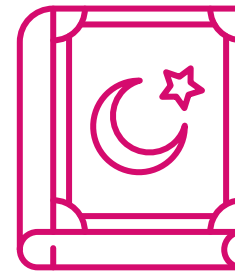




# ISLAMIC

## FAITH SETTINGS TOOLKIT



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A BOLDER HEALTHIER BIRMINGHAM

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The Communities Team would like to thank Zahra Ahmad and Kamran Shezad for their excellent commitment to community engagement during the piloting of the toolkits from 2022 to 2023. Zahra and Kamran successfully connected key Islamic faith leaders from multiple mosques around Birmingham, ensuring feedback opportunities from different Islamic sects and from people with many different ethnic backgrounds.

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## ABBREVIATIONS AND GLOSSARY

**Hajj** - This is the name given to the pilgrimage to Makkah that adult Muslims are required to perform at least once in their lifetime.

**Iman** - This translates as 'faith'. In Islam, it refers to the belief that Allah is One and that Prophet Muhammad (peace be upon him) is the Final Messenger of Allah.

**Shari'ah** - This term refers to the legal rulings laid down for the betterment of society, derived from the Holy Qur'an and teachings of Prophet Muhammad (peace be upon him).

**Jumu'a** - The Day of Friday. Friday is the most religious day of the week, reflected by the fact that non-travelling, healthy, male adult Muslims are required to attend a congregational prayer in the mosque at noon on this day.

**Salah** - The ritual prayers that Muslims are required to perform during their adult life. It is one of the five pillars of Islam.

**Sunna** - This refers to the sayings, actions and silent approvals of Prophet Muhammad (peace be upon him).

Zakah - This word literally means 'purification'. In Islam, it refers to the 2.5% financial donation Muslims give annually, to be spent on good causes.

**Ummah** - This term refers to the Muslim followers of Prophet Muhammad (peace be upon

## 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 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 Islamic toolkit went through consultation with 5 mosques and Islamic organisations in Birmingham. These were:

- **Approachable Parenting**  
This consisted of a group of educated women who were well versed with health and wellbeing, particularly with a focus on mental health specialists and midwives.
- **Al-Abbas Islamic Centre (Clifton Road Mosque)**  
This group was mixed in gender, age and ethnicity, but consisted predominantly of Muslims from a Shia background.
- **Bahu Trust**  
This group was mixed in gender and background, consisting predominantly of Muslims from a Sunni and Sufi practice.
- **Al-Amanah Centre (Muath Trust)**  
Participants from the Muath Trust were predominantly elderly, from the age of 60 – 85. However, this group also consisted of young and middle-aged women. Majority of participants were from Yemeni, Moroccan and Algerian backgrounds.
- **Witton Islamic Centre**  
This cohort were largely middle-aged men, of varying ethnic diversity, and adherents of Salafi philosophy.

## ISLAMIC FAITH SETTINGS TOOLKIT

### 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 Muslim users.

The five sessions collected community feedback on the health topics included in the toolkit, allowing Muslim community members to discuss how mosques can more greatly support the health and wellbeing of their faith users. Note: the workshop sessions did not explore the toolkit section on Vaccination and Screening. This was largely due to discernible discomfort among the community and Faith Leaders. If looking to improve vaccination and screening rates for Muslims within faith settings, it must be acknowledged that there is a challenge in engaging with some faith settings around these topics.

Feedback from the Muslim community has been embedded into each health topic within the toolkit. It is suggested that these are

used in conjunction with the recommendations from Public health to address health issues for Muslims in mosques and other Islamic faith settings.

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.

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](mailto:communitiesteam@birmingham.gov.uk)**.

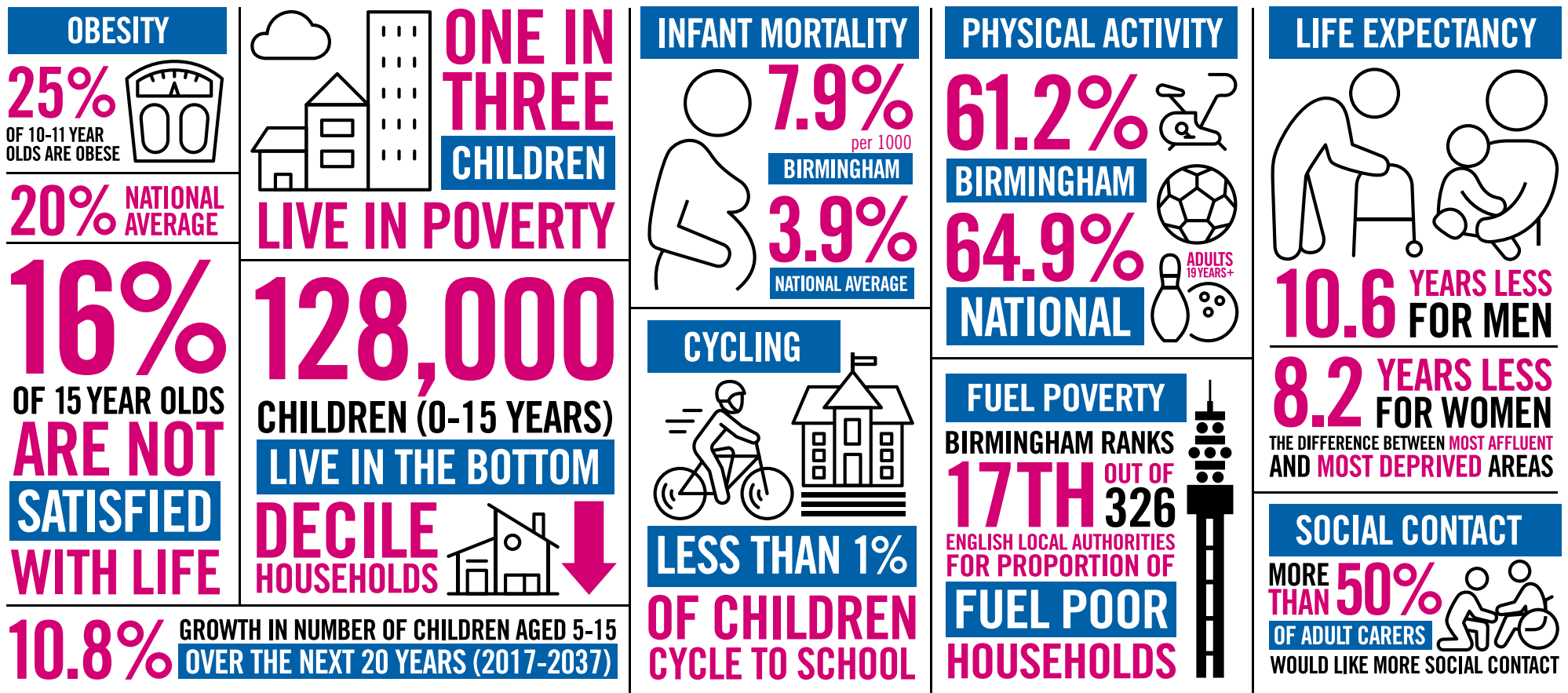
# BACKGROUND

Good health is not a given in Birmingham.

Too many of our citizens become unwell too early and for too many years of their lives.

The picture is not uniform across our City and there are stark differences in health status and the opportunities to be healthy between different communities.

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



# BACKGROUND

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

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

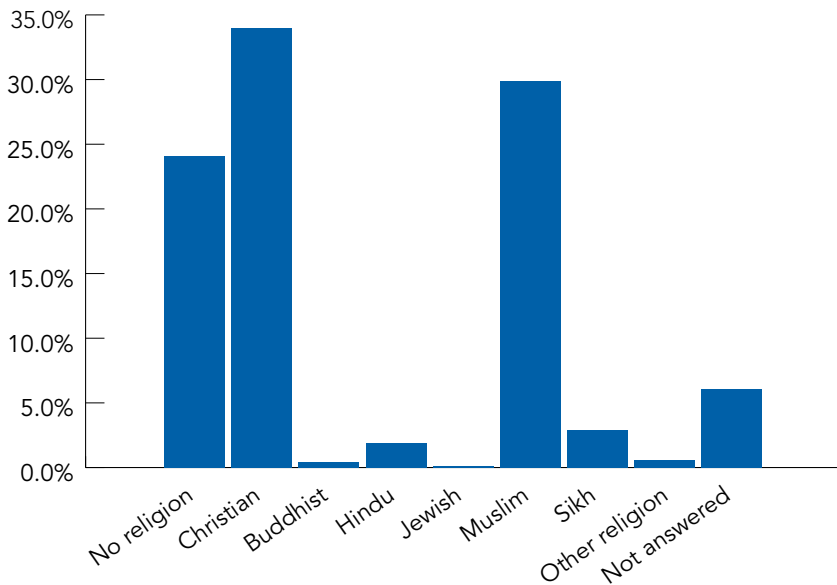
This Muslim toolkit seeks to explore the health inequalities experienced within Birmingham in the context of the Islamic faith. The toolkit will discuss how Muslims relate to the health inequalities experienced by the citizens in Birmingham, as well as highlighting health issues that are experienced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



## CURRENT DEMOGRAPHICS

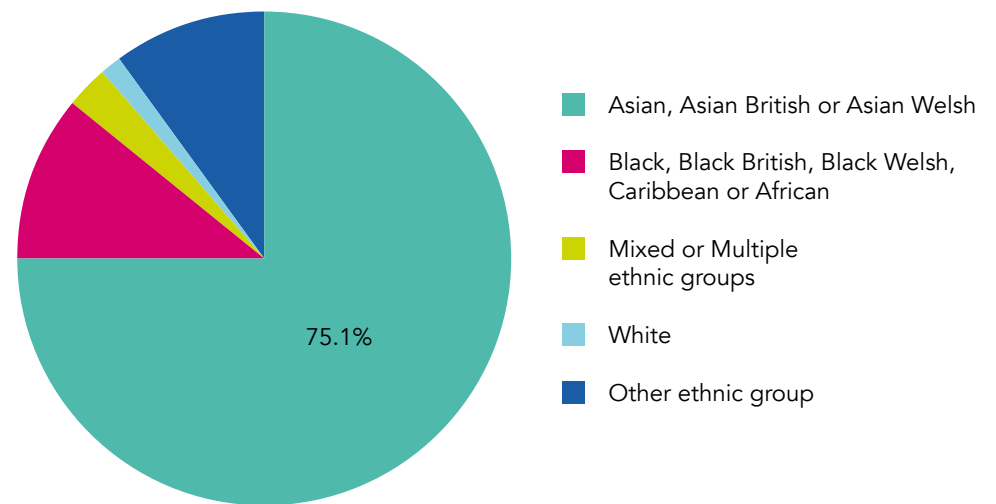
**Figure 2** below shows the most followed religions in Birmingham according to the 2021 Census. Islam was the second most followed religion in Birmingham, followed by 29.9% of the population.

Figure 2: Most followed religions in Birmingham: 2021



**Figure 3** shows the ethnicity of Muslims living in Birmingham, according to the 2021 Census. The highest percentage ethnic group was Asian, Asian British or Asian Welsh (75.1%), followed by Black, Black British, Black Welsh, Caribbean or African (10.8%), 'Other' ethnic group (9.8%), Mixed or Multiple ethnic groups (2.7%), and White (1.5%)

Figure 3: Ethnicity of Muslims in Birmingham: 2021



**Table 1** below shows the top 10 non-UK countries of birth for Muslims within Birmingham (2021 Census). The highest percentage of people were born in Southern Asia (26.1% of the total Muslim population in Birmingham), 'Other Europe' (4.6%) and South and Eastern Africa (4.3%).

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

Country of birth (non-UK)	Percentage
Southern Asia	26.1%
Other Europe	4.6%
South and Eastern Africa	4.3%
Middle East	3.7%
North Africa	2.1%
Central and Western Africa	1.0%
South-East Asia	0.4%
North America and the Caribbean	0.1%
Ireland	0.1%
Eastern Asia	1.0%

Overall, the age of Muslims living in Birmingham is younger than the city's average. In the 2021 Census, there were 32.7% of Muslims aged 15 and under, higher than the city's average of 22.3%. There were only 4.5% of Muslims aged 65+ compared to 13.1% across the whole city.

**Figure 4: Age of Muslims in Birmingham: 2021**

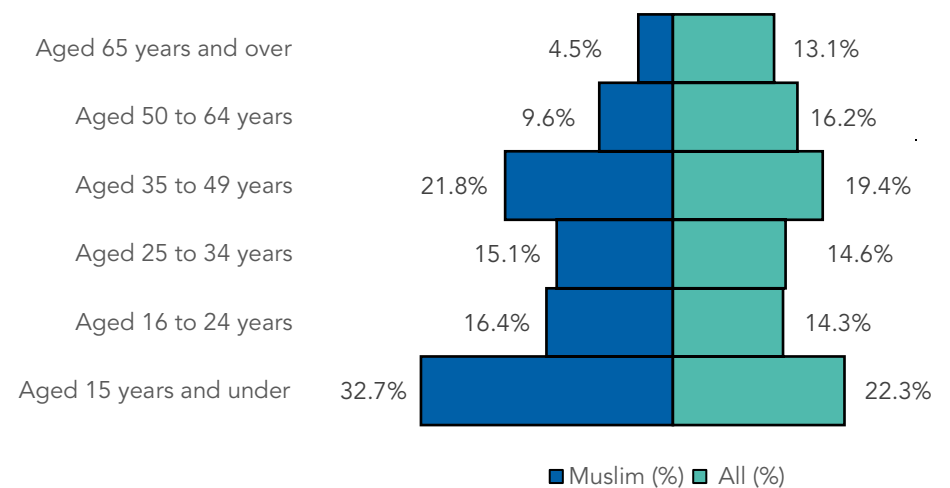


Figure 5: Age and gender of Muslims in Birmingham: 2021

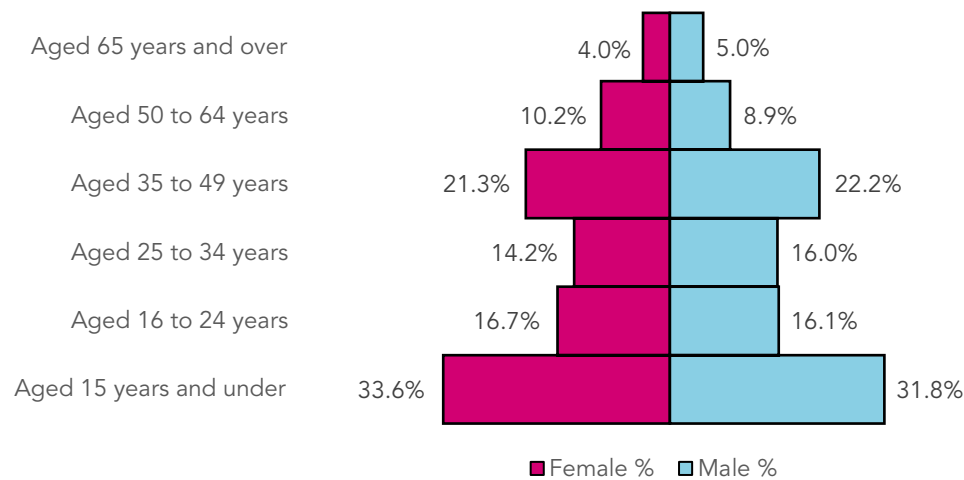


Table 2 below shows the top 10 middle later super output area (MSOAs) of Muslims in Birmingham, by population size. The MSOAs with the highest percentage of Muslims are in Bordesley (3.8% of the total population), Saltley East (3.0%), Ward End & Bromford West (2.6%), and Small Heath Park (2.6%).

