



Salford Jewish Community Health Research Report 2015

Jonny Wineberg and Dr Sandi Mann

Funded by



Salford Clinical Commissioning Group

With thanks to our Peer Researchers:

Shoshana Knol who went above and beyond the call of duty in inputting most of the data and helping collate the qualitative information

Racheli Bass

Alastair Taylor

Blima Harris

Shuli Igbui

Yoel Josefovitz

Amanda Rafferty, Chris Tyson, Usman Nawaz and all at NHS Salford CCG

Yitzy Ginsbury and everyone at JCom

All the members of the Jewish Care Forum who gave their time for interview and fed back on our many drafts

Nava Kestenbaum at Interlink NW

Rabbi Y Goldberg

Jonathan Richman

Michelle Ciffer and everyone at the Hershel Weiss Centre

All the staff at Halperns who went above and beyond in supporting us and collecting completed surveys

All those who took the time to participate in Focus Groups and complete surveys

Salford Jewish Community Health Research Report 2015

Report prepared by Jonny Wineberg and Dr Sandi Mann

INTRODUCTION

NHS Salford Clinical Commissioning Group initiated the commissioning of a piece of research work to assess the health needs of Salford Jewish communities, whilst also exploring the best methods of engagement with the communities. They were keen for the research to ensure that all sections of the communities were represented.

OBJECTIVES OF RESEARCH

1. To investigate the health needs, including mental health, of Jewish communities in Salford and
2. To identify the optimum methods of engagement between NHS Salford CCG and these communities

Five main areas were to be examined:

- Quality
- Primary and Community Care
- Integrated Care
- In Hospital Care
- Long term conditions.

METHODOLOGY

The research project had five stages:

Stage 1: Recruitment and Training of Peer Researchers

6 Peer Researchers were recruited via organisations, media adverts and flyers. The Peer Researchers were recruited on the basis of having good communication skills and strong links to peers within the community. Selection ensured a diversity of community members representing various sects/sectors, including an ultra-orthodox (charedi) male; two ultra-orthodox (charedi) females, a mainstream orthodox male, a mainstream orthodox female and a more secular female, who was also orthodox.

Whilst the Peer Researchers were not required to have any existing research skills, two had such skills, and one was able to contribute well beyond her initial role.

The Peer Researchers attended training sessions in research and interviewing skills run by the Lead Researchers, which covered project-specific information as well as research methodologies, questionnaire design, interview skills and group facilitation skills. A key part of the initial training sessions was the development of qualitative research tools for Stage 2, with quantitative research tools to be developed subsequently.

Stage 2: Peer-led Focus Groups

The Peer Researchers recruited and led focus groups with an appropriate match between their own backgrounds and those of the focus group membership. A total of 72 individuals were engaged from across the community. They ranged from people in their 20s to over 60s.

Input from stakeholder organisations was also invited and received, both face-to-face and by responding using the qualitative question template (Appendix 1).

The results from the qualitative research were collated and a summary of key views produced along with hypotheses to be tested through quantitative research.

Stage 3: Development of Quantitative Survey

The Lead and Peer Researchers met to produce a draft quantitative questionnaire based on findings from the focus groups. This was shared with stakeholders and NHS Salford CCG who each gave further input. After several iterations, a final questionnaire was produced (Appendix 2). This was also translated into Yiddish to facilitate as full participation as possible. Further translation into Hebrew was considered but not pursued as demand did not seem to exist. A supplementary sheet was included to complete where there were multiple children in a household.

Whilst it had originally been planned to use surveymonkey.com, it was recognised that any use of electronic media could alienate some of the more orthodox community. Thus no website or email information was promoted. A phone number was given in advertisements and at the bottom of the questionnaire for those wanting to get a second copy for another family member or for any queries.

Stage 4: Quantitative survey

The final survey produced after consultation was 8 pages with 174 variables, plus a supplementary sheet where families had multiple children. Over 2,500 copies of the survey were produced and distributed directly to homes with the Manchester Jewish Advertiser, which reaches 2,200 families, as well as being made available at a local supermarket, family centre and the offices of JCom.

The data was input into SPSS statistical package to enable statistical analysis of the findings.

Stage 5: Creation of report and recommendations.

Data was collected on 507 individuals (including 300 adults and 207 children) in the Jewish communities of Salford. This is a response rate of over 14% which is very high for this sort of research, especially considering the length of the questionnaire.

The research team used both the qualitative and quantitative data to make the recommendations included in this report. Comments and quotes from members of the focus groups are interspersed within the report.

INITIAL THEMES IDENTIFIED FROM FOCUS GROUPS

Alongside the Peer Researchers, we collated the views elicited from Focus Groups and distilled these into a series of indicative findings:

- Sure Start Centres are valuable resources for mothers with young children.
- There is a general fear that health visitors and A & E involve Social Services too quickly and without cause.
- NHS think Jewish community fears immunizations, when majority of parents cooperate. However, some have reluctance due to both fear and beliefs.
- SEN assessments take too long. It is too difficult to get a child statemented and even a full statement does not cover everything anymore.
- Awareness about safeguarding should be raised in Jewish community.
- There is a genuine fear that medical staff kills off people when they decide that someone's life is over. Quality of life vs. sanctity of life debate.
- It is too difficult to get an appointment with a GP and waiting lists are far too long.
- Pharmacist getting more responsibility for medical care is potentially dangerous.
- Hatzola is often the first port of call and there is great appreciation for them within Jewish community.
- There is no continuity in medical staff one sees: Tell your story over and over again.
- There is a specific need for Jewish health visitors, carers, mental health counsellors and other medical staff.
- There is a need for gender specific care, i.e. choice of (fe)male doctor, carer etc.
- The NHS needs a crash course in Judaism.
- NHS services do not share information between one another.
- Pre-natal care and maternity care are good but post-natal care needs improvement.
- People have a responsibility for their own health as well: proper diet, exercise, no smoking.
- Mental problems cause a stigma within the Jewish community so people often don't ask for help.
- Mental health system works very slowly and is badly coordinated. No follow-ups. Medication is often the only solution given.
- Community appropriate health sheets/leaflets delivered door to door are a good way of communication. Stands in HUB greatly appreciated. Should have leaflets at HUB and Herschel Weiss Centre.
- Websites are of little use as large numbers in community do not use the internet.
- To reach the Chassidische community one has to send in religious nurses, doctors etc. They won't go to Herschel Weiss.
- Leaflets in Yiddish and Ivrit would be highly appreciated.
- There is no integrated care.
- People would like to get access to their personal file. They feel that they contain judgemental opinions about them and that they are dealt with according to these.
- Medical staff treats Jewish community anywhere between utmost respect and utter disdain.

These were further summarised into key themes as the basis for the quantitative survey:

Early years – Improving immunisation information and take up. Diet. Disability awareness. Health Visitors.

Special Educational Needs – Gaps for respite care. Better information for parents. Adult/child differences. Early diagnosis. Waiting for appointments.

Safeguarding – Terminology, safety worries in hospital, social services concerns.

Older People/End of Life Care – limited choice, funding pressures, 'Advance Care Planning', understanding religious need.

Access – To GPs. Support for form filling, religious sensitivity, assumptions, advocacy.

Maternity – Culturally appropriate information, what strides being made.

Physical Health – Diet. Sweets culture. Exercise, health checks.

Mental Health – Vigilance of Doctors, need for/usefulness of helpline? Access to therapies.

Comms/Engagement – Ethos divide, person vs books/leaflets, role of Hatzola.

Cross Cutting – Gender issues, religious understanding, advocacy.

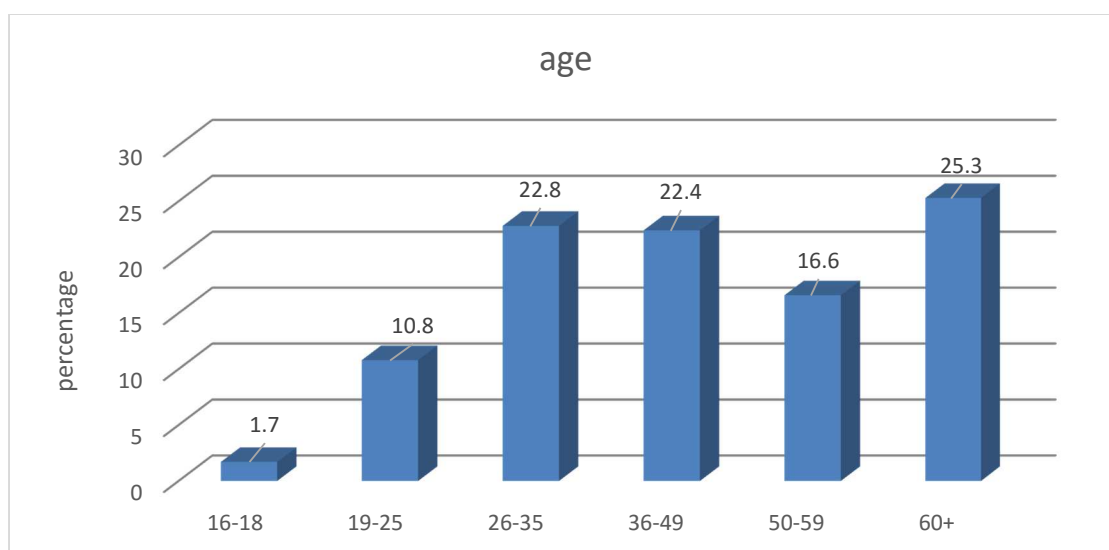
FINDINGS

Analysis of the data was based on the total sample. This means that, in most cases, the total percentage does not add to 100 as respondents were not required to complete all questions.

Demographics of the Adults

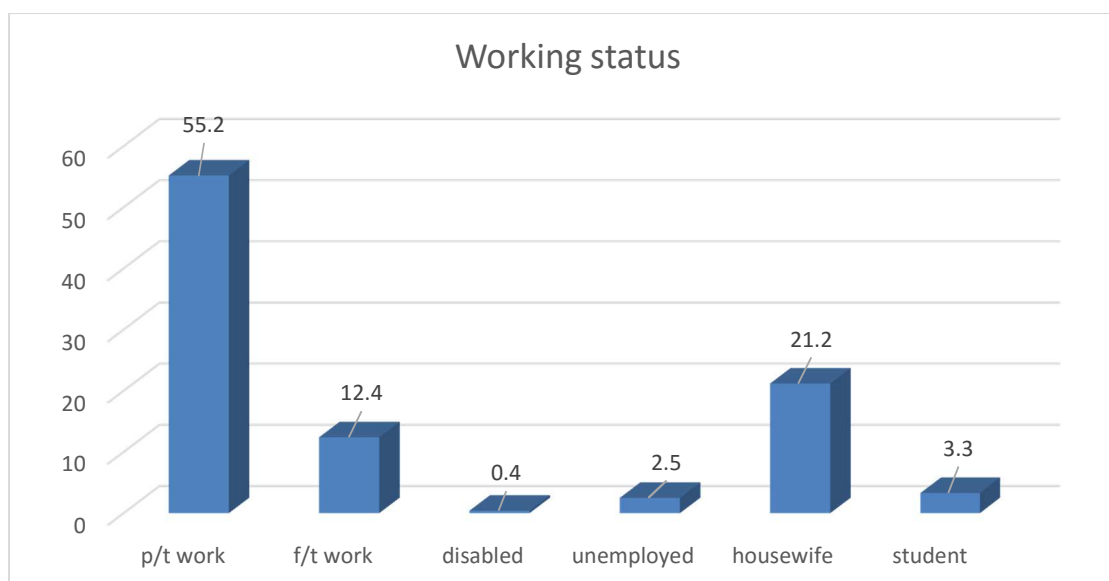
78% of the adult respondents were female. Whilst the researchers recognise that this is not proportionate to the population, it was not of particular concern as the researchers were still able to identify where there was gender difference. It does indicate that, in most households, women take responsibility for health issues (and more evidence for this is suggested from gender analysis throughout this report).

