, workshops, conferences and seminars around vaccinations to educate the church. • Understand individual beliefs around vaccinations in the church. • Understand the role community leaders can play in protecting against 'misinformation.' • Engage other organisations who may already be working to address these issues. 	

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Toolkit Section	Suggested Project Focus Areas	Comments (what projects have been implemented, current progress, action points and action owners)
Promoting Health Screening	<ul style="list-style-type: none"> • Promote the value of screening to Christians and help people to overcome any anxieties. • Understand the role community leaders can play in protecting against 'misinformation.' Work with health providers. • Deliver training courses, workshops, conferences and seminars. • Understand how Christian people's beliefs may affect their willingness to take up screening and identify the myths. • Engage other organisations who may already be working to address these issues. 	
Understanding Wider Determinants of Health	<ul style="list-style-type: none"> • Work with local health providers. • Provide training and classes for members of the church. • Provide additional community services and activities. • Work with local authorities and health providers. • Develop media campaigns 	

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