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

MSOA	Population	Percentage
Bordesley	12872	3.8%
Saltley East	10221	3.0%
Ward End & Bromford West	8990	2.6%
Small Heath Park	8836	2.6%
Bordesley Green North	8553	2.5%
Washwood Heath	7862	2.3%
Belchers Lane & Eastfield Road	7856	2.3%
Spahrkill North	7589	2.2%
Little Bromwich	7311	2.1%
Yardley Fields	7285	2.1%

# INTRODUCTION

The whole purpose behind man's existence is the worship (ibada) of his Creator, Allah Almighty (51: 56). When a Muslim praises his Creator and acts upon Islam, then he or she is fulfilling the very objective of his/her existence.

Importantly, worship (ibada) in Islam is much more than Salah, Zakah and Hajj. In fact, anything which reminds a person that he is a servant of Allah (an 'abd', which is where the word ibada comes from) is a form of worship and thus rewarded by Allah. Service to humanity is a form of worship. Picking up litter is a form of worship. Smiling is worship, just like reciting the Qur'an is. So, a Muslim can be at home or at work and can still be performing worship.

This is precisely the reason why Islam is described as a Dīn, which means 'a way of life'. When Islam is described as a 'Dīn', this means that the Holy Qur'an and the Sunna caters for the outer and inner, the public and the private, the mosque and the bazaar, for men and women. In short, there is not an area of human life that Islam does not cater for.

Moreover - as the final source of guidance for mankind - the teachings of the Qur'an are timeless. Since the time of Prophet Muhammad (peace be upon him) nearly fifteen centuries ago, the Muslim Ummah has spread to all areas of the globe, to a huge array of different cultures and civilisations. History testifies that the teachings of the Qur'an have been beneficial and inspirational to all Muslims, whenever and wherever they have lived. This is possible

because Allah sent Prophet Muhammad (peace be upon him) with the Holy Qur'an, a dynamic role model whose flawless character appealed universally to all people. His teachings transcend time and place.

Certainly, the timeless nature of Islam's teachings is reflected when we ponder on Islam's rich guidance on health and general well-being. Good health is considered one of the greatest gifts of Allah. In the words of Prophet Muhammad (peace be upon him), 'after certainty of faith (Iman), nothing better is given to man better than good health<sup>1</sup>. He (peace be upon him) asked us to reflect on the gift of good health each and every day when he said: 'Whoever wakes in the morning with a healthy body, and a self that is sound, and whose provision is assured, he is like the one who possesses the whole world.'<sup>2</sup>

When a Muslim acts upon Islam's rich guidance on health, then firstly he is performing a form of worship (ibada). Secondly, he begins to appreciate how Islamic teachings on health are helpful and up-to-date in this day and age. For example, many health specialists today recommend the 'Five-Two Diet' which involves eating normally for five days and fasting for two days a week. Prophet Muhammad (peace be upon him) advised this nearly fifteen centuries ago. Sleep experts advise sleeping on the right side, for it ensures less pressure on the heart. The Sunna identified this centuries ago. Mental Illness is a serious issue today. When one studies the beneficial guidance from the Qur'an and Sunna on this topic area, one

### Health inequalities

Health inequalities are systematic and unfair differences in levels of health between different groups of people. The term ultimately refers to the differences in status of people's health, however it is often associated with the differences in the care people receive and the opportunities they have to lead healthy lives. Throughout this toolkit, a number of references to various health inequalities will be made.

### What's the story?

There are significant Health inequalities in the UK which impact people from ethnic minority groups, who are more likely than those from the White British group to report having long-term illnesses and poor health. This is particularly true of those from the White Gypsy and Irish Traveller groups, and Pakistani and Bangladeshi groups.

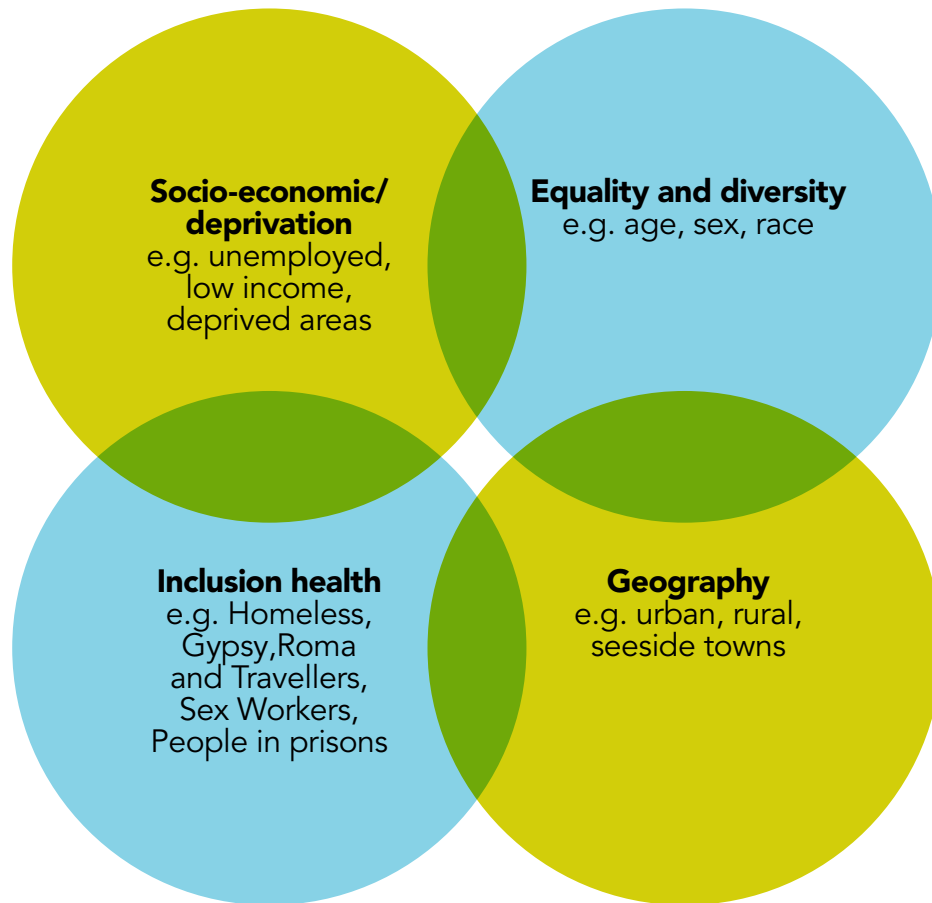
Explaining the causes of ethnic inequalities in health is not straightforward. Evidence points to a complex interplay of deprivation, environmental and physiological health related behaviours. Ethnic minority groups are disproportionately affected by socio-economic deprivation, a key determinant of health.

Birmingham is home to a young, ethnically diverse population with 40% aged between 0 and 25<sup>3</sup> and a Black and Minority Ethnic (population of 42%<sup>4</sup>). The city ranks lower than the UK in many areas of health and wellbeing. For example:

- Birmingham's life expectancy is lower than the national average and there is a large difference between male and female (77.2 vs. 81.9)<sup>3</sup>.
- Infant mortality in the city is higher than the national average at 7.5 per 1000 live births<sup>3</sup>.
- Child obesity prevalence is higher than the national average at 25.5% of all 10- to 11-year-olds<sup>3</sup>.
- Hospital admissions for alcohol related issues are higher than the national average at 800 per 100,000 in 2017/18<sup>3</sup>.

Birmingham's levels of deprivation are also high with 40% of its population living in the top 10% most deprived areas of England<sup>3</sup>. One aspect of living in a deprived neighbourhood is an association with poor air quality. Almost 900 deaths per year are caused by air pollution through heart disease or stroke<sup>3</sup>. Another aspect of Birmingham's deprivation levels is fast food outlet prevalence which can be linked to high childhood obesity rates<sup>3</sup>. Lastly, overcrowding in Birmingham households is common at 9.1% of households<sup>3</sup>.

Figure 6. UK Health Security Agency 5



### Muslim health

The Muslim community represents 6.3% of the UK population<sup>6</sup> and 27% of Birmingham's population<sup>7</sup>. The Muslim population is incredibly ethnically diverse and whilst there is limited evidence linking health inequalities with faith and religion, ethnicity can be linked to health inequalities as mentioned above. This can also be linked to deprivation levels.

The coronavirus pandemic exacerbated health inequalities among some Muslim populations. Bangladeshi and Pakistani populations had a five times greater risk of death from coronavirus compared with white British people. A number of different factors have been suggested for why some ethnic groups were worse affected than others:

- Being more likely to work in front-line or other high-risk jobs
- Living in overcrowded or multi-generational housing
- Living in more urban or built-up areas
- Deprivation leading to poorer initial health
- Wider discrimination or unequal treatment in healthcare

### Promoting healthy eating

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

For most adults, a BMI of:

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

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

Being overweight and obese puts you at increased risk of several common diseases including diabetes, cardiovascular disease, and some cancers. The condition is associated with reduced life expectancy and increases the risk of developing mental health conditions.

### What's the story?

The latest data suggests that 63% of adults in England are overweight or obese<sup>8</sup>. In the West Midlands, 66.8% of the adult population are considered overweight or obese<sup>9</sup>. Birmingham also has a higher prevalence of child obesity. More than one in ten 4–5-year-olds are obese (11.5%) and a quarter of all 10-11 years (25.5%)<sup>10</sup>. In Birmingham, obesity prevalence is higher among boys than girls and is highest in Asian and Black groups at both reception and year 6<sup>11</sup>.

The prevalence of obesity in children is higher in Birmingham than the national average<sup>10</sup>. There is evidence to suggest that being from a deprived area increases the chances of being obese<sup>12</sup>. Birmingham has high levels of deprivation, and 40% of the population live in 10% of the most deprived areas in England<sup>10</sup>. It has been found that childhood obesity is more prevalent in children from poorer neighbourhoods<sup>12</sup>.

### Causes of obesity

There are a myriad of socio-economic and environmental factors that drive overweight and obesity in our citizens. The causes of obesity involve the physical environment, individual activity, biology, food production, food consumption, social psychology, and individual psychology<sup>13</sup>. Socio-economic factors such as housing, education, and income, also contribute to whether one has the opportunity to be active or eat a healthy balanced diet. For some, eating healthy is viewed as a luxury and comes second to eating at all.

## ISLAMIC FAITH SETTINGS TOOLKIT

The most effective ways to achieve healthy eating at a population level are to improve action on food. This may arise at policy level, such as the Sugar Tax, or from supporting individual lifestyle choices, such as regulating portion sizes or choosing healthier food alternatives. We aim for a well balanced and varied diet with plenty of fruit and vegetables alongside being active every day - both important in maintaining a healthy weight.

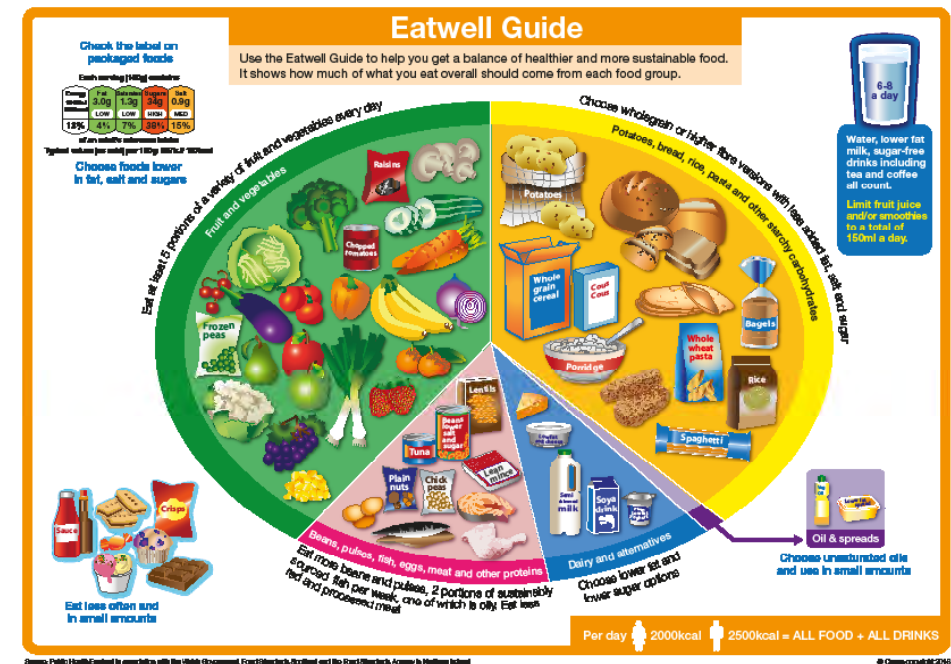
The causes of childhood overweight and obesity are also complex, can be difficult to address and like adult obesity are driven by a variety of factors. Families tend to be overweight rather than just individuals and being obese as a child means that you are more likely to be obese as an adult. The impact is not only on long term physical health, overweight or obese children are more likely to experience bullying, stigmatisation, and low self-esteem than others. Obese children are also prone to suffer from mental health and behavioural problems<sup>14</sup>.

### Preventing obesity through healthy eating

One way to address the risk of obesity is through promoting healthy eating and enabling access to affordable and healthy food. Figure 7 shows the Eatwell Guide produced by Public Health England<sup>15</sup>

Whilst many components of diets within the Muslim community (particularly in South Asian culture), such as, lentils, vegetables, and oily fish are potentially healthy<sup>16</sup>, cooking methods add calories and fats. Ghee is high in saturated fats and traditionally, many foods are fried which increases the calories, which can lead to weight gain. Similarly many components of the African diet are healthy such as yams, fish and beans. However, the cooking methods may increase caloric intake. Consider boiling, baking, grilling vegetables such as yams or remove excess oil when frying<sup>17</sup>.

Figure 7: Eatwell Guide





Islam's approach to healthy eating is based on two simple premises. Firstly, only the pure is allowed in Islam. If a certain food or drink is forbidden in Islam, it is simply because it is not healthy for our body and soul. In the Qur'an, there are countless places where the word Halal (permissible) is coupled with the word 'Tayyib', which means 'pure' (2: 168, 5: 88, 8: 69, 16: 114). In other words, Halal by its very nature is always good and 'pure' for us.

Secondly, Islam believes in moderation when it comes to food consumption. We are openly encouraged to enjoy the provisions that Allah has provided us with, but we should not overindulge and become extreme. Ali ibn al-Husayn ibn Waqid said; 'Allah put all medicine into half a Quranic verse when he said: 'Eat and drink, but not excessively' (7: 31).' <sup>18</sup>

Spiritually speaking, Muslims are asked to reflect on the real purpose of food and drinks. It is a means, not an end per se. It is a requirement to provide the body with the energy needed to serve Allah and mankind.