Age range (%)

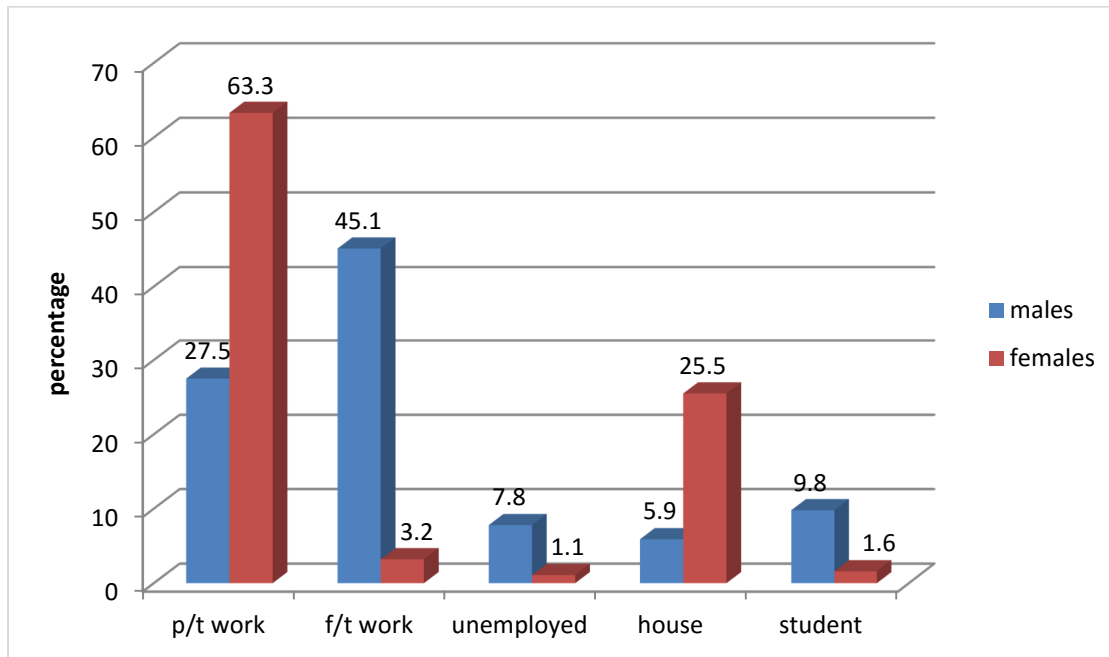


Working status (%)

Just over half of respondents were part-time workers with a further fifth describing themselves as housewives.

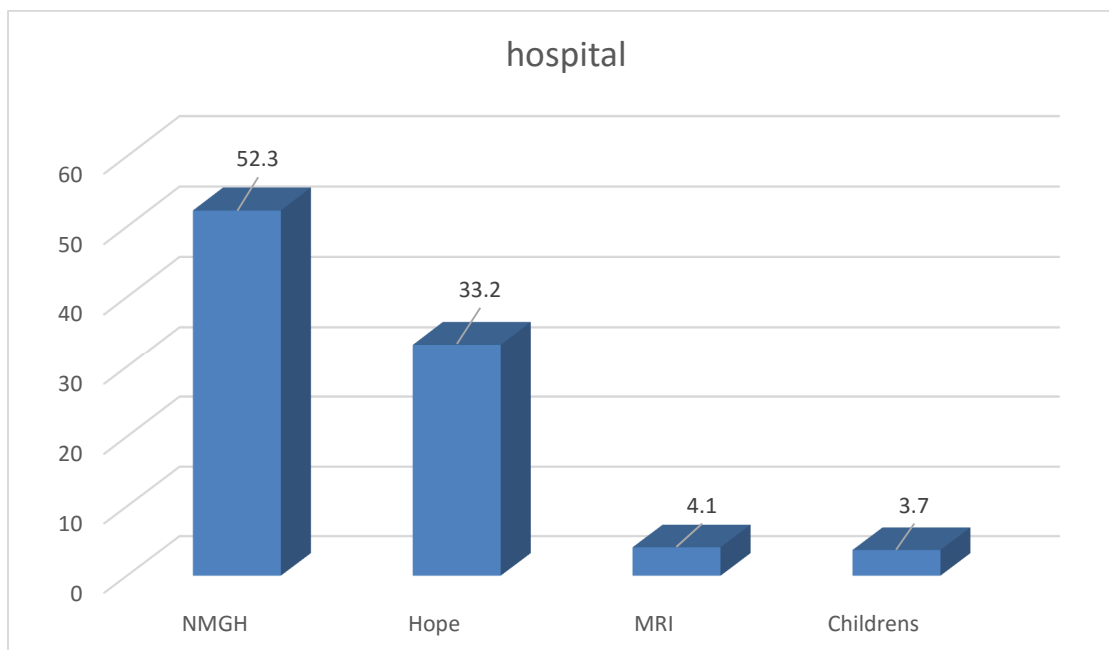


There was a big gender split in these statuses:



Hospital normally accessed

North Manchester General Hospital (NMGH), also known as Crumpsall Hospital, was the main hospital accessed. Whilst this is in Manchester, it is nearer to the majority of Salford’s Jewish community than Salford Royal Hospital, also known as Hope Hospital.

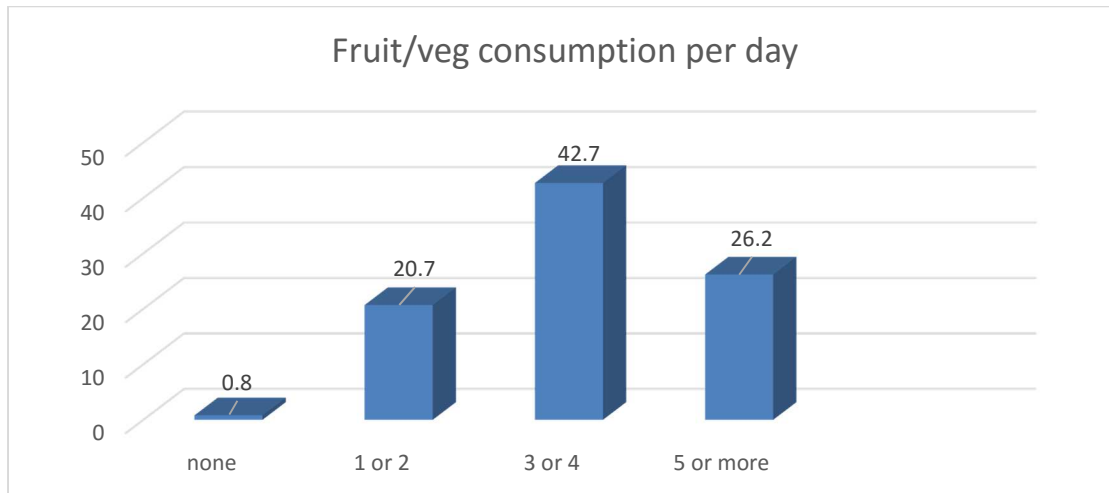


Whilst there were a couple of concerns expressed in focus groups about the location of Crumpsall Hospital, this was not seen as a major issue and not pursued in the survey. **“There is a general perception that Crumpsall Hospital is a potentially dangerous area.”** The issue of desire for more local health services is discussed later in this report.

Healthy lifestyle (adults)

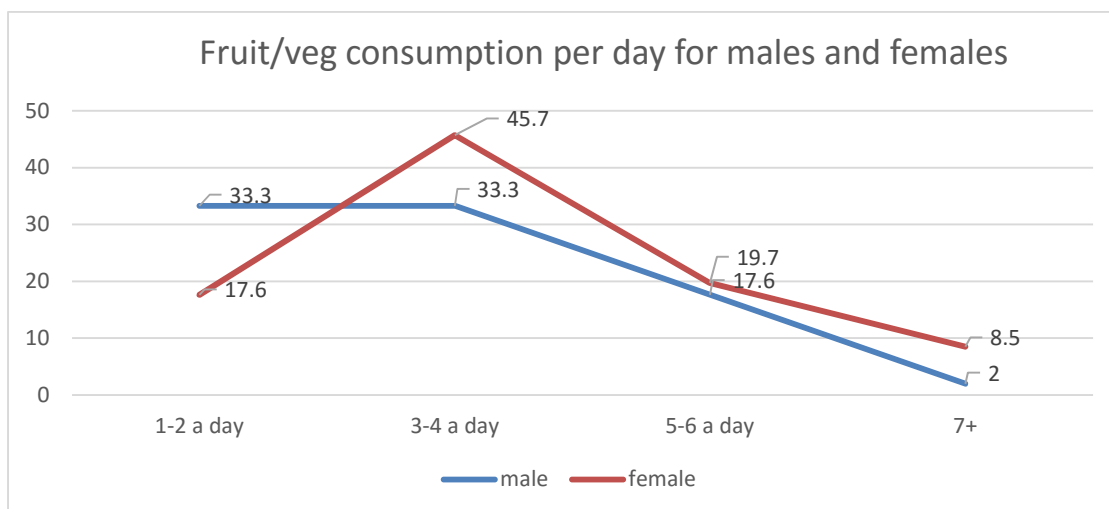
Portions of fruit/veg per day: (percentage of total sample)

Whilst only a quarter of respondents consume the recommended '5 a day', over 40% have 3-4 portions of fruit or veg each day. A fifth have fewer than three per day.



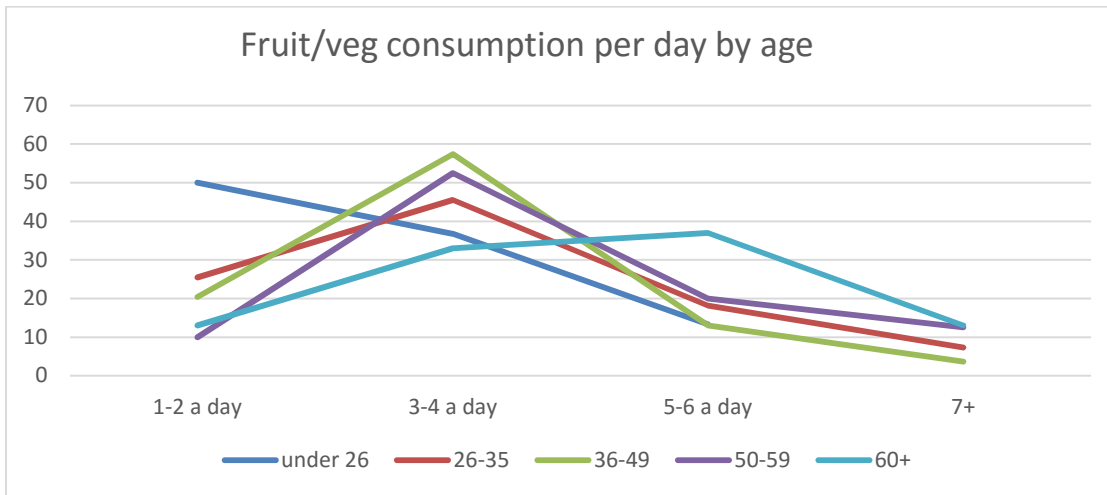
The results are in line with the January 2015 BBC/YouGov survey that showed 64% of the population not eating 5 a day.

The data was analysed by gender and showed that females tend to eat fruit or veg more often than males.



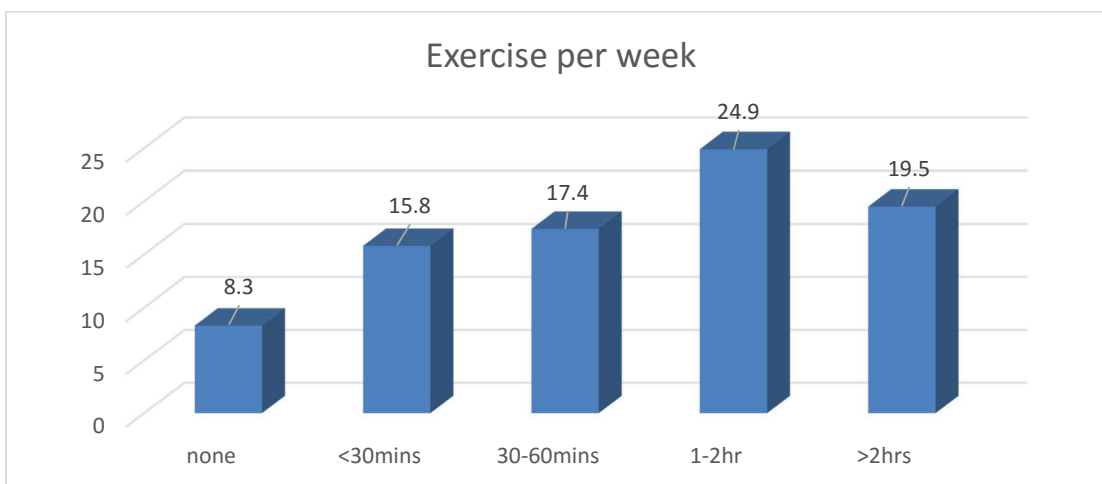
The data was also analysed by age and shows that in general more over 60s consume more fruit and veg than the other age groups; however, this finding should be treated with caution as there was a far higher percentage of this age group who did not answer this question -28% compared with around 2% of the other age groups. The analysis on this group has thus been performed without the missing cases, showing the results only for those answering this question. If the data was analysed using the percentage of the sample of 60+ who completed the questionnaire in general (ie including those who declined to answer), the results show that fruit consumption for the over 60s is very low.

The youngest group (under 26s) are most likely to only eat 1-2 portions a day whilst the peak consumption for the age groups 26-59 tends to be 3-4 a day. Two-way ANOVA showed that there was significant effect of age on fruit consumption and post-hoc tests revealed that the groups that differed significantly were the 60+ from 26-35, and from the 36-49 age groups.