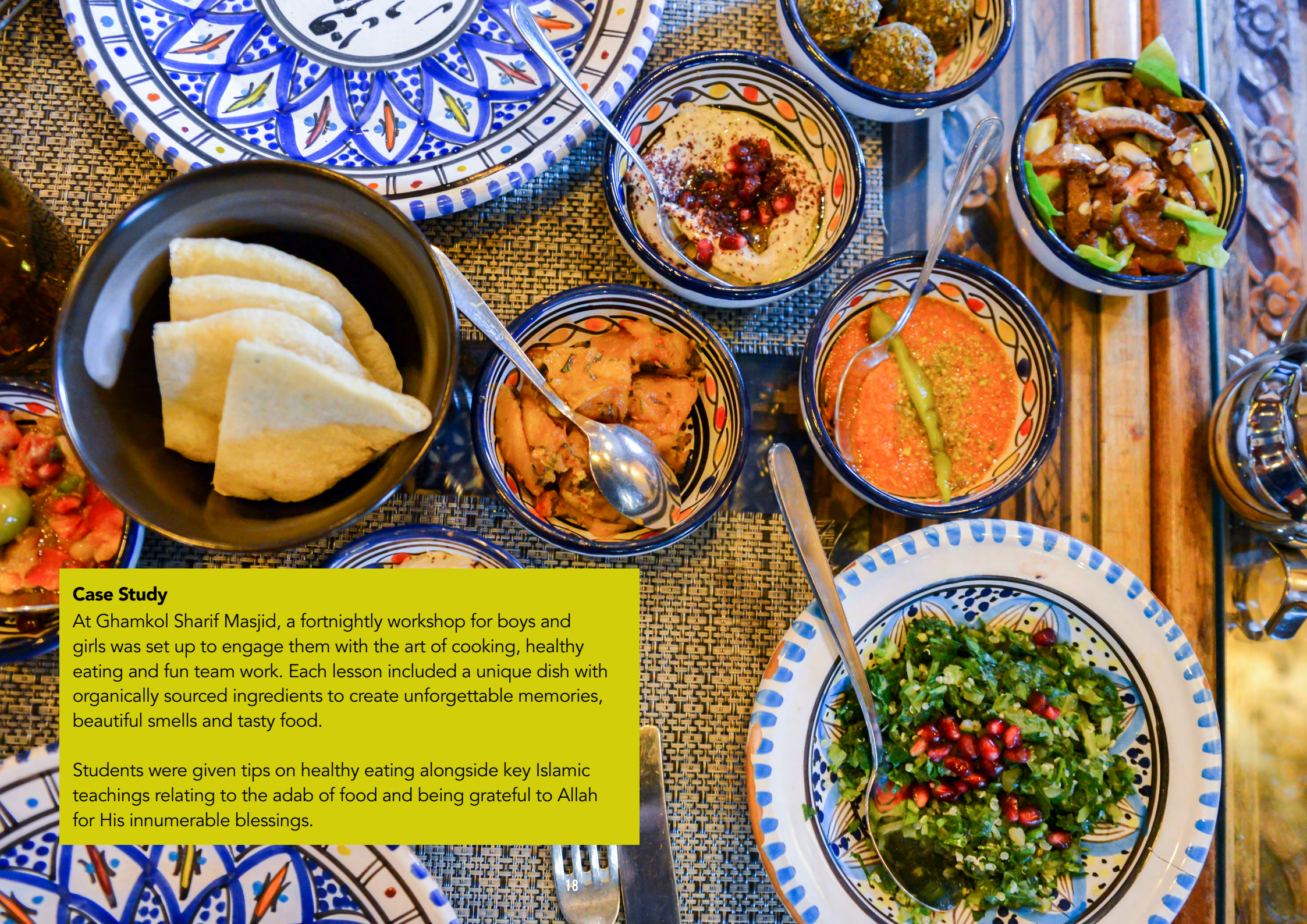
### Recommendations

1. Consider including healthy eating awareness in mosques alongside the provision of healthy food.
2. Organise a support group for those struggling with eating habits
3. Create a Sunnah inspired food guide with recipes and meal ideas.
4. Promote the Sunnah fasting days: Monday, Thursdays etc.
5. Allow your mosque to be used as a venue for food and nutrition experts to speak to your congregation.

### Community suggestions

- Education on proper nutrition
  - Encourage the continuation of healthy eating practices into the home and not just within the mosque
  - These will support a whole family approach to healthy eating.
- Emphasis on the importance of home cooked meals where you have control over the amount of oil and the produce going into the food
- Once again, they suggested that changes could be gradual, to ease people into it.
  - People may wish to spend time reflecting on eating habits and cues that lead to unhealthy eating.
  - People can then aim to replace the unhealthy habits or cues with new, healthy alternatives. Remember that this may take time and it is important to be patient with yourself.





### Case Study

At Ghamkol Sharif Masjid, a fortnightly workshop for boys and girls was set up to engage them with the art of cooking, healthy eating and fun team work. Each lesson included a unique dish with organically sourced ingredients to create unforgettable memories, beautiful smells and tasty food.

Students were given tips on healthy eating alongside key Islamic teachings relating to the adab of food and being grateful to Allah for His innumerable blessings.



### Promoting physical activity

The level of physical activity in the population is influenced by many factors. Low levels of physical activity are associated with certain occupations and lifestyles. A sedentary lifestyle has an increased risk of heart and circulatory disease<sup>19</sup>, a lower quality of mental health and overall lower general wellbeing.

### What's the story?

Advancements in technology have meant that prolonged sitting is the norm for many working adults. The WHO ranks the health issues associated with sedentary behaviour among the ten leading causes of death worldwide<sup>20</sup>. These are, ischaemic heart disease; stroke; chronic obstructive pulmonary disease; lower respiratory infections; neonatal conditions; trachea, bronchus, lung cancers; Alzheimer's disease and other dementias; diarrhoeal diseases; diabetes mellitus; kidney diseases<sup>20</sup>. Around one third of adults in England are damaging their health due to a lack of physical activity<sup>21</sup>.

Public Health guidelines for physical activity suggest that:

- Adults (aged 19 and over) should aim to be active daily. Over a week, activity should add up to at least 150 minutes of moderate intensity activity in bouts of 10 minutes or more, or 75 minutes of vigorous intensity activity spread across the week<sup>22</sup>.
- Children and young people aged 5 to 18 should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day<sup>22</sup>.

However, from 2019 to 2020, just 44.9% of children and young people in England met the guideline to take part in sport and physical activity every day<sup>23</sup>. Boys (47.1%) continue to be more likely to report achieving recommended physical activity than girls (42.7%)<sup>23</sup> and levels of activity decline with age. There are significant differences in activity levels among ethnic groups, while those that identified as white British are still more likely to be physically active than those that identified as Black or other. People from Asian ethnic groups were less likely than average to be physically active<sup>23</sup>. The percentage of physically active people in Birmingham is lower (58.7%) than the percentage of physically active adults in England (66.4%)<sup>24</sup>.

### How can we promote physical activity?

Physical activity has many benefits to individuals and to society. “Physical activity is the single most important way to improve your physical and mental health” <sup>25</sup>. Therefore, it is important to make exercise a priority to live a healthy lifestyle. The benefits of physical activity include:

- Promoting good health
- Preventing and managing disease
- Improving learning and attainment
- Managing stress
- Improving sleep
- More positive mental health
- Weight management.

The evidence suggests that incorporating activity into your daily routine is most effective and can include running, walking, heavy gardening or even carrying heavy shopping. Any form of activity is better than none <sup>26</sup>.



## ISLAMIC FAITH SETTINGS TOOLKIT

Type of sport, physical activity or exercise	Improvement in muscle function	Improvement in bone health	Improvement in balance
 Running	★	★★	★
 Resistance Training	★★★	★★★	★★
 Aerobics, circuit training	★★★	★★★	★★
 Ball Games	★★	★★★	★★★★
 Racquet Sports	★★	★★★	★★★★
 Yoga, Tai Chi	★	★	★
 Dance	★	★★	★
 Walking	★	★	☆
 Nordic Walking	★★	?	★★
 Cycling	★	★	★

★★★ Strong effect   ★★ Medium effect   ★ Low effect   ☆ No effect   ? Not known

Note: Bone health, balance and muscle function are key factors which will benefit elderly populations.

Good physical wellbeing is intrinsically engrained in Islam. What this means is that by striving to fulfil the rights of Allah, a Muslim will automatically become physically fit. When a Muslim performs Salah, then he/she is regularly engaging in light workout of the entire body. Prophet Muhammad (peace be upon him) encouraged us to walk to the mosque, promising the forgiveness of one minor sin and the upgrade of one degree with each step taken<sup>27</sup> Hajj requires utmost physical effort. Ramadan is the perfect detox for the body, both physical and spiritual.

The common 'sports' of Prophet Muhammad's (peace be upon him) time were archery, horse riding, walking and racing, and he participated in all of them. Today, the physical activities and sports we enjoy may have changed, but when done with the correct intention (fulfilling the example of Prophet Muhammad and steps to look after the human body), they will still be seen as a form of worship, and thus rewarded by Allah. Our bodies are an amanah (safekeeping) from Allah. Anything we do to preserve this great gift is thus appreciated by our Lord, in the form of spiritual & physical wellbeing in this world, and a huge reward in the hereafter.

It may also be important to work with local physical activity services to ensure that culturally appropriate provisions are available to the Muslim community. This may include Mosques informing leisure centres of the need to integrate modesty faith requirements, such as women only swimming sessions.

### Recommendations:

1. Educate the Muslim community about the sunnah and importance of physical activity. Consider incorporating this into Friday sermons.
2. Set up physical activity classes and groups that cater to men, women, and children. E.g. walking, hiking, yoga, martial arts, kickboxing and cycling.
3. Promote walking to the mosque, following the example of the Prophet Muhammad (PBUH)
4. Identify Sunnah sports and integrate them into the Muslim community within the activities the mosque provides e.g., archery, swimming and horseback riding.
5. Allow your mosque to be used as a platform for local sports to be promoted and invite representatives from local organisations to facilitate activities. Integrate modesty

### Community suggestions

- Encourage walk-to-mosque programmes, similar to programmes run by schools.
- Utilising space such as hall space in the mosque to embed sports into madrasa/Islamic education. This is something the Bahu Trust is already practising.
- Sports and physical activity can create memories and build community cohesion. For example, playing football in the mosque grounds forms important memories for the congregation which many young people are not currently experiencing.
- It is important to offer spaces designated for women and girls to allow them to exercise in female-only classes with female-only instructors.
- It is important to signpost for sports activities available in the community, including areas which take into consideration Islam (such as swimming)

### Case study

The project "Downtown Karate" is delivered by Masjid Al Falaah. It aims to teach the art of self-defence, build confidence and respect.

In 2018, Green Lane Masjid set up a football club that provides attendees with the opportunity to be coached by a highly qualified and experienced football coach. The club is a fantastic opportunity for 6–15-year-olds to socialise and get fit.

### Promoting mental health and wellbeing

Mental health is broadly defined as our emotional, psychological and social wellbeing. It affects our everyday lives through how we think, feel and act. A number of factors influence a person's mental health, and every individual will experience differing levels of mental health that may change multiple times throughout their lifetime.

### What's the story?

According to Mind Charity, one in four people in England will experience a mental health problem of some kind each year and one in six will report experiencing a common mental health problem (like anxiety or depression) in any given week<sup>28</sup>. In the West Midlands, one in four people are also likely to experience a mental health problem each year<sup>29</sup>. In Birmingham alone, one in 12 adults are living with depression<sup>29</sup>. "Addressing the mental health of Birmingham's population requires leadership, collaboration and innovation"<sup>30</sup>. Mental health is a spectrum which involves varying conditions. It is important to create a safe space of openness and non-judgement to encourage discussion to reduce stigma and encourage people to seek help when needed. Taking this approach can help support someone with their mental health and can also help with suicidal feelings, which are often confusing, frightening, and complicated.

### General warning signs

There are certain behaviours and activities that can indicate that a person may be struggling or suffering with poor mental health. They could include:

- Eating or sleeping too much or too little
- Pulling away from people or usual activities
- Having low or no energy
- Feeling helpless or hopeless
- Yelling at or fighting with family and friends
- Expressions of thoughts of self-harm
- Inability to perform daily tasks

### Causes

The contributory factors for poor mental health are varied and include:

- Child abuse, trauma, or neglect
- Social isolation or loneliness
- Discrimination or stigma
- Social disadvantage, poverty, or debt
- Bereavement
- Unemployment
- Drug or alcohol misuse
- Significant health event



**Muslim mental health**

In 2021, the most common mental health struggles faced by young Muslims (aged 18-30) are anxiety (53.8%), depression (49.4%), and stress (48.6%)<sup>31</sup>. Mental health services should be accessible and inclusive for all groups of society and 61% of young Muslims believe it is important that mental health services display more cultural and faith sensitivity<sup>31</sup>. Therefore, it is important to challenge the cultural and social stigma that is attached to the topic of mental health in Muslim communities and reflect this in mental health services.

*“Families, faith leaders, community advocates and religious scholars all have a role to play in addressing the myriad of problems facing young Muslims and championing their needs through mental health literacy, political advocacy and familial and social support”<sup>31</sup>.*





*Abu Umamah (may Allah be pleased with him) asked Prophet Muhammad (peace be upon him) for a cure to his anxieties and worldly problems (debt), to which he duly responded<sup>32</sup>. Prophet Muhammad (peace be upon him) taught Muslims supplications to tackle sadness, depression and negativity in particular. As a man of nature, Prophet Muhammad (peace be upon him) loved greenery and the sight of flowing water, something which is known to reduce stress today.*

*All these examples indicate that mental illness is not a new issue; it existed in the time of Prophet Muhammad (peace be upon him). Secondly, they show that Islam has the solution too, for no one understood human nature better than Prophet Muhammad (peace be upon him). Thirdly, it highlights that mental illness is not a stigma in Islam, for the Prophet's close Companions openly talked to him about depression and anxiety.*

*Islam teaches Muslims that unfortunately, worries and depression are part of life. In the Qur'an, Muslims are told to definitely expect the five-fold test of life; fear, hunger, loss of money, loss of life and loss of wealth (2: 155). We cannot end worries, but we can learn to control them. So Islam's guidance on mental illness concentrates on providing the tools, mindset and help to overcome these difficult moments in one's life.*

*Elsewhere, the Quran reminds us that even prophets and messengers suffered from distress. For example, the story of Ayyub (Job) is mentioned in the Quran (21: 83-4). He suffered a test in the form of illness and the loss of property and lives. At this sensitive time, he never lost hope, but instead communicated, spoke out and remained positive by invoking Allah's infinite mercy. By sharing such stories, Muslims are reminded that (i) even the most faithful suffer from stress (ii) such experiences strengthen a person both mentally and spiritually (iii) Muslims speak out and they do not suffer in silence.*

### Recommendations

1. Mosques should include mental health first aid in their staff .
2. Signpost to mental health services when needed alongside spiritual support.
3. Consider offering support and counselling services.
4. Provide articles, infographics and other accessible resources on topics such as stress, anxiety, loneliness,
5. Offer a free, confidential helpline operated by trained volunteers

### Community suggestions:

- Mosques could build a community and connect the congregation. The mosque could offer mentorship programmes which can support those who are living with poor mental health. For example:
  - o A family that has not experienced mental health issues can be connected with those who have lived experiences and knowledge of these issues.
  - o It is especially important to connect experienced families when the families find it difficult to reach out to the congregation.
  - o Partnerships across mosques can be prioritised.

- Offering equality in leadership can lead to important conversations
- Increase mental health and wellbeing support for women.

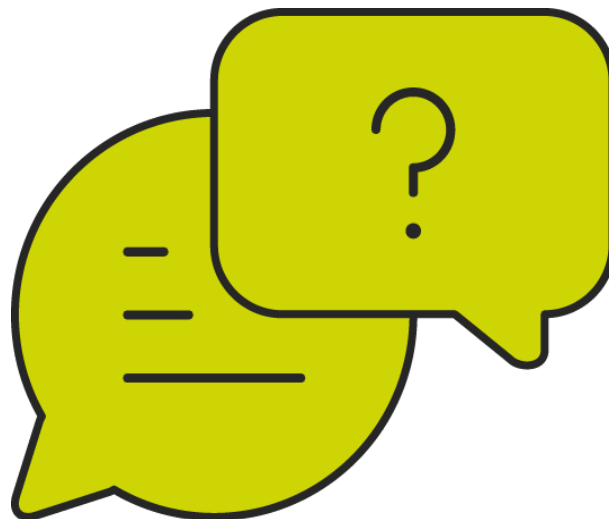
The community has reflected on this and has said the following:

- o Support is often there for men, but women sometimes feel excluded, not related to and expected to solve their own problems.
- o It is important to offer opportunity for women to discuss women's health in the masjid and the barriers to women's health that currently exist. Health topics may include perinatal health, depression, the role of a mother, pregnancy and postnatal depression
- o At times, it may be beneficial to speak about women's health with children and men so that the whole community can understand health issues common in women.

### Case study

Lozells Central Masjid has dedicated a series of mental health talks that cover taboo issues. The topics regularly discussed and covered include, social media, self-doubt, dealing with stress and suicide. The talks are led by young and prominent imams.

The Birmingham Quran Academy has trained its madrassa staff in Mental Health First Aid to identify, understand, and help individuals who may be developing a mental health problem. Mental Health First Aid is a technique that aims to help those trained recognise crucial warning signs of mental ill-health. Green Lane masjid has also trained volunteers in signposting to mental health services where appropriate. The mosque has developed a professional in-mosque counselling service for congregants.



- Encourage conversations about mental health and wellbeing into children's lives at a younger age - so they aren't uncomfortable when they need to seek help.
  - o Schools are currently doing this, but it needs to come into the home and be solidified within faith settings
  - o School and faith education could align to ensure that messaging on mental health and wellbeing is consistent across education
- Mental health and wellbeing can be stigmatised. It is important to help to break down myths and taboos on mental health and encourage spaces for healthy discussion of negative thoughts and feelings.
  - o The community have suggested that label of 'mental health' is broad and daunting to approach. However, it has massive impacts in every aspect of their life.
  - o You could incorporate this into the platforms that already exist. Then you are still discussing important mental health topics without it being under the stigmatising label.

## PROMOTING HEALTHY RELATIONSHIPS

### What's the story?

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<sup>33</sup>. Our mental health and well-being are intricately connected to our personal relationships.

The subjective and personal nature of relationships means data is sparse. In the UK, marriages saw a 2.8% decrease from 2016 to 2017<sup>34</sup>, whilst divorces increased by 18.4% from 2018 to 2019<sup>35</sup>.

### What makes a relationship healthy?

Every relationship is different. Whether it be romantic, familial, workplace or community, they all have a meaning to somebody. Some aspects of a healthy relationship are:

- Respect – mutual valuation
- Equality – in decision-making and roles
- Compassion – treating one another with kindness
- Trust – belief in each other
- Consent – not being pressured into doing things you do not want to do
- Feeling safe and secure

Upholding these values in a relationship can create a sense of belonging and community, whilst contributing to our well-being. Occasionally, we form relationships with people whom we can't relate to or our feelings towards them change over time. This may occur at work or within the family. Although respectful disagreement is healthy, there is a fine line where this could turn violent, abusive, or manipulative. In this situation, steps need to be taken in order to rebuild the relationship or to end it. Sometimes disagreements or minor conflict are opportunities to grow closer to your loved ones and gain a better understanding of each other, however this does not apply to situations where one feels at risk of harm or where force or abuse is used – this is unacceptable. Faith leaders have an important role to play, supporting individuals by ensuring that they are not at significant risk of harm following disagreement or separation.

Aspects of an unhealthy relationship can be explored further in the Abuse and Violence section of this toolkit.

Some aspects include:

- Feeling criticised and put down
- Feeling unable to communicate or discuss feelings
- Receiving physical or verbal abuse
- Being pressured into doing things you don't want to

*All forms of worship are done for the sake of Allah alone and His pleasure. Simultaneously however, all worships inherently lead to better relationships with fellow humans. Salah – especially in congregational form – is a social experience aimed at bringing people together. Hajj eradicates any racist tendencies we may have and reminds us that all humans are equal. Zakah teaches us to serve the less fortunate humans around us. In short, all worships are for Allah and at the same time, all worships strengthen our bond with humanity.*

*In the home in particular, the religion of Islam stresses the importance of forming good relationships. The husband and wife are described as ‘garment’ for one another in the Holy Quran (2: 187), in the sense they provide warmth for one another and protect each other’s chastity. Prophet Muhammad (peace be upon him) disowned the one who shows no mercy towards the youngsters and no respect to the elders<sup>36</sup>.*

*Importantly, Islam’s perspective on building good relationships is not restricted to Muslims alone. For instance, Muslims are asked to respect neighbours, even if they are non-Muslims. Prophet Muhammad (peace be upon him) said: ‘The best of people are the one who bring benefit to people.’ He did not say ‘benefit to Muslims.’ A good Muslim brings happiness, ease and benefit to all members of his community.*

### **Recommendations**

Mosques and faith settings have an important role to play when it comes to encouraging healthy relationships. They can create an environment of safety, compassion, non-judgement and confidentiality which allows people to speak about these issues. They can promote positive relationship values through:

1. Using Islamic teachings that promote treating others with kindness, justice, gentleness, respect.
2. Educating young people on healthy relationships and encouraging open conversations about relationship values from a young age.
3. Establishing faith-sensitive, inclusive advice or counselling sessions for those affected by unhealthy relationships.
4. Providing an anonymous support system of safety and confidentiality where people can seek guidance without judgement.
5. Directing individuals to support services and local organisations.
6. Creating a platform for experts to talk about these issues e.g., professionally trained psychologists and support organisations.

### Case study

Green Lane Masjid & Community Centre offers various services where healthy relationships are promoted. These services include an Imam Q&A service where service users are regularly given useful marital advice. A free counselling service is also available run by professional counsellors helping spouses to understand each other better by providing tips and techniques on how to build healthy relationships.

The Masjid also runs regular workshops for teens and young adults to prepare them for future relationships.

### Promoting healthy choices - conception and pregnancy

According to the NHS, there are many factors that could influence a couple's chances of conceiving, such as:

- Age
- General health
- Reproductive health
- How often you have sex<sup>37</sup>.

If you are trying for a baby, there are steps that you and your partner can take to ensure a safe and comfortable pregnancy and that your child will be healthy. This includes:

- Maintaining regular, moderate exercise to sustain energy
- Following a healthy, balanced diet (avoiding foods that are high in fats and sugar)
- Maintaining a healthy weight
- Refrain from drinking alcohol and smoking
- Taking a simple multivitamin and mineral supplement

Pregnancy is an exciting journey that comes with great responsibility and a woman's body will go through major changes as it begins to support a new life.

Figure 9: Encouraging a healthy pregnancy



Source: GOV UK<sup>38</sup>.

### What's the story?

In the UK, the rate of conception is decreasing. In 2018, the conception rate in England and Wales fell to 839,043, its lowest level since 2004<sup>39</sup>. Births in Birmingham also decreased by 2.7% from 2018 to 2019<sup>40</sup>. The Total Fertility Rate for Birmingham is simultaneously decreasing, falling from 1.83 children per woman in 2018 to 1.78 in 2019<sup>40</sup>. However, there has been a rise in conception amongst women aged 40 years and over. In 2018, there were 16.3 conceptions per 1,000 women aged over 40 years<sup>41</sup>.

This shows that women are progressively delaying when they have a baby. These changes could be explained by:

- Increased access to contraception
- Women's greater participation in education
- Delaying of partnership formation
- Focusing on a career before deciding to start a family

Some couples find it more difficult to conceive.

Fertility problems affect one in seven couples in the UK and this is unexplained in 25% of these couples<sup>42</sup>.

### Signs and symptoms

According to the NHS, the earliest signs of pregnancy include a missed period if you have a regular monthly menstrual cycle. Symptoms of pregnancy include feeling sick and morning sickness.

Other symptoms include:

- Fatigue
- Sore breasts
- Urinating more frequently
- Cravings
- Constipation
- Mood swings
- Headaches and back pain<sup>43</sup>

These symptoms may not always be obvious or noticeable therefore it is important to remain mindful and sensitive of these issues when interacting with women.

### **Menstruation**

A woman's period is part of the menstrual cycle where bleeding occurs for a short time period (typically 7 days). For most women, this happens every 28 days<sup>44</sup>. Changes in women's hormone levels around this time can cause them to experience physical and emotional changes, including:

- Feeling bloated
- Breast tenderness
- Mood swings
- Feeling irritable
- Spotty skin or greasy hair<sup>44</sup>

Islam views periods as a natural function of the body. Muslim women experiencing menstrual bleeding have to abstain from fasting and praying.

### **Men's role and involvement**

It has been found that having a male partner or father involved during pregnancy reduces maternal stress levels<sup>45</sup> and encourages positive maternal behaviours<sup>45</sup>. Lower stress levels in the mother means a healthier environment<sup>46</sup> for the baby. Male partners involved during pregnancy are more likely to remain involved once the baby is born. Some ways for the male partner to be involved include:

- Attending doctors' consultations
- Taking educational classes directed at expecting
- Attending doctors' consultations
- Taking educational classes directed at expecting parents
- Being there for labour and delivery<sup>46</sup>

### **Pregnancy care**

The care you receive during pregnancy can have many names from antenatal care to maternity care and it is to ensure that you and your baby are as well as possible. A midwife or doctor will check the health of you and your baby, give you useful information to help including healthy eating and exercise, and discuss your options and choices for care during pregnancy, labour, and birth. Keeping well during pregnancy includes your relationships, domestic abuse or violence during pregnancy puts a pregnant woman and her child in danger. Domestic abuse can be physical, sexual, emotional, psychological or financial, often it is a combination of these and pregnancy can be a trigger increasing the risk of miscarriage, infection, premature birth, low birth weight foetal injury, and death.



### **Maternity and paternity rights**

It is important to tell your employer if you are pregnant so that they can conduct a risk assessment of the health and safety of their employees whilst at work. These include physical risks such as contact with radiation, shocks, and vibrations, as well as if there are suitable facilities available. Be aware that you may be eligible to be paid statutory maternity pay or a maternity allowance. All pregnant employees are entitled to take up to 52 weeks of maternity leave<sup>47</sup>. This number of weeks is broken down into 26 weeks Ordinary Maternity Leave and 26 weeks Additional Maternity Leave<sup>47</sup>. You can start your maternity leave as early as the beginning of the 11th week before your baby is due and as latest as the 15th week before the baby is due<sup>47</sup>.

### **Genetic testing and consanguinity**

In highly populated Muslim countries, it is common to have consanguineous marriages (a marriage of ancestors). For example, in Pakistan, half of the population marry their first or second cousin. This doubles the risk of a child being born with a genetic disorder, such as cystic fibrosis, Down's syndrome, infantile cerebral palsy and hearing and visual disabilities.<sup>114</sup> For those looking to conceive, they may wish to discuss their risks with their GP and consider genetic testing and counselling.

In a famous report, Prophet Muhammad (peace be upon him) affirmed that a mother deserves three times more care from her children than the father.<sup>48</sup> This is, like Imam al-Qurtubi explains, because the mother had to endure three difficult stages that the husband did not have to; the hardship of pregnancy, of delivery and of feeding. This shows that Islam wholly understands the difficulty a mother has to go through in pregnancy and thereafter. The Holy Qur'an – via the story of Maryam – advises the consumption of dates to make delivery easier (19: 25). Modern science tells us that dates contain a substance that causes the uterus to contract and strengthen the uterine muscles, thus helping in birth.<sup>49</sup>

The first school of any child is the mother's lap. Islam teaches us that schooling actually begins in the womb. Muslim women are encouraged to listen to the Qur'an abundantly during pregnancy, for this benefits the unborn child too. Modern research proves this today; we now know that hearing faculty develops quickest in the womb, to the extent that as early as the fourth month of pregnancy, the foetus can hear sounds in the mother's womb. Dr Keith Moore recently discovered that as early as the fourth month of pregnancy, the foetus can hear sounds in the mother's womb.<sup>50</sup> This is why pregnant Muslim women are encouraged to listen to the Holy Qur'an.

### Recommendations

Pregnancy and childbirth can be difficult times where mothers face challenges. However, the Qur'an recognises maternity as deeply spiritual and rewarding. Mosques and faith settings can act as institutions of support for couples before, during and after pregnancy.

1. Provide literature on aspects of a healthy pregnancy and practical advice for mothers.
2. Offer support activities and groups for both pregnant women and mothers on breastfeeding, childcare and the demands of motherhood.
3. Encourage the involvement of men throughout the whole pregnancy process, provide support groups for men - educating the men on the responsibilities of being a supportive partner.
4. Educate both men and women on the responsibilities of parenthood - create a support mechanism.
5. Allow the mosque to be a platform for open discussions about pregnancy and conception à invite support groups/organisations to the mosque to deliver classes/workshops/talks
6. Encourage and educate both men and women on the importance of pregnancy care
7. Provide support for all victims of domestic abuse or violence and educate both men and women on domestic abuse and violence
8. Encourage faith leaders to incorporate responsibilities of parenthood in discussion with couples during marriage.

### Community suggestions:

- Educate men and women compassionately, with love and mercy. Do so by taking on examples of the Prophet (PBUH).
- Have in-house staff properly trained to give advice and signpost to information. The toolkit has useful resources that can support people throughout conception and pregnancy.
- Tapping into existing sources in the community, such as community leads - these people can train and speak with mothers and fathers.
- Offer coffee mornings for pregnant mums - create activities for women to do within the mosque
- Give them a safe space to have conversations about how they feel during pregnancy.
- Allow them to make connections and bonds with other women.
- For example, whilst children are at the masjid, mums are often left in the car waiting for them to finish. Instead, they could be inside the building, talking and having critical conversations and enjoyment.
- A lot of mosques now have apps.
- These can be used to discuss health topics alongside religious ones. The apps could look to embed aspects of the toolkit to improve signposting of resources.
- This way, people can access support from the mosque, wherever they are.



**Case study**

Approachable Parenting has developed several programmes to engage with pregnant mothers and their partners from early pregnancy. The programmes offered aim to develop skills that support parents as the baby develops and during birth. The techniques are developed in 4-week practical sessions. Expecting parents are also encouraged to practice the skills taught at home.

# PROMOTING CHILDHOOD HEALTH

## What's the story?

Children are the future of society hence a holistic approach should be taken for them to develop into healthy adults. Children's health is an integral part of their emotional, mental, social, environmental, and spiritual well-being<sup>51</sup>. It is best to take a complete approach when responding to a child's needs that consider age and learning style and remember that each stage of childhood development requires a slightly different approach.

In the UK there is a considerable level of income inequality between groups from Black, Asian and Multi-ethnic communities compared with white-British communities<sup>52</sup>. The highest proportion of children living in "low-income families" are in the Bangladeshi and Pakistani communities<sup>52</sup>. In Birmingham, according to the 2020 mid-year population estimates, children make up 22.5% of the population<sup>53</sup>. Of which 28.1% of children live in low-income families compared with 17% nationally<sup>54</sup>. Children who live in deprived conditions face greater exposure to health threats that follow them through their life. Birmingham has a higher prevalence of child obesity and infant mortality rates that exceed that of England<sup>55</sup>. The rates of infant mortality are higher in Asian babies, compared to White British and the national average<sup>115</sup>.

## GIVING EVERY CHILD THE BEST START IN LIFE



**A LOVING, SECURE AND RELIABLE RELATIONSHIP WITH A PARENT OR CARER SUPPORTS A CHILD'S:**



EMOTIONAL WELLBEING



BRAIN DEVELOPMENT



LANGUAGE DEVELOPMENT AND ABILITY TO LEARN



CAPACITY TO FORM AND MAINTAIN POSITIVE RELATIONSHIPS WITH OTHERS

Figure 10: Giving every child the best start in life

## How can we promote childhood health?

For children to thrive and grow into healthy members of the community it is vital that they are exposed to and provided with:

- Healthy relationships that allow them to feel nurtured and protected. Socialising will allow them to develop empathy and teamwork skills from a young age.
- A safe environment that allows for children to be active and explore their surroundings securely<sup>56</sup>.
- Appropriate nutrition and promoting healthy eating habits.
- The opportunity to develop mentally and intellectually. Exposure to art, science, language, sports etc. will promote children's health.
- A chance for them to play freely. This will improve the cognitive, physical, social, and emotional well-being of children and young people<sup>57</sup>.
- An established and varied routine.

Source: GOV UK<sup>58</sup>



## Children and the Environment

### What's the story?

It has been found that primary school children in Birmingham could lose up to six months of their lives due to the levels of air pollution in the city<sup>59</sup>. High levels of air pollution impact deprived areas most, affect baby lung development after birth, and worsen asthma symptoms<sup>60</sup>. Children in high pollution areas are four times more likely to have reduced lung function as adults. To improve and promote childhood health, the community can work together to improve air quality, especially near schools, by encouraging the use of public transport and turning off cars during school runs.