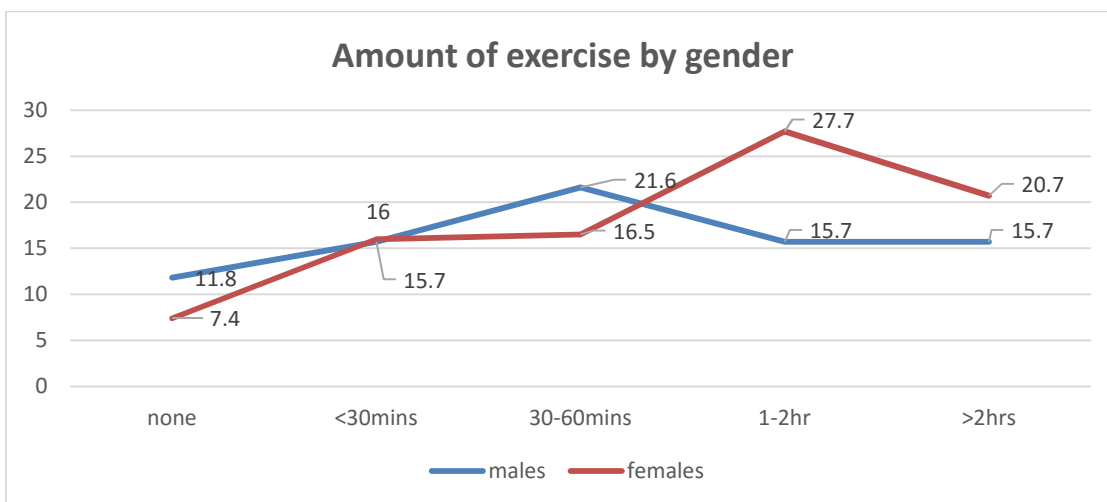


Amount of exercise per week (percent of total sample)

Less than half the sample take more than 1hr exercise per week, with around a quarter taking less than 30 minutes exercise across the entire week. When corrected for those not answering the question, the maximum overall percentage of those who could be considered to at least meet recommended levels of physical activity is 51%, significantly below the England average of 61%.¹



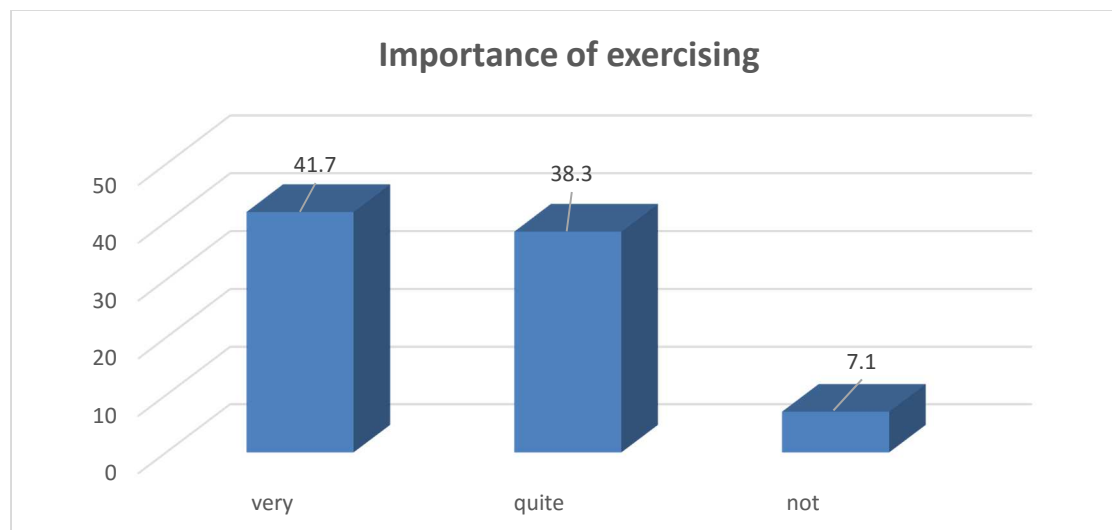
However, when analysed by gender, there is more concern related to men’s lack of exercise, with a maximum of 36.5% meeting the recommended levels of physical activity compared to 67% nationally. The maximum of 56% of women is comparable to the 55% of women nationally.



¹ British Heart Foundation, January 2015, Physical Activity Statistics

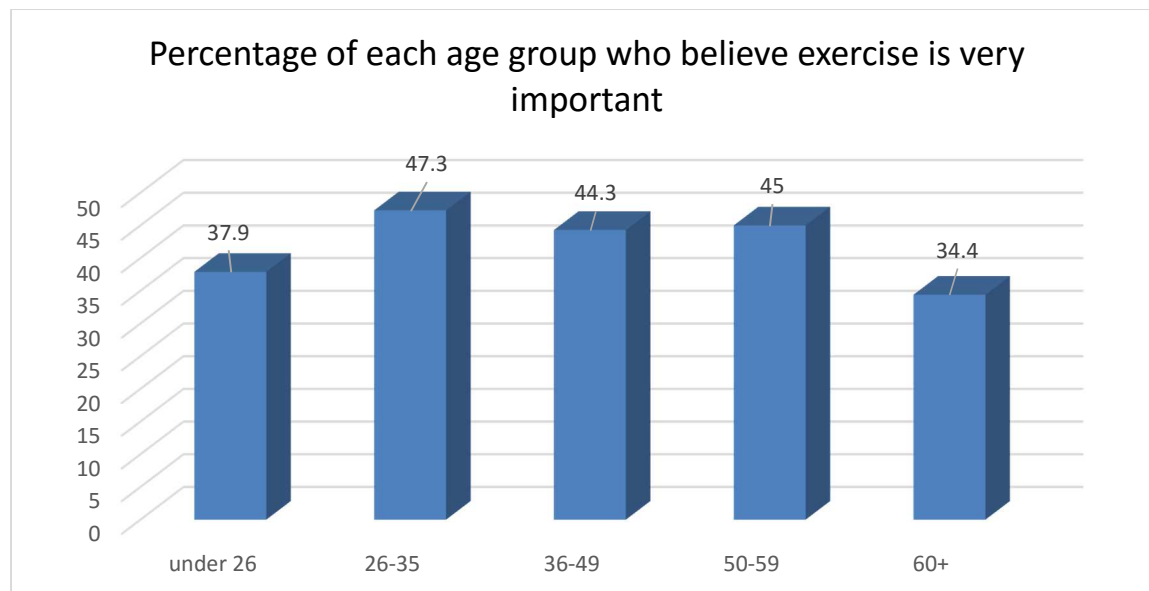
Importance of exercise (percent of sample)

With less than a half of respondents thinking exercise is very important, there is clearly work to be done prior to, or alongside, any new programme of exercise being offered to the community to promote its importance.



When analysed by gender, there is a statistically significant difference such that females regard exercise as more important than males ($F = 1.52$, $t = 1.5$, $p < 0.05$). 46.3% of females say exercise is very important compared with 25.5% of males.

There is a statistically significant effect of age on how important people feel exercise is ($df = 6$, $F = 9.6$, $p < 0.005$) with the peak age for recognising the value of exercise being age 26-35.



There was recognition in the focus groups of some of the issues around participation in exercise.

“There is a need for culturally appropriate, gender-separate sports, yoga, nutrition groups etc.”

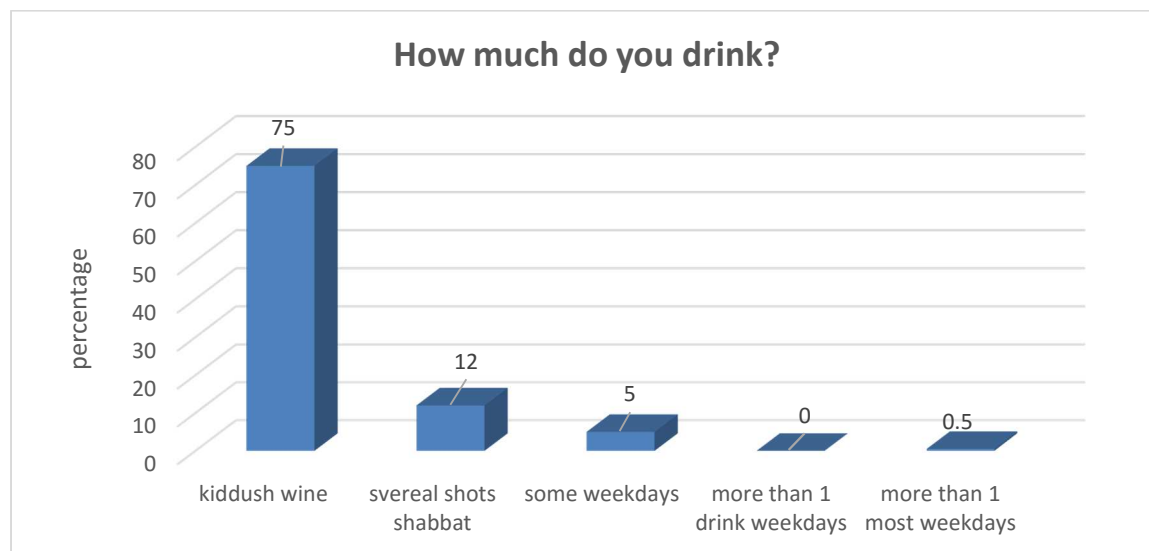
“One needs money and time to exercise. A change of your lifestyle needs a change in your way of thinking”

“There isn’t enough education on the importance of exercise”

“Sports should be encouraged more”

Alcohol consumption

This is very low with 75% drinking only wine for sacramental purposes on the Sabbath. However, 12% of respondents might be classed as 'binge-drinkers' on the Sabbath and 5% drink alcohol on weekdays too. There were no statistically significant differences between alcohol consumption for males and females. These figures are well below the national average for alcohol consumption.



Smoking

98.5% of those who responded to this question never smoke. Of the remainder, less than ½ percent smoke more than 10 a day. This concurs with previous findings by the Health Needs Assessment for Orthodox Jewish Population in Salford, 2012.² A graph was not felt to be useful.

Children's health

66% of the children represented in the survey were aged under 12 and 34% over 12. The gender split was fairly even: Boys = 52%, Girls = 48%

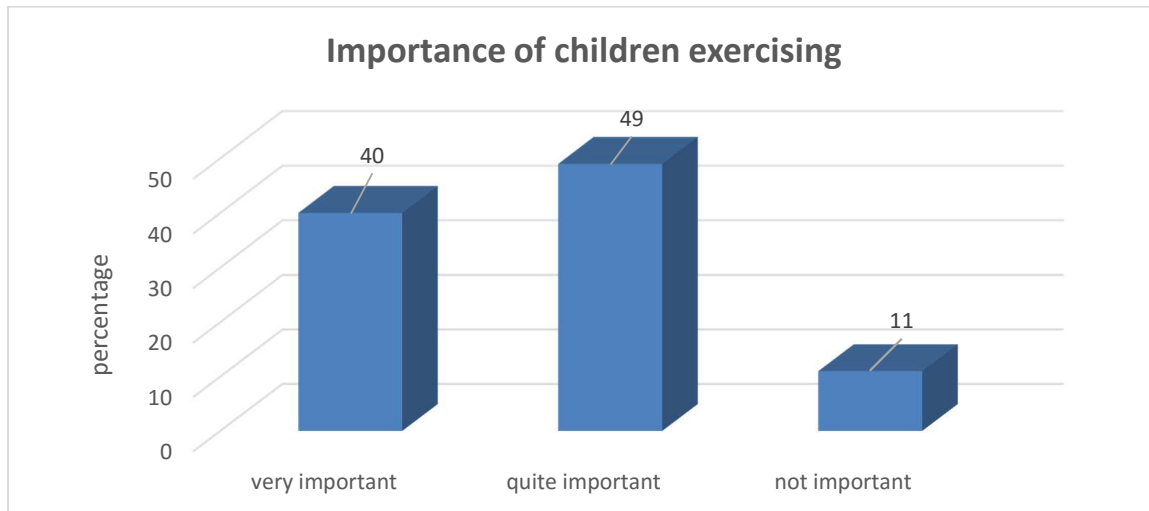
Exercise

60% of adults say they are happy with their child's weight though only 47% are happy with the amount of exercise their child does. Only 40% (of those responding to this question) think it is very important that their child exercises (which is comparable to how they rate their own exercise), with 11% thinking it not important at all. With over 36% of Salford children (year 6) being overweight or obese³, this is likely to be similar to the Jewish population.