### CHILDHOOD HOUSEHOLD INCLUDED



Childhood health can also be improved within household environments. Enabling safety measures, such as latches, locks and gates can help to prevent accidents occurring at home. Smoking indoors increases household pollution, which can suppress infant lung development and worsen asthmatic symptoms.

### Children's Mental Health

Many early life experiences can be detrimental to a child's growth and development. Some of these experiences are called Adverse Childhood Experiences (ACEs), which refer to traumatic events experienced in childhood that are not under the control of the child. ACEs include:

- abuse (physical, emotional, and sexual),
- neglect (physical, emotional),
- household dysfunction (mental illness, incarceration, domestic violence, substance misuse and parental separation).

### CHILD MALTREATMENT



Source: *Centre for Public Health: Liverpool John Moore's University 2016*<sup>61</sup>.

Other experiences that are felt at the community level include racism, discrimination, bullying, violence, and poverty<sup>62</sup>. It has been found that being brought up in poverty can increase the risk of mental health problems in children. These problems impact their educational attainment and social relationships in the long run<sup>63</sup>.

In Islam, the early years of a child's life constitutes the most important stage, for it largely determines the physical, spiritual and mental state of a person later in life. Various directives are offered by the Qur'an and Sunna to promote childhood health, such as the circumcision of male babies and the ritual of Tahnik<sup>64</sup>. The Qur'an goes as far as stipulating the desired length of breastfeeding for a child, twenty-four months<sup>65</sup>.

A child's first interpretation of the world comes from the parents. This is why Islam urges parents to be very careful how they conduct themselves at home. Muslims are encouraged to perform all non-obligatory prayers at home, so that children adopt this trait in later life. Prophet Muhammad (peace be upon him) said that good manners are the best gift a child receive from parents. This also includes things like adopting good lifestyle manners, a positive outlook to life and humanity, the dangers of sins and the benefits of good acts.

### Case study

The Birmingham Quran Academy, in partnership with the Holiday Activities & Food programme and Joseph Chamberlain College developed a sports programme for over 650 madrassah pupils. A summer of Sunnah sports, swimming, archery, football and street games. Due to the success of the programme, the management of the BQA is planning to make sports mandatory as part of its madrassah syllabus in order to promote childhood health as a form of Ibadah (worship).

### Recommendations

Mosques and faith settings must be safe spaces for children to enjoy. They also have a responsibility to ensure that the wider community is a safe space. They can contribute to the promotion of childhood health by:

1. Holding activities in the mosque that allow children to safely explore, create and socialise with others e.g. youth clubs, sports and recreational activities.
2. Raising any concerns about a child with the appropriate services
3. Creating counselling clinics and mental health workshops within mosques for young people
4. Train mosque leaders on how to deal with child mental health
5. Staff interacting with children should be trained in mental health first aid and in identifying Adverse Childhood Experiences

### Community suggestions:

- Mosques may wish to include activities that integrate both parents and children. Sometimes children can feel left out around Eid. It is important to offer activities that ensure children are included while receiving benefits to their physical and mental health.
- Create more clubs for the children to go to - this can be sport or art, for children 11+, communal kitchens and cooking classes that involve the children and give them good practices.
- Increase parenting classes for new and experienced parents, including sections from the toolkit which can support people through health and wellbeing. This can be an important

## PROMOTING HEALTHY CHOICES FOR LONG-TERM CONDITIONS

### What's the story?

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. Mosque venues can help support people to actively manage their health and maintain a good quality of life for longer.

### Diabetes:

People with Diabetes are not able to regulate their own blood sugar appropriately. Over time this leads to damage to blood vessels which increases the risk of blindness, amputation, heart attack and stroke, kidney disease and even sexual problems<sup>66</sup>

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 prevalent among elderly Muslims (aged 65+) compared to the rest of the population.<sup>65</sup>

### Musculoskeletal conditions:

Good musculoskeletal health is an important component of maintaining an individuals' functional abilities throughout their life course and is fundamental to healthy ageing, reducing the risk of falls.<sup>67</sup> More years are lived with a musculoskeletal (MSK) condition than any other long-term condition. MSK conditions affect people of all ages but become more common with increasing age. In total over 20 million people in the U.K live with an MSK condition and good MSK health means more than the absence of a musculoskeletal condition, rather meaning that the muscles, joints, and bones work well without pain<sup>68</sup>.

There are three main groups of MSK conditions:

- 1) Inflammatory Conditions, such as rheumatoid arthritis, can affect anyone at any age and are rapid in onset. Not smoking and maintaining a healthy weight lessen the risk and the impact. Over 430,000 adults in the U.K. have rheumatoid arthritis and usually specialist treatment is needed.
- 2) Conditions of MSK pain, such as osteoarthritis or chronic pain, are more common with rising age, are gradual in onset and affect the joints, spine and pain system. Over 8.5 million people have Osteoarthritis in the U.K
- 3) Osteoporosis and fragility fractures, such as a fracture or a fall from a standing height, mainly affect older people most commonly affecting the hip, wrist and spinal bones.

## ISLAMIC FAITH SETTINGS TOOLKIT

Those struggling with their MSK conditions have the most to gain from the right support. Mosques 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. Heart conditions (such as angina or atrial fibrillation) and high blood pressure are more prevalent among Muslims aged 65+, compared to the rest of the population.<sup>65</sup>

Recommendations:

1. 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.
2. Raise awareness of common long-term conditions that can have a significant impact on future health such as high blood pressure, obesity, heart disease, stroke and diabetes, particularly in communities where these are more common.
3. Encourage people to seek medical advice early and signpost to resources such as the NHS Choices health apps.
- 4. Host health awareness events in conjunction with healthcare professionals, local and national charities and healthcare organisations.**

5. Promote positive healthy behaviours, such as healthy eating and physical activity including **support for national campaigns such as Change4Life, Healthier You and Act FAST.**
6. Ensure mosque activities are accessible and inclusive for people with long term conditions to help maintain their mental wellbeing.

### **Community suggestions**

- Create discussions with children on these topics of health - change the culture of food and health when people are still young
- Help to make information more accessible - ensure Imams continue to speak on the importance of health and wellness.
  - There were suggestions that messages could be spread within the congregation in WhatsApp groups - encouraging peer discussion and passing on information
- Provide resources which inform on diabetes and healthy eating. Diabetes UK do a lot of outreach work to address the risk of diabetes in minority ethnic communities. Consider offering spaces for professional speakers to discuss a variety of nutrition topics to protect against long-term conditions.
  - This can support people to become more informed on the topic and know how and where to seek support.
- Encourage healthy eating practices and healthy eating at mosque events, limiting foods high in saturated fat, salt and sugar. The Imams can talk about health as a part of the Prophet's (PBUH) life - instances of fasting for example



## ISLAMIC FAITH SETTINGS TOOLKIT

In the Holy Qur'an, we are informed of the cycle of life: 'Allah is He who created you in (a state of) weakness, then gave you strength after weakness, then after strength He gave you weakness and grey hair' (30: 54).

From this we understand that 'weakness' in old age is inevitable, which is sometimes the result of long-term illnesses. To onset this, Islamic shari'ah has relaxed so many rulings for the sick, elderly and long-term patients. For instance, if a Muslim finds movement difficult, then Salah (prayer) can be performed in any comfortable position. Fasting can be delayed for the ill, and even suspended in some cases. Hajj rulings are simplified for the weak. This shows the flexibility, empathy and compassion Islam shows for those who are suffering.

Secondly, the Qur'an outlines the cycle of life so that we prepare better; that in days of 'strength' we prepare in advance for the days of 'weakness'. This means sustained movement and exercise, a balanced diet and a lifestyle that balances the physical and spiritual needs of the body. Such measures taken in early life lessen the extent of illnesses in later times.

Thirdly, Islam acknowledges the inner pain that can accompany long term illnesses, such as depression and anxiety. So Muslims are given glad-tidings in this time of stress. Uqba ibn Aamir (ra) reports that the Prophet (peace and blessings of Allah be upon him) said: 'Every deed of a person is written in his account daily. When a believer falls ill, the angels say: O our Lord! You have held back so-and-so servant [due to the illness]'. Allah says to the angels: 'Write in his account the same amount of effort as he did before, until he gets better or until he dies.'

What this means is that that though they may not be able to perform worships like they used to, Allah will still reward them amply. External factors always affect our everyday lives and our worship. So this hadith is glad tidings for those who find too many hindrances to their worship, which is not their fault.

## PROMOTING AGEING AND DYING WELL

### What's the story?

It is well known that worldwide people are living longer. It is estimated that by 2050, "the world's population of people aged 60 years and older will double. (2.1 billion)"<sup>69</sup>. The change in the distribution of a country's older population is known as population ageing. Population ageing is driven by falling fertility rates and increases in life expectancy. In England "all regions are projected to have a greater proportion of people aged 65 years and over by mid-2028"<sup>70</sup>. In Birmingham, by 2040, the total population of 65 years and over is expected to rise to 29%<sup>71</sup>. Currently, over half of Birmingham's over 65 population may be at higher risk of falls, disabilities, hospital admissions, and premature mortality<sup>72</sup>. It is estimated that 19% of the 65+ population in Birmingham need help with at least one self-care activity, such as washing, dressing, using the toilet and eating<sup>72</sup>.

Living longer brings great opportunities for oneself and to society - to be able to spend time with our families, to contribute actively to our societies, and to leave a lasting legacy. Therefore, it is important to begin to understand the importance of taking care of our health in order to extend our lifespan.

As we age, there is a more chance of developing a health conditions such as loss of hearing, osteoporosis, depression, dementia, and diabetes. Although genetics plays a part, there is evidence that suggests that environments, ethnicity and socioeconomic status play a role in how well we age<sup>69</sup>.

### Older People's Health

In Black, Asian and Minority Ethnic communities, older people are likely to have lower levels of income which impacts their transition into retirement<sup>73</sup>. The proportion of Muslims prescribed 5 or more medications on a regular basis is 20 per cent higher than for the rest of the population<sup>74</sup>. Taking care of their health early on in life can prevent developing a health condition later in life.

### Dementia:

Dementia refers to a group of related syndromes associated with a decline of brain functioning. The risk rises after you age, especially after the age of 65. The most common forms of dementia are Alzheimer's Disease and vascular dementia. One in 14 people over the age of 65 have dementia, and the condition affects 1 in 6 people over 80. The number of people with dementia is increasing because people are living longer. It is estimated that by 2025, the number of people with dementia in the UK will be more than 1 million<sup>75</sup>. Faith leaders can help raise awareness around dementia, creating an inclusive and supportive environment that is fostered by values of care, compassion, and love to help those impacted by dementia to live well.

### **Mental health:**

Poor mental health is also a significant health concern amongst older populations. The most common problem is depression, affecting around one in five older people. The risk is doubled for those in hospitals and trebled for those in care homes. Supporting the older population to be social, keep active and stay independent in the home can have a positive impact on overall wellbeing. Physical activity can also help to manage pain and maintain mobility for longer, all of which can help to prevent isolation and loneliness. There is a significant role, that is positive, for faith leaders to play in supporting those with their mental health, offering an inclusive supportive environment as a place of worship, providing opportunities for connection, raising awareness about mental health, and challenging stigma and utilising local mental health services for further support.

### **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. Furthermore, the risk of an elderly person dying within the first three months following the death of their spouse is greatly increased. The faith setting needs to ensure support is given to vulnerable adults, helping to protect against key issues of abuse and neglect and supporting those in the immediate months following the death of a partner.

### **Digital Poverty**

Digital exclusion is common within among people of older age. Around 5 million people over the age of 55 are not online<sup>76</sup>. 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.

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

### **Safeguarding Vulnerable Adults**

It is important to safeguard vulnerable adults, who are at risk of experiencing abuse or neglect. The following issues have been highlighted by Age UK:

- Financial abuse – defrauded or scammed, being put under pressure to spend money
- Physical abuse – hitting, slapping, pushing, misuse of medication
- Psychological abuse – emotional abuse, threats of harm, humiliation, blaming, coercion. This may include cyber bullying or isolation
- Sexual abuse – including rape, inappropriate touching, indecent exposure and non-consenting sexual acts
- Organisational abuse - includes neglect and poor care practice within an institution or specific care setting, or in relation to care provided in a person's own home
- Self-neglect - covers a range of behaviour related to neglecting to care for one's personal hygiene, health, or surroundings and includes behaviour such as hoarding<sup>116</sup>.

### How can we promote ageing well?

Healthy ageing is promoted by the World Health Organisation and is “considered as the promotion of healthy living and the prevention and management of illness and disability associated with ageing”<sup>77</sup>.. Bones weaken as we get older, meaning that elderly adults are more prone to bone fractures when they fall. Falls are therefore common as we age and are the most prevalent cause of injury-related deaths in people over the age of 75 with over 5,000. Mosques should ensure that they are mindful of trip and slip hazards to prevent the risk of falls and Muslim communities can offer support to elderly users who are recovering from a fall. It is particularly important to take action after a first fall, even if no injury was sustained to ensure that all risks for further falls are managed. Promoting healthy ageing is important to prolong a person’s ability to “meet their basic needs; learn, grow and make decisions; be mobile; build and maintain relationships, and contribute to society”<sup>78</sup>.

Healthy ageing needs to be promoted and more age-friendly communities need to be developed. Individuals in society need to be made aware of how the health choices they make at present can make them more likely to develop health conditions in the future. It is also vital to consider that whilst people may be educated on how to improve their health, factors such as poor housing, lack of access to clean air, stressful employment, being unable to afford fresh foods can all have dangerous implications for future health.

‘Shaykh’ is the word used in Arabic to describe an old person. It is also the same word used to describe a learned, wise person. This is no coincidence, for it is the elders who are marked with intellect and wisdom. This is why Muslims are encouraged to adopt the companionship of elders; to sit with them, serve them, respect them and learn from them. This benefits both the elders and the youngsters. The younger members of society benefit from their pearls of wisdom to help them in the journey of life. The elders avoid loneliness, feel a sense of value and importance, and have people around them to help them in old age.