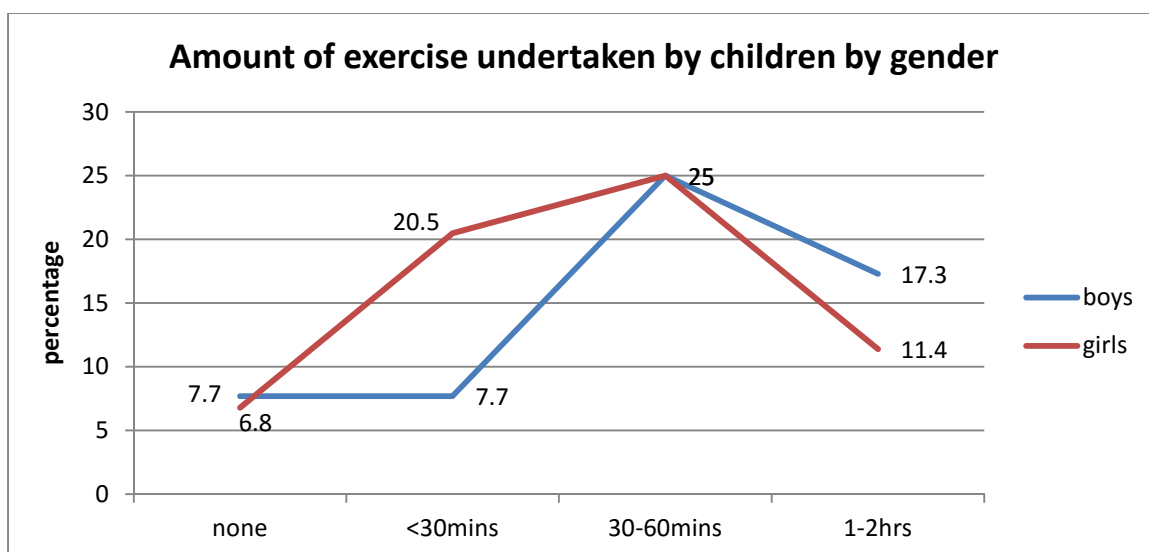
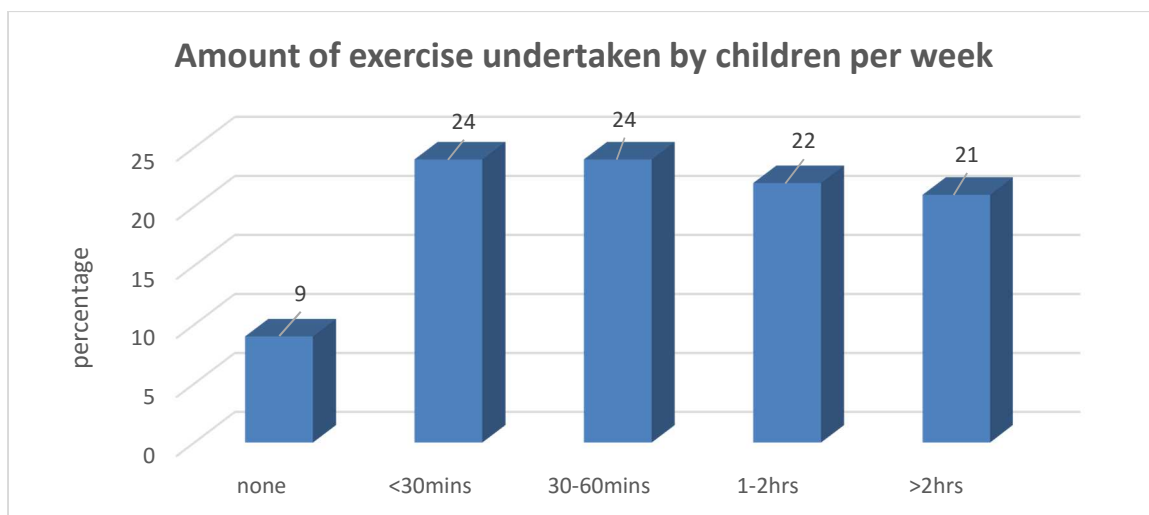
² Health Needs Assessment for Orthodox Jewish Population in Salford – an analysis of Primary Care Provision, 2012, Salford City Council, p4

www.salford.gov.uk/d/Orthodox_Jewish_Population_Health_Needs_Assessment.pdf

³ Prevalence of underweight, healthy weight, overweight and obese children, by region and local authority (based on the postcode of the child), 2015, The Health and Social Care Information Centre.

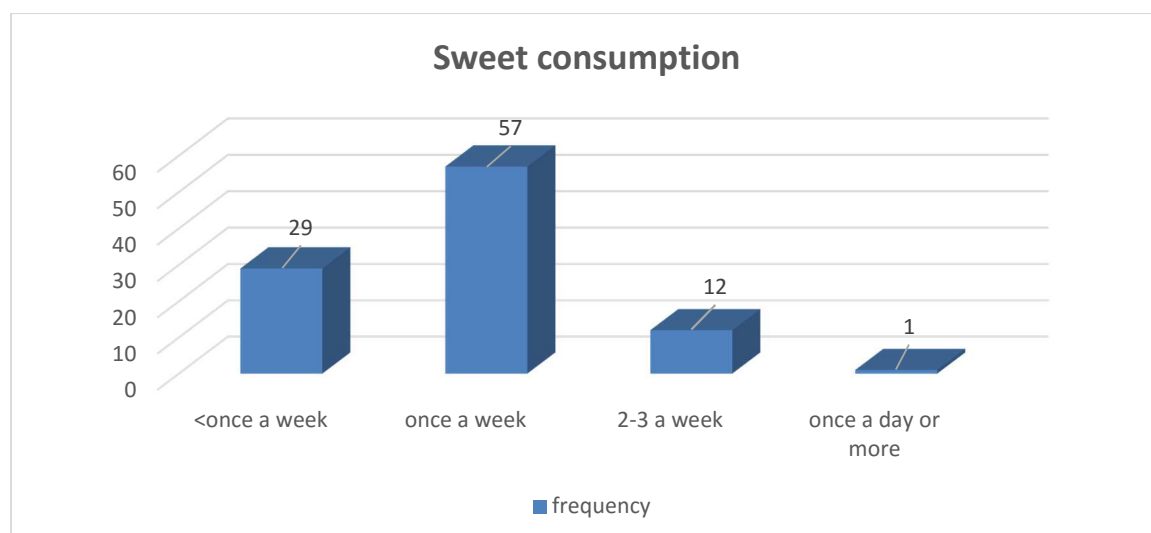
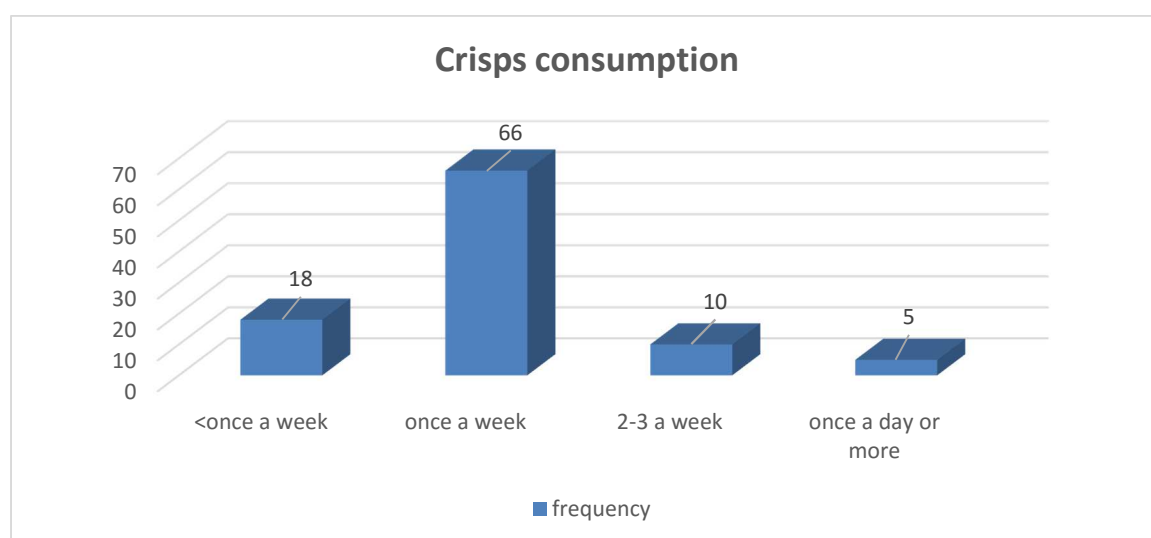
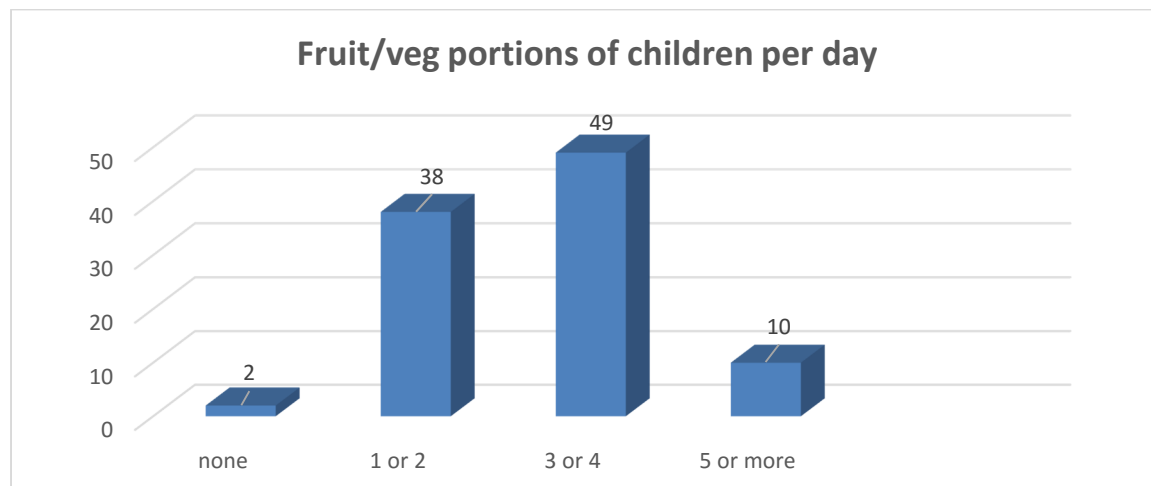


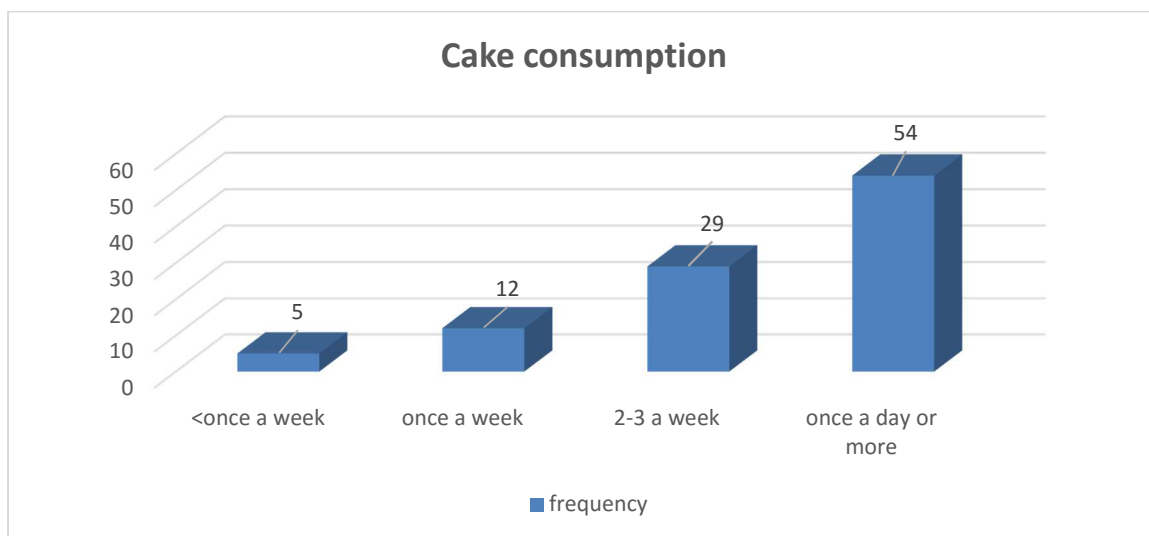
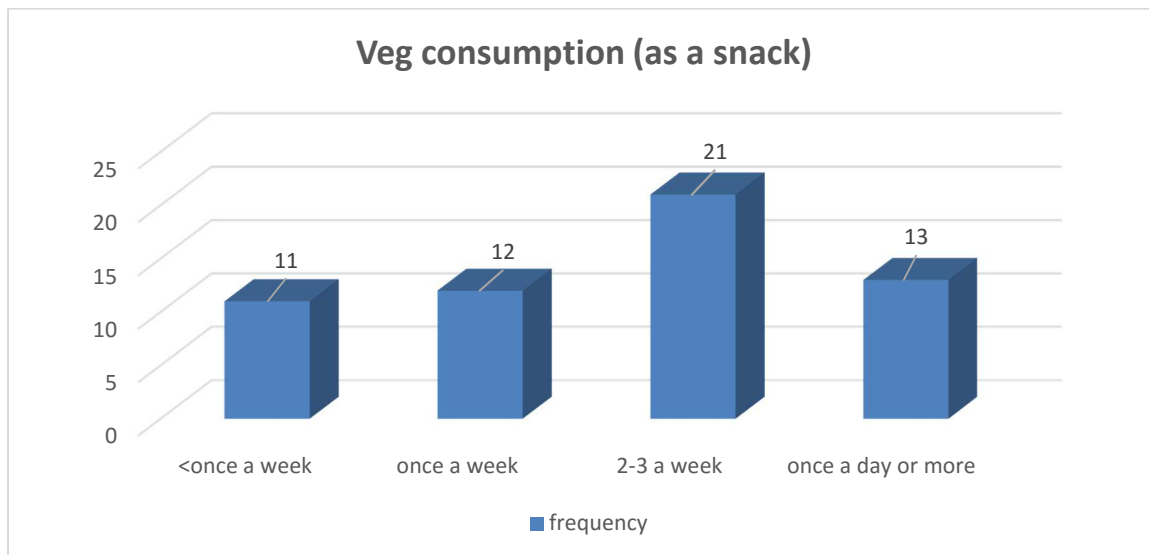
Less than half the children do more than an hour's exercise per week, with a third doing less than 30 mins per week. There were no significant gender differences, although boys tended to do slightly more exercise than girls, contra to what was reported as being undertaken by the adults themselves.



Eating habits

Only 10% are getting their '5 a day' with 40% getting less than 3 fruit or vegs a day. Unhealthy snacks seem to be fairly well balanced for the majority, for example eating crisps etc. once a week or less. The exception here is cake consumption, which seems very high, with over half eating cake at least once a day. There were few significant gender differences as boys tend to eat more of each category than girls (the only significant difference being for fruit).





“Nutrition is a big issue in our community.”

“There should be more nutritional and life-skills programmes taught at schools”

Resources/help for parents

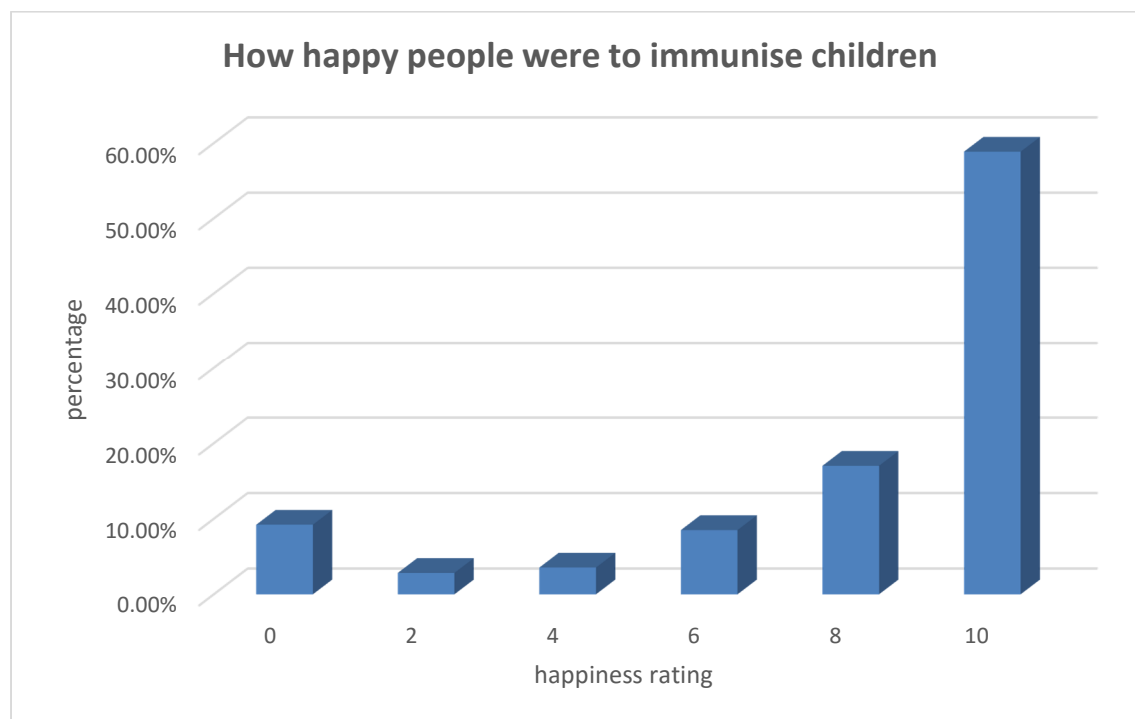
“Sure Start Centres are valuable resources for mothers with young children.”

“The Hershel Weiss Centre is doing a really good job: it really supports people.”

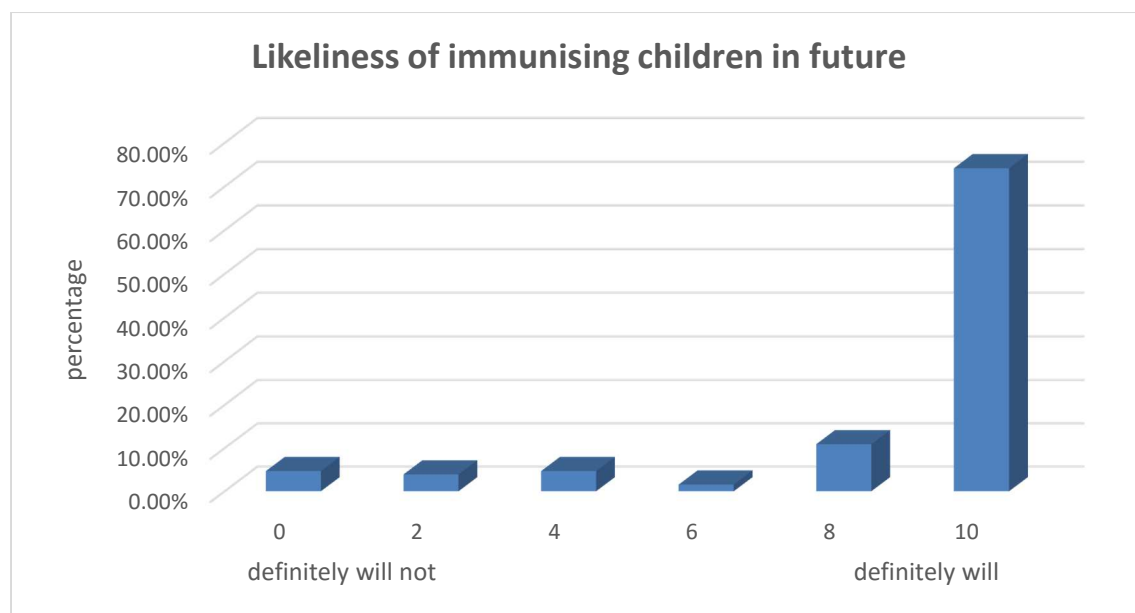
“School nurse: no one thinks they are actually present at schools or knows how to contact one.”

Attitudes towards Immunisation

This issue was highlighted in the review of primary care provision to the Orthodox Jewish community in Salford⁴ (as well as in other Jewish communities such as Gateshead) and the results echo that concern. Of those answering the question on how they felt about immunising their child, 58% were totally happy (scores of 10) but 16% were not happy (and perhaps did not immunise) scoring 0-4.

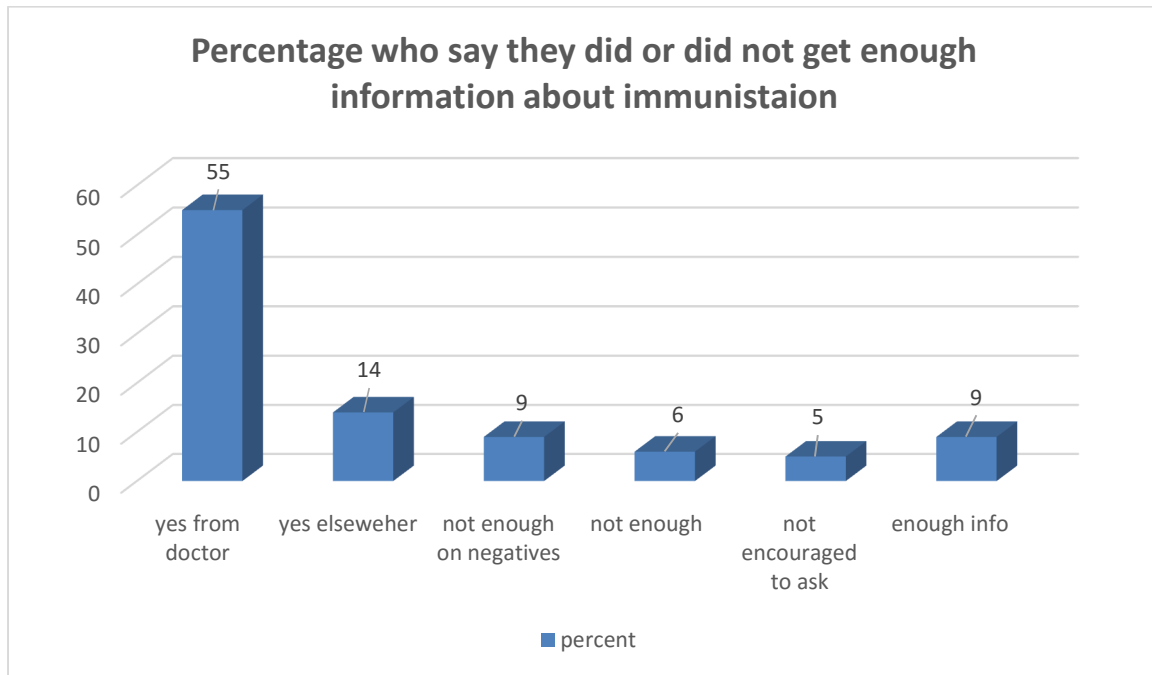


Of those who have children yet to be immunised, 74% stated that they were very likely to immunise, 12.5% likely and 8.6% unlikely with 4.7% saying they definitely would not.



Of those that answered: 20% felt they were not given enough information about immunisation.

⁴ Health Needs Assessment for Orthodox Jewish Population in Salford – an analysis of Primary Care Provision, 2012, Salford City Council, p5-6



It is the 13% of those who had not immunised who said that they were unlikely to do so, which is of real concern. For Salford as a whole, MMR immunisation take-up by 5 years olds averages over 97% and this level is seen for most other immunisations⁵. There is clearly a need for a strong marketing campaign on immunisation to counter both the perception of negative effects and build confidence. This is further reinforced by views given in focus groups.

“Within the haredi community there is a lot of reluctance against vaccinating young children. Part of them are scared especially with the MMR-jab, others just don’t bother because they don’t believe in them.”

“There isn’t enough information on the possible side-effects of the MMR vaccination”

“The cocktail jabs are too much to deal with for a small child’s body.”

“6 weeks is early for a baby to be given jabs. The NHS wants to make sure the babies are vaccinated before the mothers go back to work: this is not a good reason to vaccinate so early.”

“When you want to vaccinate later than you’re supposed to order the jab yourself and pay for it. This is unsafe”

“Lack of balanced information e.g. negative aspects of immunisation.”

⁵ Vaccination coverage data, 2015, Public Health England, www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2014-to-2015-quarterly-data.

Use of NHS

Views regarding Children accessing NHS (% of those answering)

There is an overwhelmingly sensible view of how children should engage with the NHS. However, the higher rating of importance given to Doctors knowing to be appropriate/sensitive shows that there is a higher expectation on them.

How important are the following:	Very important	Quite important	Slightly/not important
Child not being left alone with doctor/ health professional	66	27	6
Doctor knowing to be appropriate/sensitive	91	9	0
Children being educated about personal safety	73	21	5
Children being encouraged to communicate their concerns	80	17	3
Children being able to speak to an adult they trust	81	16	3

The qualitative comments from focus groups show continuing concerns among some respondents about how parents and children are treated.

“NHS doesn’t listen to parents.”

“Talking about child in front of child, discussing embarrassing issues while child is in the room, disclosing diagnosis to minor without parental permission, having to bring child to appointment without being told why”

“Medical staff doesn’t believe parent”

“Children see various paediatricians: no trust bond with the doctor.”

“Mother’s intuition has no value, only scientific approaches are valid”

“A big ward is scary for little children.”

Safeguarding

It was difficult to directly ask about safe-guarding issues as concepts such as abuse could not be mentioned. The term ‘personal safety’ was used instead and ‘safeguarding’ referred to more generally in the focus groups. The responses in the focus groups suggested that safety meant different things to a small number of respondents than we had intended.

“The receptionists decide whether or not we should be seen by a doctor even though they don’t have the medical training for it.”

“Receptionists should get better guidelines on which questions to ask of the patients.”

“People are being discharged from hospital whilst they still need constant care”

“Making the chemist a first port of call for minor ailments can be dangerous; not enough medical training and doesn’t know your history”.

Some respondents did, however, understand exactly what the issues were:

“Awareness about safeguarding should be raised in Jewish community. Some find it difficult to project”

“We don’t masser (tell/ disclose) on each other” v “If we don’t help victims of abuse then they will remain victims.”

“There should be Jewish organisations that deal with child abuse.”