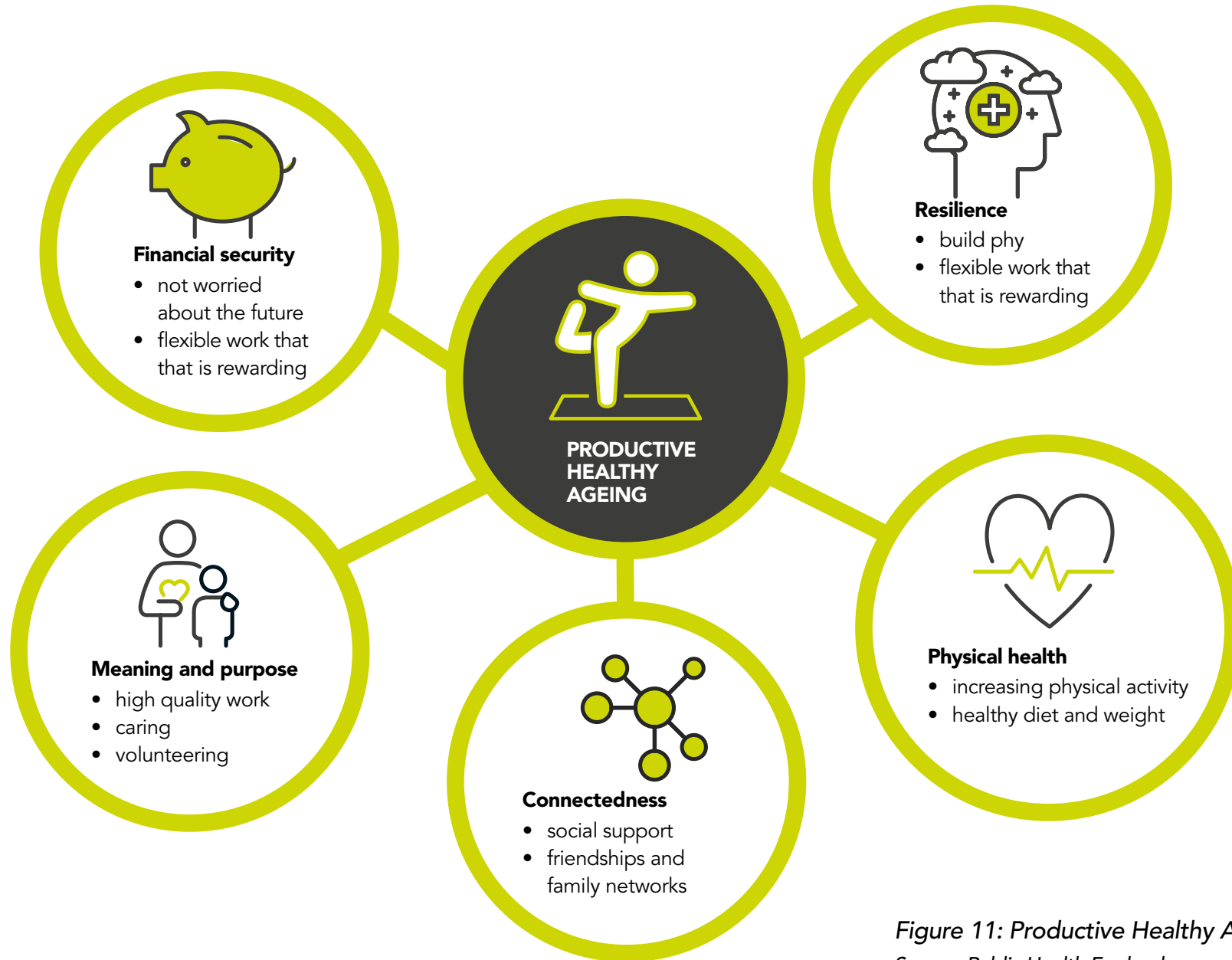


Figure 11: Productive Healthy Ageing<sup>79</sup>

Source: Public Health England

### Recommendations:

1. Develop sessions that explain promote healthy ageing and its benefits to the individual and society.
2. Create initiatives that allow elderly members of society to volunteer and socialise with others.
3. Create spaces where older with health challenges can explore options for support .
4. Destigmatise difficulties faced by the elderly and encourage interaction between generations.
5. Collaborate with other mosques to develop a senior Muslims platform that advocates their needs.

### Community suggestions

- Encourage the introduction of additional activities within the mosque.
  - o Table tennis, games afternoons, etc.
  - o Connect the elderly to one another and the community
- Be proactive in providing space and building connections between elderly people.
  - o Elderly people should be included in boards - there should be a committee.
  - o People will be driven to the mosque for personal connection as well as the religious teachings. This can help to improve socialisation of elderly people and reduce the likelihood of loneliness and isolation.

- Work with local police and the local Faith Alliance Network to protect people and make sure that that vulnerable people and elderly people are safe.
- Numerous people noted the stigma which surrounds dementia. People have suggested that families feel too embarrassed to bring those relatives with dementia to the mosque - this only serves to isolate them.
  - o Spaces should be created for people with dementia. There should be a place for them within the community.
  - o Destigmatisation through exposure will lead to increased participation for these members of the family, and create support networks for families suffering (no longer needing to suffer in silence)
  - o Signpost people towards local services that can support people living with dementia, and their carers.

## PROMOTING AWARENESS FOR PREVENTION OF ABUSE AND VIOLENCE

The term “abuse” takes on multiple forms. It has been defined as “an action that intentionally harms or injures another person”<sup>80</sup>.

Some forms of abuse include:

- Physical
- Psychological
- Sexual
- Verbal
- Financial
- Emotional

Abuse can occur in a number of different environments; the home, care facilities, hospitals, schools, workplaces, and anyone can be a victim of abuse. It represents no reflection of a person’s strength, intelligence or worth.

### What’s the story?

In 2020, 2.3 million adults aged 16 to 74 experienced ‘domestic abuse’. Of these, 1.6 million were women and 757,000 were men<sup>81</sup>.

The police recorded 758,941 domestic abuse-related crimes in England and Wales, a 9% increase from the previous year. Domestic abuse is the physical, emotional, sexual, or financial maltreatment of one household member by another<sup>81</sup>. However, domestic abuse-related crimes are not limited to these forms of maltreatment.

The COVID-19 pandemic response involved lockdowns, social distancing, changing working patterns and the introduction of vaccines. Under these unusual circumstances, abuse and violence became more prevalent. The UK saw a 7% increase in police recorded offences flagged as domestic abuse-related in the period of March to June 2020 compared to the same period in 2019<sup>81</sup>.

### Violence

Violence is defined as “actions or words that are intended to hurt people”<sup>82</sup>. It includes:

- Closed door violence
- Public violence
- Knife crime
- Hate Crime
- Gang Violence
- Child sexual exploitation
- Drug related violence

In 2020 Birmingham had a crime rate of 103 crimes per 1000 people, higher than other places in the West Midlands. Violent and sexual offences are the most common crime with 54,655 offences during 2020<sup>83</sup>.

### Hate crime

Hate crime is “any criminal offence which is perceived, by the victim or any other person, to be motivated by hostility or prejudice towards someone based on personal characteristics”<sup>84</sup>. The main strands of hate crime are:

- Race or ethnicity
- Religion of beliefs
- Sexual orientation
- Disability

In terms of race or ethnicity, racism is a form of hate crime that is defined as “prejudice, discrimination or antagonism directed against someone of a different race based on their belief that one’s own race is superior”<sup>85</sup>.

In Islam, how one behaves with his family is the criterion for how excellent a person is, for Prophet Muhammad (peace be upon him) said: ‘The best amongst you is the one who is best towards his family and I am the best amongst you towards my family.’<sup>86</sup> There is no place for violence in Islam, especially domestic violence. In fact, a person who indulges in physical and verbal abuse cannot even be called a true ‘Muslim’.<sup>87</sup> Anas (may Allah be pleased with him) served Prophet Muhammad (peace be upon him) for ten years. In that time, Anas commented that he never scolded anyone, nor did he ever raise his voice in anger.

Islam always asks Muslims to consider the impact of their actions and to be responsible in each and every act.<sup>88</sup> Abuse and violence has a huge, long-term, negative impact on the perpetrator, the victim and indeed wider society.



### Recommendations

It is in the interests of both the wider community and local governments to respond to abuse and violence and create safer spaces for victims. Birmingham City Council state that “tackling domestic abuse must become everyone’s business”<sup>30</sup> and they believe that the way they respond to domestic abuse reflects the city’s values. Mosques and faith settings can:

1. Offer temporary refuge for domestic violence victims
2. Create initiatives series on ‘Signs of Unhealthy Relationships’ and spaces where women and survivors of abuse can come together and share their experiences without judgement
3. Create good links with your local statutory partners (i.e., neighbourhood police, local council, youth service) to gain community briefings and collaborate with local partners.
4. Create employment workshops to provide interview skills, job search support and career guidance.
5. Develop faith inspired diversionary initiatives to steer young people away from crime

### Community suggestions:

- The Masjid should be a hub for everyone: women, elderly, young people - and those people should be represented in councils, leadership, and management boards.
  - If you have space for women to talk about female issues, women will come. If there is space for young people to have activities, they will come. If there is a space for elderly people to talk about elderly issues, they will come.
- Start early with children:
  - Prepare children for adult life by supporting them getting to know themselves, and the traits they want in a partner.
  - Further, to teach them the signs of abuse and red flags in unhealthy relationships
  - Parents need to have that information so it can be passed on and encouraged throughout their lives.
  - Advocate for open conversations in family - have open discussions following prayer.
- Reinforce Islam’s support network and the importance of family
- Build trust in the community so they feel open to speak to each other.
- Ensure people are given both religious and psychological perspectives from trusted professional sources.

## ISLAMIC FAITH SETTINGS TOOLKIT

- It is more than just creating a safe and communal space for women - but engaging with all members of the community to understand the importance of these spaces for women and the community.
- Mosques can bring discussions on healthy relationships into sermons.
- By addressing the subject of abuse and violence, the mosque can break down taboos surrounding the subject - "the least we can do is raise awareness"
- Emphasise the importance of building a network of healthy relationships in a person's life.
  - o Child-grandparent, child-parent, sibling-sibling
- Signposting toward local and national services which support victims of domestic abuse.
  - o Domestic violence services can fit a safe room when a perpetrator is out of the house.
  - o The leaving point is the most dangerous, but services are there to plan and support victims with their exit strategy from an abusive household
  - o There is a programme called Safe Space – it allows people access to a phone where they can call domestic abuse hotlines, away from their homes, for advice.
- Amplify existing resources
  - o Bahu Trust has educational videos focused on different types of abuse which provides important quotes from the Prophet (PBUH) and includes Islamic perspectives.
  - o Playing these videos initiated important conversations within the mosque and so this can be replicated for different audiences.
- Initiate conversations about abuse that are not just centred around marriage and women. Consider talking about other forms of abuse, such as:
  - o Child to parent abuse
  - o Abuse perpetrated on men
- Father to son abuse is an issue - but safe spaces often are not accessible to men, even if they are young.
  - o Abuse to the elderly population.
- Peer to peer support can be helpful. Celebrating the voices of those who have sought out help and allowing them to support others who are in need can be an important change in attitude.



### Case study

Several mosques in Birmingham have risen to the challenge of tackling violent crime. The Bahu Trust has developed many educational awareness campaigns on domestic abuse, knife crime and serious and organised crime. Their video on knife crime won the Best Film Award at the United Nations Film Festival. The Bahu Trust has also developed an innovative youth leadership programme called Empowering Futures.

Green Lane Masjid has also been at the forefront of tackling crime. GLM has a very successful anti- knife crime campaign which includes educational awareness programmes and a knife bin that has taken hundreds of knives off the streets. Green Lane Masjid is Co-Chair of the Faith Alliance set up by the West Midlands Violence Reduction Unit.



## ENCOURAGING AVOIDANCE OF RISKY BEHAVIOURS – SMOKING AND SUBSTANCE MISUSE

### What's the story?

A healthy behaviours lower the risk of being seriously ill or dying early<sup>89</sup>. A large proportion of UK deaths, particularly those from coronary heart disease and lung cancer, could be avoided with changes in lifestyle factors<sup>89</sup>. However, a healthy behaviours is not just about avoiding diseases. It encompasses physical, mental and social wellbeing. It is not always easy to develop and sustain healthy habits but there are small changes that can lead to huge lifestyle improvements and a healthy lifestyle can help you to enjoy more aspects of your life.

Scientific studies point to certain behaviours and lifestyle factors that contribute to serious illness and early death. One is smoking and another is substance abuse.

### Smoking

“Smoking is the greatest single self-imposed risk to health of all” and is the biggest cause of death and illness in the UK<sup>90</sup>. In 2019, 13.9% of all adults smoked. This figure differs across ethnicities, with 14.4% of white adults and 8.3% of Asian adults smoking<sup>91</sup>. It also differs across religions, with 18.4% of Muslim men smoking. England has made some progress in its efforts to reduce smoking as the percentage of adults who smoked in 2012 stood at 19.3%, compared

to recent figures<sup>91</sup>. The percentage in Birmingham, however, is higher than the national average of smokers at 16% and smoking related hospital admissions are higher than average at 1,632 per 100,000 compared to the national average of 1,530 per 100,000<sup>91</sup>. Smoking can lead to respiratory illness and coronary heart disease, as well as multiple types of cancer (mouth, throat, bladder, bowel, cervix, kidney, stomach, and pancreas)<sup>90</sup>.

### Shisha

Shisha is a specially prepared tobacco which is vapourised and smoked through a pipe. It is popular in Muslim countries in the Middle East, Turkey and Asia and Africa. Shisha lounges in the UK have gained popularity in recent years and are a common social spot for Muslims in the UK, they allow for catching up with friends and meeting new people. However, according to the British Heart Foundation the negative impacts of shisha are similar to that of smoking cigarettes:

- Heart and circulatory diseases
- Cancers
- Nicotine addiction
- Respiratory infections and conditions<sup>92</sup>



### Substance misuse

Many people use substances recreationally at some point in their lives and this carries its own set of risks of health harms, victimisation and criminality. Substance misuse covers a broad range of addictive behaviours with health harms. For example, those who inject drugs are likely to be exposed to blood-borne diseases such as HIV and hepatitis. Smoking drugs adds similar risks to smoking tobacco. Psychoactive substances can cause and exacerbate serious mental health conditions, such as paranoia and depression<sup>93</sup>.

The recreational use of prescription or over-the-counter drugs has increased<sup>94</sup>. 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.<sup>95,96</sup> 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.

Common drugs in the UK are:

- Cannabis - the UK's most commonly used illicit drug<sup>97</sup>
- Opioids - the UK has the largest reported opioid-using population in Europe<sup>97</sup>

- Cocaine - the UK has the highest levels of crack cocaine problems in Europe<sup>97</sup>
- MDMA and ecstasy - in 2018 in the UK, the number of MDMA related deaths registered was the highest on record [74]97
- Khat - In 2014, it was classed as a Class C drug under the Misuse of Drugs Act<sup>98</sup>, most commonly used amongst some Muslim communities

### Gambling

Another form of addiction, gambling, has seen a rise in recent years as online gambling has become more common. The accessibility of gambling means has resulted in an estimated 1.4 million people within the UK being harmed by their own gambling, while a further 1.5 million are at risk<sup>99</sup>. In 2019, the Gambling Commission launched a three-year strategy seeking to improve prevention, education, treatment and support for problem gamblers.

### Alcohol

The harms of alcohol misuse are underestimated. Among working-age adults, alcohol is the leading cause of ill-health, disability, and death<sup>100</sup>. Problem alcohol use is currently on the rise in the West Midlands with a roughly 50% increase in the last 10 years<sup>101</sup>. People are starting to consume alcohol at an earlier age and are drinking more, particularly at home.

### 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.

The majority of Islamic scholars decree that smoking and narcotics are haram (illegal), based on the Quranic verse which asks Muslims not to throw themselves into self-destruction (2: 195). Not only does it have a huge impact on one's mind and body, it wastes money and tampers with the great gift Allah has entrusted us with in the form of the human body.

In Islam, short-term 'thrills' are of no avail if it leads to long-term regret. Drug-users experience a short burst of excitement, but never does this justify the long-term detrimental effects it has on the self, the family and wider society.

### Recommendations

Many of the principles of Islam call upon people to take the best possible care of their health and to avoid health hazards. Engaging with Mosques and community services for support can also help you to stop smoking. Mosques often encourage Muslim smokers to quit for Ramadan although support limited to this holy month is problematic. Instead, Mosques should encourage and provide support all-year round. Mosques can create a safe, non-judgemental environment where people can openly discuss substance abuse and seek help.

Mosques could provide:

1. Emphasise Islamic teachings which advise taking care of the body – it is an Amanah on every human being.
2. Educational stop smoking material and encouraging treatments such as nicotine patches (nicotine replacement therapy).
3. Discussion groups for people trying to stop smoking, led by a medical professional or an Imam
4. Provide information and support sessions to combat substance misuse.
5. Create links with local drug support groups
6. 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.