“This is a very sensitive area in which people don’t really want to interfere. People are very afraid to involve Social Services because they’re afraid that their children are going to be taken away from them.”

“People don’t know whom to contact when there’s a safeguarding issue: one would not go directly to the police and unsure about involving social services. Strong fear of including will result in children being taken from them”

This strong fear of social services intervention is returned to later on.

Use of NHS Services (% of sample)

Awareness of many NHS services seems quite low, with the exception of walk-in clinics and 111 and only walk-in clinics seem to be well used. This is particularly surprising since Salford does not have walk-in clinics. It would seem that Salfordians are making use of their proximity to Bury to take advantage of this service. The possibility of a walk-in clinic near to the main Salford Jewish community should be considered.

	Very aware	Quite aware	Vaguely aware	Not aware
IAPT (Increased Access to Psychological Therapies)	6.2	5.4	14.9	58.1
Walk in Clinics	36.5	36.4	19.1	4.6
Support Groups	6.2	13.3	34	36.9
Helplines	8.7	19.9	34.9	24.5
local community groups	19.5	25.7	28.6	17
Health Trainers	6.6	7.9	20.7	52.3
Out of hours services	19.1	26.1	33.6	13.7
NHS 111	29	23	22	17
DLA/PIP	8	7	11	59
Funding for respite	7	4	14	63
Funding for SEN	6	5	21	53
Funding for equipment	7	6	19	56
NHS Check for age 40-75	13	5	21	53

There is also a need to consider funding a directory of services or other means to promote awareness of services.

Percentage of whole sample regularly using:

IAPT	3
Walk in Clinics	40
Support Groups	2
Helplines	3
local community groups	6
Health Trainers	2

Out of hours services	12
NHS 111	13
Funding for respite	2
Funding for SEN	3
Funding for equipment	2

The ratings of most services was mainly positive although there were some negative responses to more specialised services, such as IAP and funding for respite, SEN and equipment.

Ratings of the various services (percent of whole sample)

	Very positive	positive	negative	Very negative
IAPT	2	4	.4	1
Walk in Clinics	9	35	9	4
Support Groups	2	6	.4	0
Helplines	1	6	2	1
Local community groups	7	8	1	0
Health Trainers	1	4	1	1
Out of hours services	5	17	4	1
NHS 111	10	16	5	2
DLA/PIP	2	4	1	2
Funding for respite	1	3	2	3
Funding for SEN	1	5	2	3
Funding for equipment	2	3	3	3

The qualitative focus group feedback gave a flavour of what the more negative views were about.

“Many wards are short-staffed.”

“Too many steps that are taken before a problem is actually dealt with. Long waiting lists.”

“No communication between the various consultants. You need to tell your story over and over again: waste of time and money.”

“There are even waiting lists when a situation is an emergency”.

“The weekend, Christmas and New Year are the worst times to end up in an emergency situation because the change of dying is greater. This is the time when there’s a dip in the services: not enough staff, overworked staff.”

“Nurses don’t get paid enough and they work really long shifts.”

“How come that there isn’t a limit to the amount of hours medical staff can work? It endangers patients when medical staff has been working for 12 hours on stretch.”

Qualities of health professionals

Respondents want their NHS professionals to be trustworthy and show empathy above all else. It is generally more important that they understand religious issues than that they are the same religious level. It is very important to around a fifth of people that their doctor is the same gender but for more than half that their nurse is the same gender.

How important is it that your social worker (% of whole sample)

	Very important	Slightly/quite important	unimportant
Is same gender as me	13	6	2
Is similar religious level as me	7	8	6
Understands my religious issues	16	5	0.5
Shows empathy	17	4	0
Is Trustworthy	19	2	0

Very low response rates here reflect the fact that social workers are not commonly encountered.

<u>How important is it that your doctor:</u>	Very important	Slightly/quite important	unimportant
Is same gender as me	21	48	26
Is similar religious level as me	29	42	26
Understands my religious issues	72	24	2
Shows empathy	80	23	0.5
Is Trustworthy	96	3	0.5

On the whole it seems more important that a GP should understand religious issues, shows empathy and be trustworthy than be the same gender or religious level (although a fifth would like a doctor to be the same gender and nearly a third the same religious level). Males felt that having a doctor of the same gender was more important to them than females did; 41% felt it 'very' important to have a male doctor whilst only 17% of females felt the same about having a female doctor. Men are clearly keener to be seen by male doctors, though whether that is for modesty purposes or because they trust a male doctor more is not known. The fact that men are less concerned with being treated by a female nurse than a female doctor (see below) suggests that modesty might not be the driving factor here.

“Jewish people prefer Jewish doctors because they understand our lifestyle better. However medical staff at hospitals is getting savvier with different cultures. Good experiences at Hope hospital and Crumpsall hospital: provided with kosher food and the option was given to have either a male or a female doctor”

“Need female GPs for women’s health and intimate checks”

“we need Jewish doctors BECAUSE THEY UNDERSTAND US, but there aren’t enough of them”

“To reach the chassidische community one has to send in frum nurses, doctors etc.”

“Overall it would be good for the community if more frum people were trained within the medical field”

“There’s a specific need for Jewish health visitors, carers, mental health counsellors and other medical staff.”

“There’s a need for gender specific care, i.e. choice of (fe)male doctor, carer etc”

<u>How important is it that your nurse</u>	Very important	Slightly/quite important	unimportant
Is of the same gender as me	59	26	10
Is of similar religious level as me	12	38	42
Understands my religious issues	55	37	3
Shows empathy	72	20	1
Is Trustworthy	85	9	0.5

The gender differences are in stark contrast to those for the doctor. Only 28% of men felt that it was 'very' important to have a male nurse, compared with 41% who felt that having a male doctor was very important. This suggests that modesty is not the driving force behind a desire by men to be seen by a male health care provider, since nurses can perform equally intimate roles as a doctor.

There is also a strong difference for women with regards to whether they want a male or female nurse treating them when compared with a doctor; 68% of women felt it was very important to have a female nurse, compared with only 17% who wanted a female doctor.

It seems that it is acceptable to both genders to be treated by a male doctor and a female nurse. This could reflect gender stereotyping in a community where girls are

not traditionally encouraged to have careers that might take their focus away from their family.

“Charedi women will be most comfortable confiding with Charedi women.”

“We don’t shake hands with someone from the opposite sex: should medical staff know about this?”

“There is a need for more male nurses.”

<u>How important is it that your health visitor</u>	Very important	Slightly/quite important	unimportant
Is of the same gender as me	35	24	11
Is of similar religious level as me	3	21	41
Understands my religious issues	40	35	4
Shows empathy	51	17	1
Is Trustworthy	63	7	0.5

“Health visitor visits are very useful and informative”

“Experience of health visitors from helpful and reassuring to useless and viewed with suspicion. Found to be rigid in their approach, too judgemental, too “extreme”.

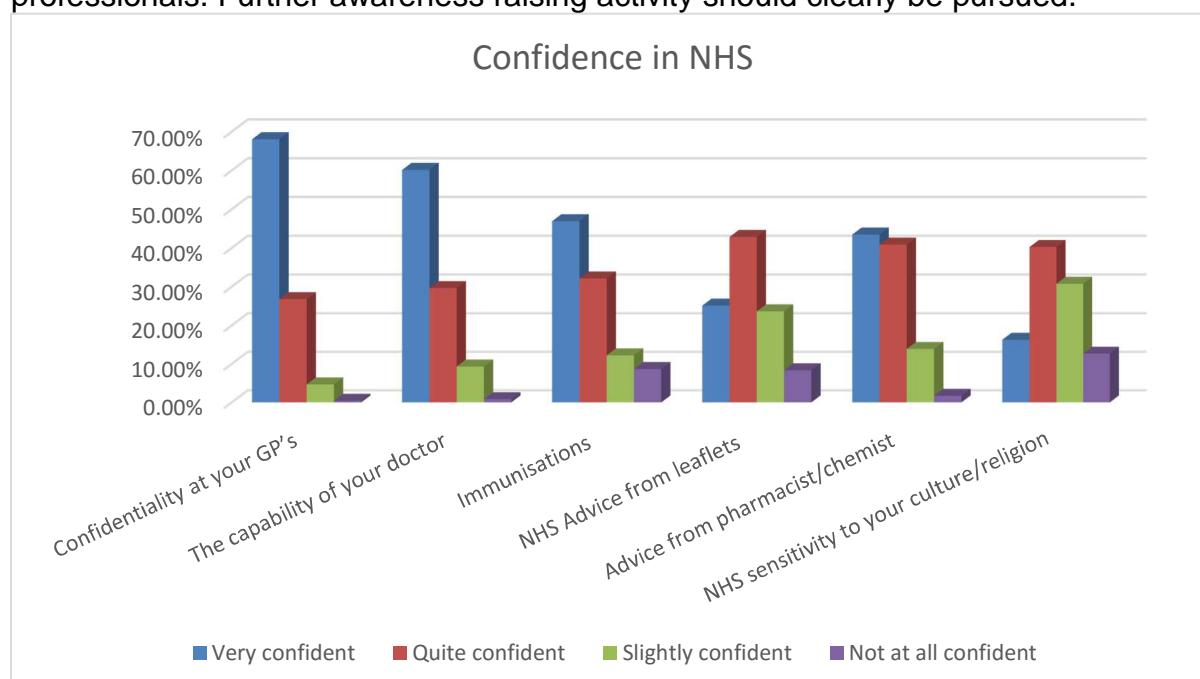
“There is a need to train from health visitors”.

“Same health visitor: good. They don’t have enough time to pick up on things. They drop you after two-year visit; between 2-5 years there’s no one to turn to”

Confidence in NHS (% of sample)

There is good confidence in both confidentiality and capability of doctors, although room for improvement. There is relatively low strong confidence that the NHS in general is sensitive to respondents’ religion and culture. There is also less strong confidence in immunisations and NHS advice leaflets.

There is a good level of confidence in advice from pharmacists. The lower rating than doctors may reflect the lack of awareness of Community Pharmacy seen in some focus groups, especially that people can get advice without an appointment, especially for Minor Ailments and medication, and referrals to other healthcare professionals. Further awareness raising activity should clearly be pursued.



Confidence in NHS	Very confident	Quite/slightly confident	Not at all confident
Confidentiality at your GP's	66	31	0.5
The capability of your doctor	58	38	1
Immunisations	38	36	7
NHS Advice from leaflets	21	56	7
Advice from pharmacist/chemist	41	52	2
NHS sensitivity to your culture/religion	15	65	12

The confidence in the capability of doctors at over 96% is higher than in the general community in Salford, where there also seem to be some concerns around receptionists and nurses.⁶

		Salford CCG			
Question		Jul-14	Jan-15	Jul-15	Jan-16
Helpfulness of receptionists at GP surgery	% Helpful (total)	87.3%	88.0%	86.8%	86.3%
Confidence and trust in GP	% Yes (total)	92.8%	93.0%	91.7%	91.4%
Confidence and trust in nurse	% Yes (total)	86.2%	85.0%	84.4%	84.8%

A third of respondents think it is very important to have health professionals who are members of their own community but almost twice as many think that professionals being trained to understand the community is more important. There is overwhelming belief that health care professionals should be sensitive to Jewish values and lifestyle.

	Very important	Slightly/quite important	unimportant
That health professional are members of your community	34	49	13
Having professionals outside the community who are trained to understand the community	66	29	0.5
Encountering health care professionals who are sensitive to Jewish values and lifestyle	77	19	0.5

Value of additional resources

How useful would a community Help Line be on the following issues?

	Very useful	Quite/a bit useful	Not at all useful
Special Education Needs	50.6	27.4	3
Mental Health	53.5	22.9	3.7
Abuse	41.9	25.4	7.5
Marital Issues	41.9	25.4	9.1
Post Natal Depression	51.9	24	2.5

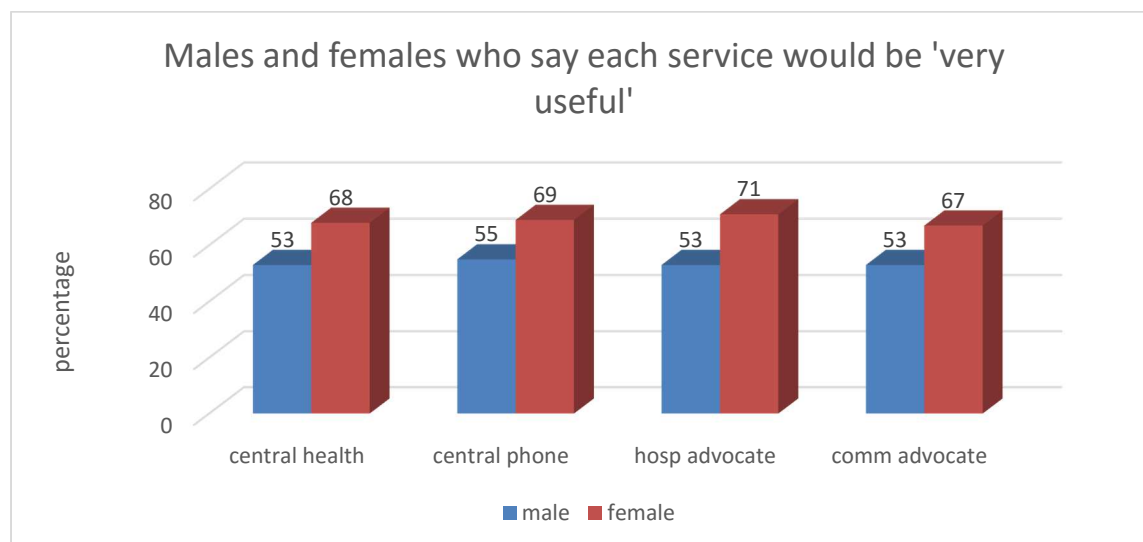
⁶ Patient GP Survey, 2016, NHS Salford

The idea of helplines clearly has strong support and may save resources elsewhere. The stronger support for a central phone number in Salford is worth noting. The qualitative comments make clear that a phone number would be of particular use for the more orthodox Jewish community who do not use the internet.

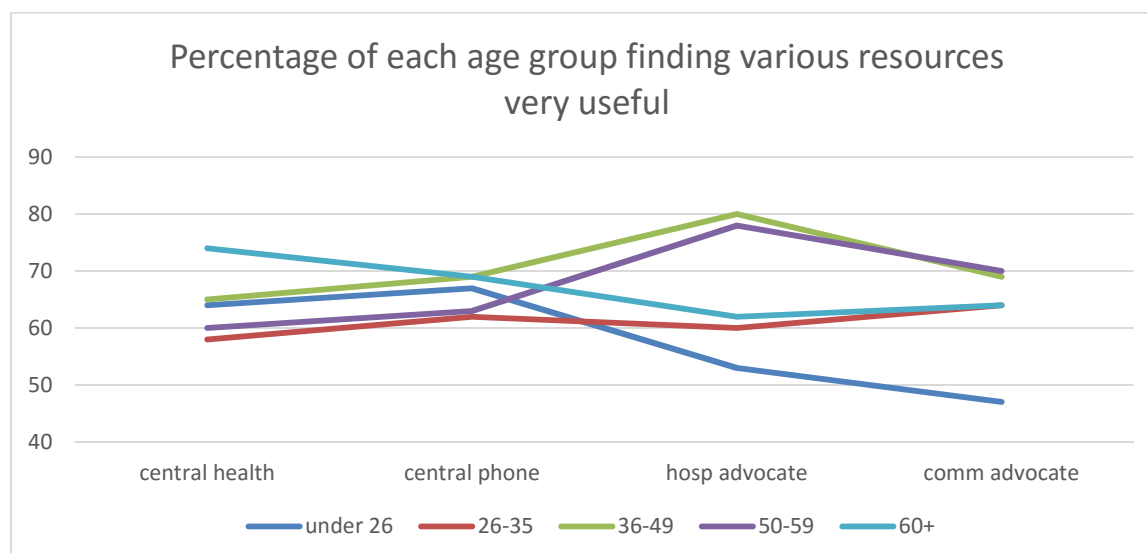
How useful would the following be?

	Very useful	Quite/a bit useful	Not at all useful
Central phone number to get information on Salford Health Service	64	27	0
Central phone number to get info on range of services - health, education, benefits etc.	65	26	1
Advocate in hospital to liaise on behalf with staff about religious & cultural needs	66	27	3
Advocate in community to liaise with health workers about religious & cultural needs	63	27	4

Gender analysis suggests that women on the whole felt all the suggested services would be more useful than the men did. This is likely to be due to the fact that the women tend to take more responsibility for health in the family so would be more likely to use such services.



There were some differences across the ages too. The following graph shows those from the different age groups who think each provision would be 'very useful'.



“There aren’t enough resources on lice such as leaflets.”

“Put NHS leaflets in the library for instance.”

“Schools aren’t used properly by the NHS. Leaflets could be given to parents through the schools”.

“Having some sort of official liaison between designated rabbonim and social services would be very helpful.”

“Need for an anonymous teenage helpline for girls from orthodox families with issues re sexuality, drugs, drink”

“Our community hardly uses internet so NHS website which deals with all kind of medical issues not always accessible”

“Communities which don’t use the internet, watch television or read newspapers, such as Chassidic communities, often don’t have general information at hand and don’t know how to get it”

“There is poor awareness on the services NHS offers and there is a need for a list of services available on all services. Their needs to be people available with training to refer people to the correct services.”

“All orthodox Jewish people go to Rabbis for health advice”

“The NHS needs a crash course in Judaism.”

“Huge cultural gulf between Chassidic community and NHS services but recognition that certainly for maternity services”

“Strides have been made in communication and understanding.”

“Jewish women are interested in health events if they take place locally and delivered by respected, professional community members.”

Access to NHS provision

<u>Where should health services be advertised?</u>	%
Mcr Jewish Advertiser/North Mcr Circular	85.6
GPs	63
Connections Orthodox Directory	58
Hamodia	36.6
Shops	30
Take care newsletter	27
Jewish Tribune	24.7
Libraries	19
Jewish Telegraph	12
Restaurants	7

The two free publications for the community, the Manchester Jewish Advertiser and North Manchester Circular, are clearly the best place to advertise services, with GPs next. However, the focus group responses make it clear that a variety of methods should be used to reach the community.

“It’s good to have leaflets in Yiddish and Hebrew.”

“Instead of NHS stands in Broughton Hub sometimes have regular NHS leaflets at the Hub and maybe the Aguda centre.”

“The NHS can communicate with our community through schools, youth clubs and other institutions.”

“NHS tables with information in the Hub on Thursdays are very much appreciated.”

“Community appropriate health sheets/ leaflets could be delivered door to door.”

“It’s very important that the NHS engages with community representatives. All communities within our kehilla should have their own representative.”

“A good way to communicate is with leaflets through schools. Leaflets in Yiddish and Hebrew”

“Jewish community would be better served by mail shot but this has to be a community campaign having liaised a good deal beforehand with community ‘heads’.”

“Posters good – notice them subconsciously.”

“GP, leaflets, provisions like the Hub and Hershel Weiss are the places to engage with.”

How easy is to it access the following services?

	Very difficult	Quite difficult	Fairly easy	Very easy
Your doctor	21	35	28	14
Nearest hospital	3	20	54	15
Walk in centre	5	24	48	10
Family planning	2	8	17	7
Children’s centre	0	5	21	26
Occupational therapy	14	14	5	1
Mental health services	8	13	5	0
Speech therapy	12	14	6	1
Maternity Services	2	8	26	15

This question throws up several issues for services. Clearly the difficulty in accessing a doctor needs to be addressed by the NHS and whether this is different from the mainstream community.

There also seem to be issues around accessing therapies and mental health services. The solution could lie either within the NHS or in voluntary sector agencies looking to meet this need.

“The first port of call in an emergency situation and with young children is hatzala”

“It is impossible to have good access to NHS services.”

“Referrals take far too long.”

“One has to keep pushing when it comes to referrals.”

“Medical centres are overall efficient: there more services in one place.”

“To get to an out-of-hours doctor one has to call ones GP’s number then you get an answering machine giving you the out-of-hours doctor’s number.”

“Telephone appointments with your GP are difficult to get.”

“Out-of-hours medical is not considered very positive: it is a long process to get through to someone. You need to tell your story three times”

“Hatzala is the first port of call: they’re quicker than an ambulance, their work is excellent and they have a good report with the ambulance people”.

“Private insurance buys you much better service than being on the NHS”

“Doctors are stressed for time which means that people aren’t getting to service they need”

“A family GP is very much something from the past”

What times do you need access to these services? (percentages)

	Before 9am	9-5pm	5-9pm	After 9pm
Your doctor	31	50	6	1
Nearest hospital	19	26	7	6
Walk in centre	16	26	17	5
Family planning	1	15	5	1
Children’s centre	0.5	27	3	0
Occupational therapy	1	17	3	0.5
Mental health services	1	14	4	1
Speech therapy	1	19	1	0.5
Maternity Services	5	29	2	0.5

How long do you have to wait for a GP appointment that is pre-booked and how long should you have to wait?

There is a huge discrepancy between preferred and actual wait, with 44% having to wait more than a week to see their GP (the same number would prefer to see their GP the same day).

	Same day	Next day	Within a week	More than a week
Normal wait	15	10	25	44
Preferred wait	42	26	17	3

“It’s a struggle to get to speak or to get an appointment with a GP when children are ill or one has issues to discuss.”

“No continuity with doctors”

“Great frustration re difficulty getting appointment at Doctor’s surgery and the inefficiency of clinic organisation”

“Long wait to get an appointment and long waits to be seen. Lack of continuity. Lack of privacy at receptionist’s desk. Poor organisation eg several patients booked in for same appointment time”

“GP appointments are becoming harder and harder to get; long waits in GP waiting rooms”

“A feeling you must exaggerate illness to be seen”.

How long do you have to wait for a hospital out-patient appointment and how long should you have to wait?

There is also a discrepancy with hospital waiting times with 65% wanting to be seen within two weeks but only 21% actually being seen in that time.

	Within a week	Within 2 weeks	Within 4 weeks	Within 2 months	More than 2 months
Normal wait	8	13	15	23	22
Preferred wait	28	37	13	2	0.5

“Waiting lists are much too long.”

“general feeling that NHS clinics will work against the patient’s interests due to cost bias and legal/clinical guidelines.”

“Operations often pushed off due to emergencies, this is frustrating.”

Being judged by NHS staff

	Very judgemental	Quite judgemental	Not very judgemental	Not at all judgemental
GP	7	11	21	47
Nurses	4	12	29	35
Hospital staff	4	12	29	35
Health visitors	6	15	29	26

“We are sometimes judged by medical staff on how we look and by religion”

“Medical staff puts opinions about you in your file; they’re judgemental. The doctors make a diagnosis on your emotional health and this influences their treatment of your physical health”

“Medical staff talks condescendingly about you/ to you”

“People are afraid of health visitors; they look around your house and judge you.”

Empathy from NHS staff

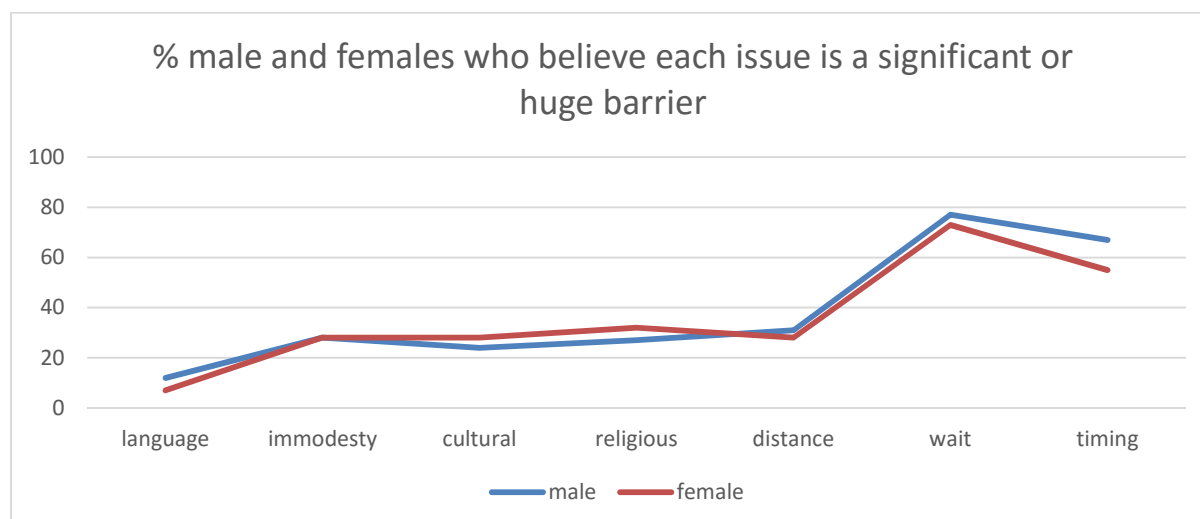
	Very empathetic	Quite empathetic	Not very empathetic	Not at all empathetic
GP	38	38	11	2
Nurses	21	51	10	3
Hospital staff	16	40	19	6
Health visitors	16	34	8	4

Barriers to accessing NHS services

	Huge barrier	Significant barrier	Slight barrier	No barrier
Language	3	5	15	47
Immodesty	13	15	30	17
Cultural Awareness	7	20	31	12
Religious Awareness	10	21	32	11
Distance	10	19	26	17
Waiting Lists	49	25	9	3
Time of apt	33	24	13	4

The above table suggests that the biggest barriers are length of waiting lists (74% state this is a significant or huge barrier) and the timing of appointments (55%). Over a quarter believe that issues of modesty, cultural awareness, religious awareness and distance are significant or huge barriers.