### Community suggestions

- The Imam can talk about the realities of drug addiction, smoking, drinking etc.
- Stop discrediting people who are discussing these issues outside of the mosque
  - For example, there are people on YouTube discussing these problems, but when this is raised within the mosque, their words are discredited despite the discussion they create being useful and beneficial to the congregation.
  - Gresham Street Association brings together ex-convicts with 'redemption' stories
- Scriptures are only a part of the solution.
- Amplify the voices of redemption.
  - These can be people within the mosque who have gotten through to the other side of addiction/in recovery
  - Emphasise religious ideas of mercy. God is referred only as merciful yet there is a disconnect between the theology of mercy and the reality of practising mercy within the community.
- Connection between theology and addiction
- Creating anonymous and safe spaces within the mosque.
- Potentially creating discrete, third-party safe spaces for people to access near the mosque.
  - Dr Justin Varney suggested a kiosk/renovated photo booth installed with a computer screen. This screen would give protected access to 'the waiting room'
- The waiting room is a one-stop Birmingham directory which provides public health information across almost all health sectors.
  - People may not want to seek information at home or within the mosque under fear of others finding out. Some do not even want to risk Googling at home.
  - Having this third-partyspace outside of the mosque or home where people can seek information could be really helpful to people.
  - If all the information is accessible from this one space, it is ambiguous whether or not someone is entering the kiosk to a variety of information, such as diabetes, living with addiction of caring for elderly people. This anonymity can be crucial to allow community members to remain informed but also protect their privacy.
- Signpost people to the correct services. Often, people do not know they are there.
- Switch the narrative. Rather than judging families struggling with addiction in the family, uplift and celebrate the families who seek help.
  - Ultimate message: people need not suffer in silence for years.

## PREVENTING INFECTION

### What's the story?

Germs live everywhere. They can live on food, plants, animals, in water and just about every other surface you can think of, including the body. The majority of germs will not harm you or your health and your immune system is there to protect you against infectious bacteria. The immune system is "a complex network of cells, tissues, organs and the substances they make that help the body to fight infections and other diseases"<sup>102</sup>. Sometimes germs mutate and your immune system struggles to fight them off. Therefore, maintaining a strong, healthy immune system is vital for your health protection.

Certain, behaviours and habits can also help to protect you from diseases and viruses. Prevention of disease and protection of your health go hand in hand with each other. In the UK, the biggest cause of death is cardiovascular disease<sup>103</sup>. People are living longer, but many of their additional years are spent with health problems.

### Viruses

Viruses are microscopic particles that can cause diseases. They can only thrive and multiply in a living organism such as a human, animal, or a plant. An example of this is SARS-CoV-2 which causes the COVID-19 disease. Viruses can affect different organisms in different ways and they can vary greatly in their form and complexity. This was seen with COVID-19 which worst affected the elderly<sup>104</sup>.

Much of the guidance mentioned throughout this toolkit can be applied to help avoid developing viruses and diseases. This includes

eating healthy, exercising regularly, stopping smoking and reducing alcohol consumption. As well as these, individuals are encouraged to make time for and take care of their whole-body health. This involves visiting a doctor and dentist for regular check-ups. This kind of preventive care can both detect disease or prevent illnesses before they start.

*Islam inherently has mechanisms in place to protect oneself against diseases. Viruses, diseases and plagues spread due to uncleanliness; in Islam cleanliness is so stressed that it constitutes half of faith.<sup>105</sup> A good Muslim cleans his hands before and after eating, he cleans his hands before and after entering the bathroom, he does ablution all day long, covers food in the kitchen before sleeping, shakes his duvet before sleeping, never blows on his food and has a bath at least once a week. All these are preventative measures to ensure a Muslim is not subject to illness in the first place.*

*The second reason why diseases appear is because of incorrect consumption; either the wrong food is eaten or the correct food is consumed but in the wrong manner. Foods which are filthy for the mind and soul are simply not allowed in Islam. Then there are extensive guidelines from Prophet Muhammad (peace be upon him) on how exactly to consume food in order to prevent illnesses and diseases such as (i) dividing the stomach into three parts and leaving one portion empty (ii) not to eat one meal after the other (iii) not to consume uncovered food (iv) to perform light exercise after eating (v) not to eat and drink whilst lying down (vi) to ensure hands and nails are clean (vii) to drink in small gulps.*



*It is impossible to fulfil the rights of Allah and His servants in the absence of good health. This is why obligatory Shari'ah rulings are suspended when a Muslim is ill, such as attending Friday Prayers (Jumu'a) and fasting in Ramadan.*

### Recommendations

Protection against disease is obligatory and admissible under Islamic Shariah, and those actions which do not support these preventive measures and cause harm to humanity are un-Islamic.

First and foremost, mosques and faith settings have a responsibility to ensure that their environments are hygienic and meet all relevant health and safety standards. Mosques and faith settings can also contribute to the protection against disease and health protection through the following:

1. Mosque leaders should promote high levels of personal hygiene, encouraging hand washing with soap for 20 seconds before doing wudu.
2. Imams take opportunities spread key messages focusing on healthy behaviours.
3. Continue to maintain Covid-19 measures and educate the community or congregation on disease preventative measures as have been done throughout covid-19.

4. Ask people not to attend groups and gatherings if they are acutely unwell
5. Develop risk assessments to prevent the spread of diseases in the community via the mosque

### Case study

Throughout the recent pandemic, mosques in Birmingham have incorporated measures to protect their congregations from COVID-19. These measures are now in-built into the strategies of mosques, that they will continue to be used to keep people safe from other potential illnesses. The British Islamic Medical Association alongside umbrella groups such as the Muslim Council of Britain and the Mosques and Imams National Advisory Board have led on risk assessments and awareness campaigns.

## PROMOTING VACCINATION AND HEALTH SCREENING

### Vaccination

Vaccination is a simple, safe, and effective way of protecting you from harmful diseases before you come into contact with them. A vaccine uses your body's natural defence to safely develop immunity to a disease. The NHS describes vaccines as "the most effective way to prevent infectious diseases"<sup>106</sup>.

The UK's current immunisation schedule provides protection against 14 vaccine-preventable infections, including measles, meningococcal disease and polio<sup>107</sup>. Most of these are given during childhood and some are aimed at older populations. The World Health Organisation recommends 95% of all children are immunised against vaccine preventable diseases<sup>107</sup>, however the UK is failing to meet this. The COVID-19 immunisation programme began in December 2019 and although it has been successful in vaccinating around 70% of the population, some people are yet to be vaccinated<sup>108</sup>. Factors affecting the uptake of vaccines include:

- Miscommunication between healthcare providers and patients
- Anti-vaccination messages
- Difficulties in access to healthcare professionals
- Distrust in the healthcare sector

It is your right to decide whether to get vaccinated. If you are unable or unwilling to take up a vaccine it is important you take the right steps to ensure yourself and others remain protected. In the case of COVID-19, this means testing regularly. If you are sceptical about vaccinations, you can:

- Engage with credible sources
- Speak to medical professionals who you know and trust

Figure 12: How to spot misinformation <sup>50</sup>

TOP TIPS FOR NAVIGATING THE INFOGRAPHIC



**1. Assess the source:**  
Who shared the information with you and where did they get it from? Even if it is friends or family, you still need to vet their source.



**2. Go beyond headlines:**  
Headlines may be intentionally sensational or provocative.



**3. Identify the author:**  
Search the author's name online to see if they are real or credible.



**4. Check the date:**  
Is it up to date and relevant to current events? Has a headline, image or statistic been used out of context?



**5. Examine the supporting evidence:**  
Credible stories back up their claims with facts.



**6. Check your biases:**  
Think about whether your own biases could affect your judgement on what is or is not trustworthy.



**7. Turn to fact-checkers:**  
Consult trusted fact-checking organisations, such as the International Fact-Checking Network and global news outlets focused on debunking misinformation.

### Screening

Screening is a way of finding out if people have a higher chance of having a health problem. It ensures early treatment or information can be given to individuals where necessary. In the UK, a range of screening programmes are available on the NHS, free of charge. They are targeted at populations at risk. Current UK screening programmes include:

- Bowel cancer screening
- Breast screening
- Cervical screening
- Diabetic eye screening

Screening programmes in the UK collectively invite over 15 million people to be screened each year with an uptake of 10 million. This saves around 10,000 lives per year<sup>110</sup>.

### Case study

Al-Abbas Islamic Centre in Birmingham became the first place of worship to offer the COVID-19 vaccine. Subsequently, other Birmingham mosques have safeguarded community members by offering the vaccination at their faith setting. Mosques such as Green Lane Masjid, Masjid Al Falaah, Masjid Isa Ibn Maryam and others played significant roles in encouraging and offering vaccination opportunities.

*Prophet Muhammad (peace be upon him) regularly practiced Hijama (blood cupping). In light of modern science, we now know that there are multiple benefits of this procedure, for Hijama increases blood circulation in the body, it promotes the flow of energy in the blood, it stops body pains and helps with skin beauty.*

*The fact that Prophet Muhammad (peace be upon him) practised Hijama also proves that undergoing medical procedures to enhance or maintain good health is his example (Sunna). This means that in this day and age, vaccinations to prevent illnesses are not only permissible but encouraged. Muslims are encouraged to care for their health, with regular check-ups, screenings and medication from a trusted doctor.*

### Recommendations

Mosques and faith settings have an important role to play in the encouragement of the uptake of both vaccination and screening in order to save lives. Specific actions they can take include:

1. Collaborate with the NHS and Public Health England to promote both vaccination and screening programmes and consider hosting clinics
2. Hold discussion sessions to try to 'bust the myths' surrounding vaccinations
3. Provide people with correct, unbiased information surrounding the advantages of vaccination and screening as well as the potential risks of not taking up these programmes
4. Emphasise Islam teachings that encourage preservation of health and wellbeing
5. Create an environment where open discussion over vaccination can take place and there is room for healthy debate.

## UNDERSTANDING WIDER DETERMINANTS OF HEALTH

### What's the story?

Birmingham faces challenges when it comes to health and wellbeing. In general, the quality of Birmingham's health is poorer than the rest of the UK. Much of the content covered in this toolkit can be linked to wider determinants of health. Wider determinants are the social, economic, and environmental factors which can affect the quality of people's physical and mental wellbeing and are often linked to poverty and deprivation.

The Index of Multiple Deprivation (IMD) is an "overall measure of multiple deprivation experienced by people living in an area"<sup>111</sup>. Birmingham has high levels of deprivation and poverty, with 43% of the population living in areas that are in the top 10% most deprived in England<sup>111</sup>. Overall, Birmingham is ranked as the 7th most deprived local authority in England and deprivation is most heavily clustered in the city centre. Hodge Hill is the most deprived constituency in the city<sup>111</sup>.

Social, economic and environmental determinants are all interlinked<sup>111</sup>.

**Social determinants** are the conditions in which people are born, grow, work, live and age. They are the wider societal forces and systems that shape the conditions of an individual's daily life, including education levels, occupation, income and class.

In the UK, people with the lowest life expectancy are three times more likely to have no qualifications compared with those with the highest life expectancy<sup>112</sup>.

In Birmingham:

- Over 100,000 (37%) children are living in poverty. This is the second highest rate of child poverty across the UK's core cities, after Manchester<sup>113</sup>.
- Almost 3 in 10 households with children are lone parent households<sup>113</sup>.
- 9.5% of the population aged 16-64 have no qualifications<sup>114</sup>.
- In 2019, just 68% of pupils achieved a "Good Level of Development", compared to 71.8% nationally<sup>113</sup>.

### Deprivation in Birmingham, 2019

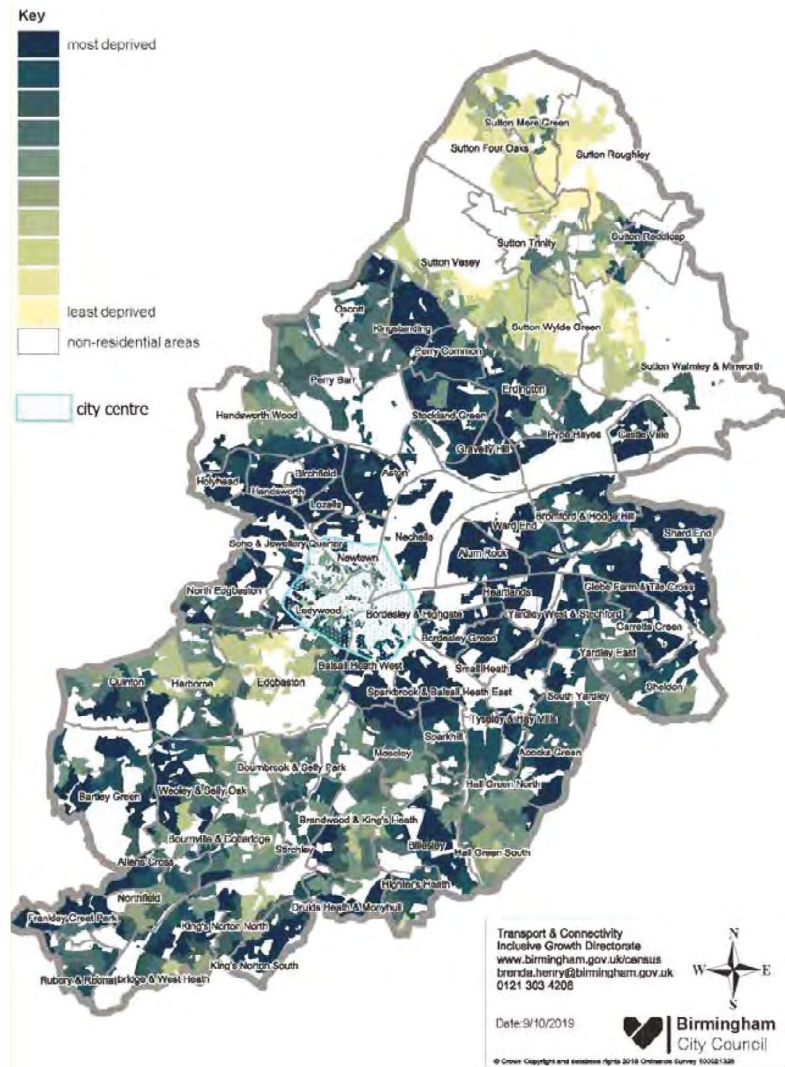
**Economic determinants** - access to wealth and income. They are closely linked to social determinants.

One of the fundamental causes of the UK's health inequalities is the unequal distribution of income across the population. 10% of adults in the lowest income category report 'bad' or 'very bad' health, compared to just 1% in the highest income category<sup>115</sup>.



# ISLAMIC FAITH SETTINGS TOOLKIT

Figure 13: Deprivation in Birmingham



Source: Birmingham City Council <sup>111</sup>

In Birmingham:

- Earnings are 10% below the national average<sup>113</sup>.
- The unemployment rate is 8.5% <sup>113</sup>.

Money can affect health in a number of ways:

- Ability to purchase goods and services that improve health: shelter, warmth, food, leisure activities, childcare
- More choice of where to live; people with more money can avoid living in certain areas with undesirable conditions such as high pollution levels
- Managing on a low income can be stressful, causing feelings of lower status, impacting mental health
  - o Such stress can cause higher consumption of tobacco and alcohol

**Environmental determinants** – conditions related to the physical spaces in which people live, work, and socialise.

In Birmingham:

- Air pollution is estimated to cause 900 deaths per year<sup>116</sup>.

Specific environmental factors include chemical safety, air pollution, climate change and natural disasters, diseases caused by microbes and poor air quality.

# EFFECTS OF AIR POLLUTION

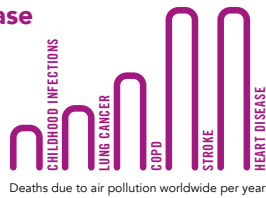


Up to  
**900 DEATHS**  
per year linked to man-made air pollution



LINKED TO

- Heart disease
- Diabetes
- Asthma
- Obesity
- Cancer
- Dementia



LINKED TO

- Still births
- Infant deaths
- Low birth weight
- Organ damage
- Premature deaths



**CHILDREN IN HIGH POLLUTION AREAS**

**x4**



more likely to have reduced lung function when they become adults



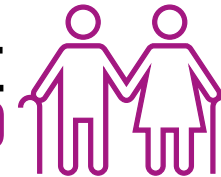
**61%** OF JOURNEYS TO WORK ARE BY CAR OR VAN

Exposed to **21%** higher levels of pollution



Affects the

**VULNERABLE & DEPRIVED** areas most



**BUS & TAXI DRIVERS**

are exposed to

**3x**




more pollution than anyone else

Source: Birmingham City Council<sup>116</sup>

Islam accepts that there are external factors that can determine the level of one's health – ethnic background, underlying health issues, geographical location, poverty and the climate. To counter this, huge emphasis is placed upon the community to help the underprivileged. Prophet Muhammad (peace be upon him) remarked that a believer has not reached the highest stage of faith if he eats contently whilst his neighbour – Muslim or non-Muslim – is hungry<sup>117</sup>. When food was cooked in the Prophet's (peace be upon him) household, some was provided to the neighbour<sup>118</sup>. Zakah redistributes wealth to assist those with less means of sustenance. Such acts do not only help the recipient; it also hugely helps the provider too. It allows them to experience inner content and spiritual ease, knowing that they have shown responsibility and compassion towards Allah's creations.

Figure 14: Effects of air pollution

### Recommendations

Such wider determinants of health are often long-term features of an individual's life. Structural inequality and marginalisation can result in certain conditions affecting a person's social and economic chances. Therefore, these are deep-rooted somewhat difficult factors for mosques and faith settings to address. However, they can help by:

1. Offering support for individuals and families who may be struggling financially – consider food distribution or financial donations
2. Liaise with local statutory partners to identify all of the wider determinants of health within your local area
3. Identify which issue you can actively be involved in tackling which wider determinant affects your area the most and develop initiatives to tackle those
4. Engage with your local council and your representative to campaign, bring about changes to tackle systemic barriers
5. Develop faith inspired awareness material for the community or congregation

### Community suggestions

- **Short Term** - Simply signposting to services
  - The benefits that are available to the community including the financial support they could have access to.
- Working with local authorities to see what services the mosque can provide on behalf of the Council. This can help to build relationships between the mosques and the Council.

- Job fairs and education fairs held within the mosque will be able to show the community what is accessible to them
  - Connect with the warm welcome scheme - this would place the foundation as a formal hub within the community - this will connect them to wider conversations and resources.
  - Join the Food Justice Network - this connects the food banks across the city who are currently disconnected - allows them to communicate and share what they have too much/ too little of.
- Persuade Imams to incorporate the socioeconomic and environmental issues facing communities within their sermons and discussions.
- Offer services beyond food banks, perhaps clothing drives.
- Mosques, as religious institutions, have the power to be included in high level conversations. Therefore, it is their responsibility to speak up when they can, to **influence public policy and make institutional changes** for the betterment of the community they represent.

### Case study

The Bahu Trust has taken a public health approach to tackling violent crime in its local area. In order to deal with the factors that lead to crime, the mosque has set up a community surgery to support the local residents with debt management, literacy support, food bank and other advice. The Bahu Trust is also involved in campaigning and advocacy, in order to tackle the social barriers that local communities face.

## FINANCIAL SUPPORT

This toolkit highlights recommendations for how masjids, and community centres, can support their congregation 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 ([www.surveymonkey.co.uk/r/WKVG3YL](http://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>)

### **• 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>)

### **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>)

## ADDITIONAL SUPPORT

If your masjid 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](mailto:CommunitiesTeam@birmingham.gov.uk).

# DEVELOPMENT OPPORTUNITY CHECKLIST

## CONTENTS

Table 1: Vision

Table 2: Mosque 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 mosque or Islamic 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 mosque or Islamic 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 mosque or Islamic 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 mosque or Islamic organisation. This may include topic areas which are not appropriate to cover in a mosque or with certain Islamic groups.

#### • Current Progress

This area of the checklist provides an opportunity to review what is currently being done at the mosque or Islamic organisation to address 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.

*e.g., 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.

*e.g., 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.*



## ISLAMIC FAITH SETTINGS TOOLKIT

### • **Comments**

This section of the checklist can be used to cover any specific points to your mosque or Islamic 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.

*e.g., Have you considered the various forms of media to communicate health and well-being messages and promoting events with the mosque? When creating resources for older adults, the mosque 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 Islamic community on activities that could be completed at the mosque 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](mailto:communitiesteam@birmingham.gov.uk)**.

We would love to be able to share your great ideas with other mosque within Birmingham.

**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 mosque in being able to address these key areas?			
1e	What are the timelines to achieve this?			

**CHECKLIST 2 (THE MOSQUE COMMITTEE)**

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

**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 mosque using this toolkit?			
3b	Have you identified key areas for development in health and wellbeing for the mosque? 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 mosque? For example: <ul style="list-style-type: none"> <li>• Children</li> <li>• Adults</li> <li>• Older adults</li> <li>• Women</li> <li>• People with disabilities</li> </ul>			
3d	Have you considered safeguarding through DBS checks?			
3e	Do the plans factor in religious and cultural sensitivities?			

## ISLAMIC FAITH SETTINGS TOOLKIT

Section	Checklist Question	Current Progress	Action Points and Action Owners	Comments
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?			

**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 mosque?</p>			
4b	Does the team know where to signpost the mosque 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?			



**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 mosques and Islamic organisations to run projects locally?</p>			
5c	<p>Do you have any collaborations with other mosques nationally who can provide ideas and support for projects?</p>			
5d	<p>How will you link into services already being offered?</p>			
5e	<p>Are you already working with local services to deliver similar projects? Could these be shared with other mosques across Birmingham to promote local services and share success?</p>			
5f	<p>Does the mosque or Islamic organisation encourage its mosque to engage with local health service patient groups and forums?</p>			

**CHECKLIST 6 (COMMUNICATION)**

Section	Checklist Question	Current Progress	Action Points and Action Owners	Comments
6a	To what extent, if any, are services at the mosque marketed in the mosque? How are they currently marketed and where are there gaps?			
6b	Is there a communications lead at the mosque? If there is not, is this something that you can ask for support from other mosques, 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 mosque?			
6d	<p>Have you considered the various forms of media to communicate health and well-being messages and promoting events with the mosque?</p> <p>For example, mosque website, newsletters in print, face-to-face, print media such as posters and booklets, social media platforms such as Facebook, twitter and Instagram.</p>			
6e	Do you use a variety of media such as images, videos, stories, educational resources and links to further information and organisations?			

**CHECKLIST 6 (COMMUNICATION)**

Section	Checklist Question	Current Progress	Action Points and Action Owners	Comments
6f	Is literature and communication accessible and printed or verbally delivered in different community languages, as well as English?			

**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 mosque? (see 4d for how to measure success). How do you know this?			
7b	How will you gather open feedback on projects from the mosque?			
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 Islamic organisations, external service providers and professionals? How will you try and do this?			
7e	Will the mosque community be offered an opportunity to give their views on the feedback gathered? If so, how will you offer the opportunity?			

**CHECKLIST 8 (TOPIC SPECIFIC SUMMARY OF TIPS)**

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

## ISLAMIC FAITH SETTINGS TOOLKIT

Toolkit Section	Suggested Project Focus Areas	Comments (what projects have been implemented, current progress, action points and action owners)
<p><b>Promoting Good Mental Health and Well-being</b></p>	<ul style="list-style-type: none"> <li>• Support from professional organisations.</li> <li>• Talk about mental health in the mosque.</li> <li>• Use of terms that are inclusive and promote positive mental health and wellbeing. Talk about professional services with the mosque as a whole.</li> <li>• Provide 'safe' and 'brave' spaces either in the mosque or elsewhere.</li> </ul>	
<p><b>Promoting Healthy Relationships</b></p>	<ul style="list-style-type: none"> <li>• Educate younger people about healthy relationships.</li> <li>• Work with existing service providers.</li> <li>• Arrange talks or workshops by trusted healthcare professionals and professionals in the mosque.</li> <li>• Respect the many different relationships that people may enter into and do not negatively judge or discriminate against them.</li> <li>• Encourage family time.</li> </ul>	



## ISLAMIC FAITH SETTINGS TOOLKIT

Toolkit Section	Suggested Project Focus Areas	Comments (what projects have been implemented, current progress, action points and action owners)
<p><b>Promoting Healthy Choices: Conception and Pregnancy</b></p>	<ul style="list-style-type: none"> <li>• Openly condemn those who abort their pregnancy in preference for a son.</li> <li>• Sexual and reproductive health resources to be developed and distributed in English and other community languages.</li> <li>• Organise open and honest conversations about sexual and reproductive health.</li> <li>• Tackle anti-women biases within the mosque through awareness events.</li> <li>• Develop sexual and reproductive health educational resources and community led interventions for the mosque.</li> <li>• Promoting where family planning services are available for people in Birmingham outside of the mosque.</li> </ul>	
<p><b>Promoting Childhood Health for Muslim Children</b></p>	<ul style="list-style-type: none"> <li>• Rolling programme with key themes of discussion.</li> <li>• Flexibility to gather ideas.</li> <li>• Small groups running at different times to involve more parents and grandparents.</li> <li>• Regularly maintained display board at the mosque sharing local information specific to parents and children.</li> <li>• Organise Cultural Arts and Crafts workshops.</li> <li>• Making learning fun and engaging for children.</li> </ul>	

## ISLAMIC FAITH SETTINGS TOOLKIT

Toolkit Section	Suggested Project Focus Areas	Comments (what projects have been implemented, current progress, action points and action owners)
<p><b>Promoting healthy choices for long-term conditions</b></p>	<ul style="list-style-type: none"> <li>• Raise awareness on the importance of healthy lifestyle change.</li> <li>• Facilitate physical activity classes to support those with long-term conditions.</li> <li>• Raise awareness on the importance of early treatment and health screening.</li> <li>• Utilise community leaders to tell their stories of living with long-term conditions.</li> <li>• Support those with long-term conditions and chronic pain.</li> </ul>	
<p><b>Promoting Ageing and Dying Well</b></p>	<ul style="list-style-type: none"> <li>• Organise outreach work and targeted work with particularly vulnerable and socially isolated elders in the mosque to enable elderly people to interact with each other.</li> <li>• Work with local health providers.</li> <li>• Address health and social care needs of the elderly.</li> <li>• Collaborate with other organisations who already provide services required for project.</li> </ul>	

## ISLAMIC FAITH SETTINGS TOOLKIT

Toolkit Section	Suggested Project Focus Areas	Comments (what projects have been implemented, current progress, action points and action owners)
<p><b>Promoting Raising Awareness for Prevention of Abuse and Violence</b></p>	<ul style="list-style-type: none"> <li>• Take a stand against abuse.</li> <li>• Providing women and girls with a safe space.</li> <li>• Deliver educational programmes via primary care and public campaigns and outreach programmes.</li> <li>• Involve local healthcare and education infrastructure.</li> <li>• Provide women with financial insights and form filling.</li> </ul>	
<p><b>Promoting Healthy Choices: Conception and Pregnancy</b></p>	<ul style="list-style-type: none"> <li>• Openly condemn those who abort their pregnancy in preference for a son.</li> <li>• Sexual and reproductive health resources to be developed and distributed in English and other community languages.</li> <li>• Organise open and honest conversations about sexual and reproductive health.</li> <li>• Tackle anti-women biases within the mosque through awareness events.</li> <li>• Develop sexual and reproductive health educational resources and community led interventions for the mosque.</li> <li>• Promoting where family planning services are available for people in Birmingham outside of the mosque.</li> </ul>	

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<p><b>Encouraging Avoidance of Risk Behaviour: Smoking and Substance Misuse</b></p>	<ul style="list-style-type: none"> <li>• Function as support networks where issues around alcohol and substance misuse can be openly discussed.</li> <li>• Provide leaflets in community languages and English.</li> <li>• Fund projects on alcohol abuse.</li> <li>• Gather statistics on substance abuse and the effects of smoking.</li> <li>• Form partnerships with local services.</li> </ul>	

## ISLAMIC FAITH SETTINGS TOOLKIT

Toolkit Section	Suggested Project Focus Areas	Comments (what projects have been implemented, current progress, action points and action owners)
Preventing Infection	<ul style="list-style-type: none"> <li>• Deliver training courses, workshops, seminars to educate the mosque.</li> <li>• Organise outreach work and targeted work with vulnerable groups in the mosque.</li> <li>• Provide additional community services and activities.</li> <li>• Engage other organisations who may already be working to address these issues.</li> <li>• Develop media campaigns to raise awareness of diseases in the Muslim community.</li> <li>• Ensure the mosque is setting an example for health protection by ensuring a clean and sterile environment with appropriate handwashing facilities.</li> </ul>	



## ISLAMIC FAITH SETTINGS TOOLKIT

Toolkit Section	Suggested Project Focus Areas	Comments (what projects have been implemented, current progress, action points and action owners)
<p><b>Promoting Vaccination and Health Screening</b></p>	<ul style="list-style-type: none"> <li>• Promote the value of vaccinations in the mosque.</li> <li>• Work with health providers so the mosque community can be advised and supported in different community languages.</li> <li>• Deliver training courses, workshops, conferences and seminars around vaccinations to educate the mosque.</li> <li>• Understand individual beliefs around vaccinations in the mosque.</li> <li>• Understand the role community leaders can play in protecting against 'misinformation.'</li> <li>• Engage other organisations who may already be working to address these issues.</li> <li>• Promote the value of screening to Muslims and help people to overcome any anxieties.</li> <li>• Understand the role community leaders can play in protecting against 'misinformation.'</li> <li>• Work with health providers.</li> <li>• Deliver training courses, workshops, conferences and seminars.</li> <li>• Understand how Muslim people's beliefs may affect their willingness to take up screening and identify the myths.</li> <li>• Engage other organisations who may already be working to address these issues.</li> </ul>	

## ISLAMIC FAITH SETTINGS TOOLKIT

Toolkit Section	Suggested Project Focus Areas	Comments (what projects have been implemented, current progress, action points and action owners)
<p><b>Understanding Wider Determinants of Health</b></p>	<ul style="list-style-type: none"> <li>• Work with local health providers.</li> <li>• Provide training and classes for members of the mosque.</li> <li>• Provide additional community services and activities.</li> <li>• Work with local authorities and health providers.</li> <li>• Develop media campaigns</li> </ul>	

**RAW DATA TABLES RAW DATA TABLE 1 – RELIGION IN BIRMINGHAM: 2021**

Religion	Percentage
No religion	24.1%
Christian	34.0%
Buddhist	0.4%
Hindu	1.9%
Jewish	0.1%
Muslim	29.9%
Sikh	2.9%
Other religion	0.6%
Not answered	6.1%

**RAW DATA TABLE 2 – ETHNICITY OF MUSLIMS IN BIRMINGHAM: 2021**

Ethnic Group	Percentage
Asian, Asian British or Asian Welsh	75.1%
Black, Black British, Black Welsh, Caribbean or African	10.8%
Mixed or Multiple ethnic groups	2.7%
White	1.5%
Other ethnic group	9.8%

**RAW DATA TABLE 3 – AGE OF MUSLIMS IN BIRMINGHAM: 2021**

Age	Muslim (%)	All (%)
Aged 15 years and under	32.7%	22.3%
Aged 16 to 24 years	16.4%	14.3%
Aged 25 to 34 years	15.1%	14.6%
Aged 35 to 49 years	21.8%	19.4%
Aged 50 to 64 years	9.6%	16.2%
Aged 65 years and over	4.5%	13.1%

**RAW DATA TABLE 4 – AGE AND GENDER OF MUSLIMS IN BIRMINGHAM: 2021**

Age	Male %	Female %
Aged 15 years and under	33.6%	31.8%
Aged 16 to 24 years	16.7%	16.1%
Aged 25 to 34 years	14.2%	16.0%
Aged 35 to 49 years	21.3%	22.2%
Aged 50 to 64 years	10.2%	8.9%
Aged 65 years and over	4.0%	5.0%

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