There are slight gender differences as the graph below illustrates:



“There is a language issue within the community and people are not able to communicate properly.”

“The ultra-orthodox do not like to engage with staff and need educating. Rabbonim need to educate, run courses for more religious people to understand the system”

“The NHS need to understand why a male would not go onto a mixed ward”

“Now the situation is completely turned around: people have become a number, not a person anymore.”

“There is a big problem with lack of dignity for people. Everyone’s calling you by your first name.”

How likely are you to take advantage of these screening programmes?

	Very likely	Quite likely	Not very likely	Highly unlikely
NHS Check for age 40-75	55	17	6	3
Cervical smear	56	11	4	5
Bowel cancer screening	40	18	12	5
Mammograms	44	14	7	5
Cholesterol testing	54	17	7	3
General health testing	60	17	7	1

Some of these findings concur with those suggested by previous research which found that cervical smear take up rates were between 61-73%⁷ which is lower than the target of 80%. “It is thought that some of the lower uptake of cervical screening may be due to the low perceived risk of HPV infection and cervical cancer, the higher number of pregnancies and religious norms relating to menstruation.” For the general population of Salford, “As at March 2015, 74% of women had an adequate test in the previous 5 years in Salford compared with 77.3% in England. The trend in uptake in Salford has been declining from 2012/13 and the gap with England is widening.”⁸

The take up of bowel cancer screening amongst the target population of Salford is slightly above the minimum standard for England of 52%.⁹ With 58% of respondents saying that they were likely to take advantage of bowel cancer screening, there is clearly potential to have more success. The evidence of take-up increasing with promotional campaigns¹⁰ should be taken as an indicator that bespoke campaigns should be designed with, and undertaken in, the Jewish community.

Vulnerable People

How much do the following issues concern you?

The intervention of social services is a great concern to 40% of the sample whilst half-75% are concerned about vulnerable people being placed outside the community and non-Jewish influences on them.

⁷ Health Needs Assessment for Orthodox Jewish Population in Salford – an analysis of Primary Care Provision, 2012, Salford City Council, p6

⁸ Salford JSNA - Cancer Needs Assessment, 2015, Salford City Council, p35

⁹ Ibid, p37

¹⁰ Ibid

<u>How much do the following issues concern you?</u>	Greatly concerns me	Concerns me somewhat	Concerns me a little	Does not concern me
Social service intervention	40	17	7	14
Me/relatives being sent outside the community	50	10	6	11
Children with health/special educational needs being placed in non-Jewish homes	77	5	1	4
Elderly people being placed in non-Jewish homes	77	7	2	4
Vulnerable adults being placed outside the community	75	7	2	3
Non-Jewish influence on children	76	7	1	4
Non-Jewish influence on vulnerable adults	73	10	2	3

“People have to choose between religious beliefs if they are to be institutionalized.”

“Environment they are going into isn’t suitable – create an environment for religious people.”

“There’s a general fear that health visitors and A & E involve Social services too quick and without cause”

“If you call the health visitor/ use medical services too often Social Services will be involved because abuse is suspected too easily. Parents are therefore afraid to use medical help”

“Complete mistrust of Social services”

“Social services do not understand Jewish families.”

“People were inhibited to express their concerns or present an injured child to casualty in case they arouse concern re abuse/negligence”.

“Not being believed by medical staff makes you feel unsafe”

“Visits to A & E with children make you feel anxious because of threat of Social Service involvement. First port of call thus hatzala”

“Social Services should look at the background of a child and place a child in its own environment.”

“NHS attitude towards elderly and people with SEN lacks care and motivation”

“SEN adults need FRUM, LOCAL care homes.”

How important are the following to ensure that vulnerable adults are safe when accessing NHS services/community health services?

	Very important	Slightly/quite important	unimportant
Not being left alone with Doctor/Health Professional	57	24	6
Doctor knowing to be appropriate/sensitive	77	10	0
Being encouraged to communicate their concerns	70	15	0
Having support to communicate their concerns	73	13	0

Happiness with Special Needs Services.

	Very happy	Quite happy	Not so happy	Unhappy
diagnostic services	1	5	3	5
responses to diagnosis	1	5	4	6
Availability of specialist services	1	2	5	7
Access to provision	.5	3	4	7

“It is very difficult to get a child help or statemented. Often the NHS refuses help; all boils down to money.”

“A full statement doesn’t cover everything anymore. Parents are forced to buy in extra help for their child.”

“This is extra difficult for families who can’t afford to do so (many families in our community).”

“The “in-between” cases (children who aren’t bad enough for a statement but need help nonetheless) often fall through the cracks.”

“There aren’t enough resources and there isn’t enough specialised help.”

“A child with severe special educational needs gets excellent help provided by doctors, hospitals and organisations. A child who is on the border line doesn’t get adequate help.”

“If a child doesn’t have severe SEN needs then the NHS won’t provide sufficiently for them: not quick enough, not enough help.”

“A full statement doesn’t provide enough money for a child and parents have to raise money to do certain programmes.”

“Integration SEN children in mainstream schools doesn’t always work”

“What happens to SEN children when they grow up?”

“There is a reluctance for parents to turn to the Fed, fed by shame, embarrassment and sense of guilt: will people find out? We should really be coping ourselves, etc. People are very self-conscious about this.”

“It is very difficult to get a child statemented. Thus it’s difficult to get the funding in place for additional help. Some children need their own TA.”

“There are parents who don’t want to admit that their child has got SEN. They’re too afraid that this might influence the shidduch chances of this child and siblings.”

“The waiting list for assessment of SEN is very long. 4 to 6 weeks is an acceptable waiting time.”

“If one goes privately then things go quicker, but who can afford to do so?”

“NHS route takes ages, private route is costly.”

2NHS professionals seem to be driven by cost bias.”

“Very long wait between appointments, a feeling of inflexibility and strict guidelines at the expense of the child and the family.”

“OT is very difficult to get on a regular basis and they do not appear to have aspirations for SEN children.”

“Children who do not qualify for statement often need help and fall between the cracks.”

“NHS professionals feel bound by following rules such as health and safety, clinical guidelines, tight budgets, prescribed treatments and gentle attitude towards the SEN child. They seem to lack motivation.”

“Direct payments are an ordeal due to social workers lacking empathy, and the fear of getting it wrong, paperwork etc”.

“Step-By-Step in London manage direct payment for families and provide day-care 365 days a year. This is needed in Manchester.”

“NHS professionals don’t grasp the importance of Jewish schooling and environment for Jewish children”

“There is little support for families with special educational needs especially with Jewish understanding.”

“There is a need for an NHS helpline to give support and advice.”

“There should be a Jewish respite care centre.”

“NHS has aggressive budget constraints. So unless you have the knowhow/ patience and unlimited resources (going private/ employing someone professional to help) it is a very large battle.”

“There is a need for self-referral and informative literature.”

“Schools should have in-house therapists for bullying and anger-management”

Mental Health

There are multiple issues around mental health services with very low satisfaction ratings from those who have accessed them. There is a clear need for a comprehensive review of mental health services with all relevant agencies involved. Such a partnership could lead on the creation of a new, proactive mental health programme for the community

<u>Satisfaction with:</u>	Very happy	Quite happy	Not so happy	Unhappy
diagnostic services	1	2	3	3
responses to diagnosis	0	2	3	4
Availability of specialist services	0	0.5	3	6
Access to provision	0	1	3	5

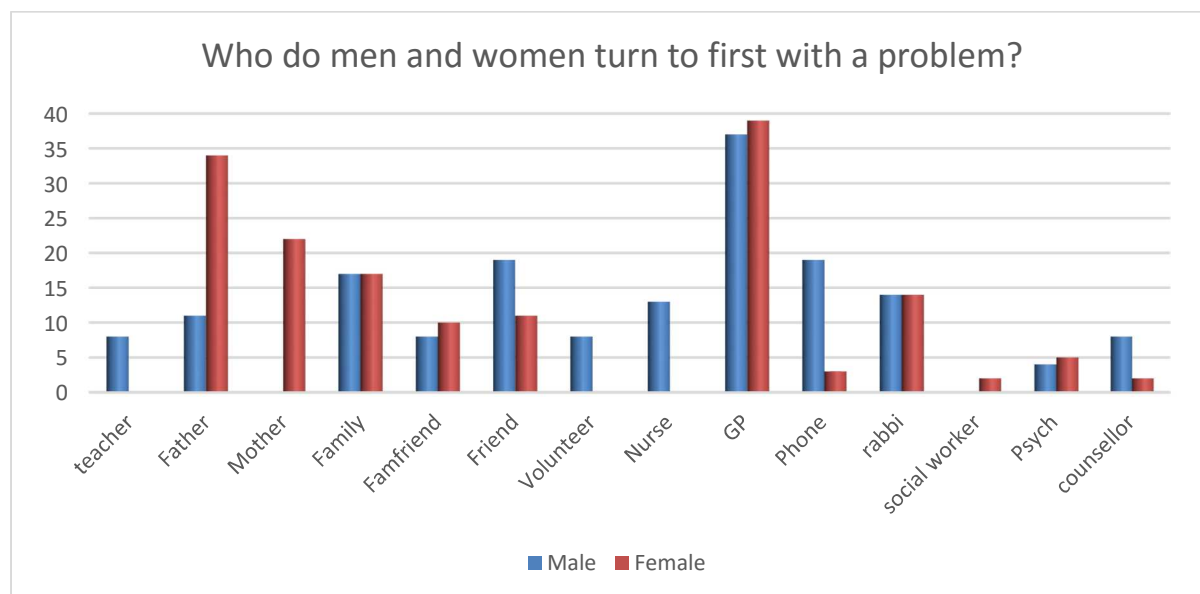
If you wanted to talk to somebody about a problem, whom of the following would you go to?

A GP would be the first port of call for 41% of respondents followed by a Rabbi or Rebbetzen:

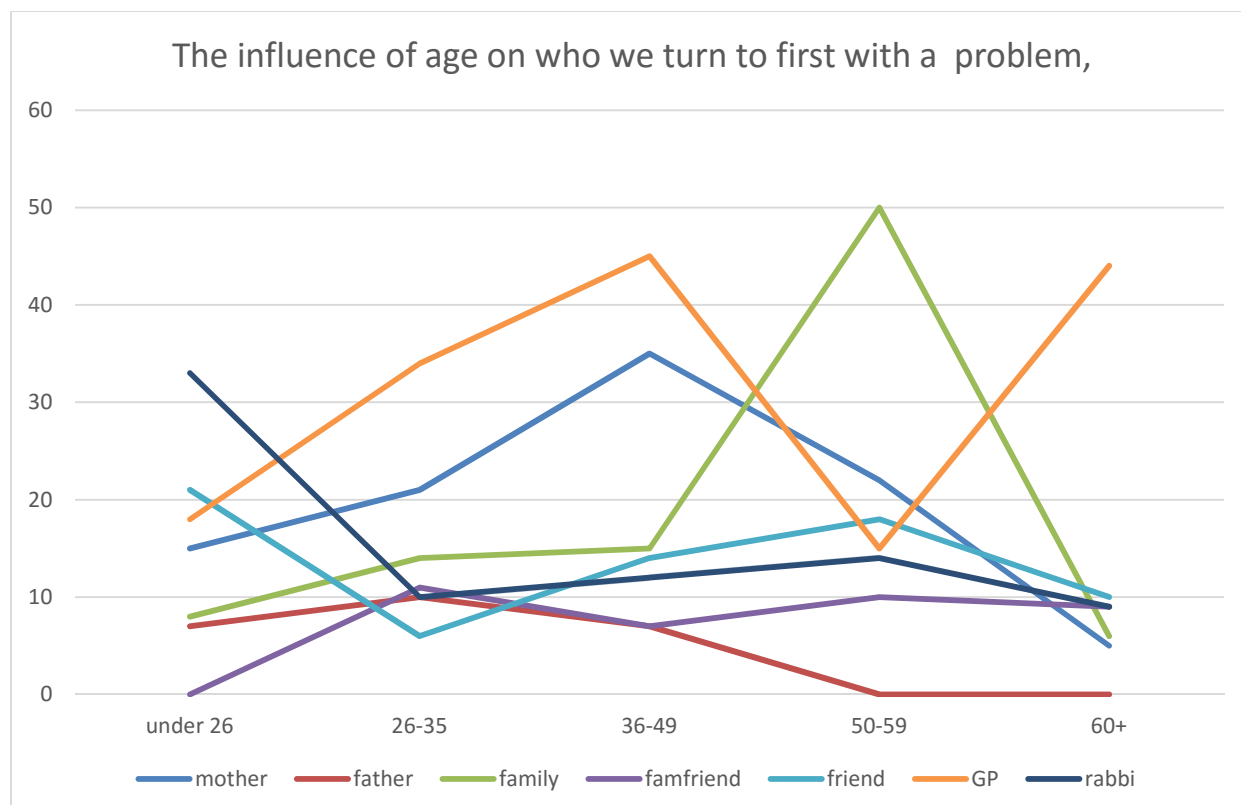
	% choosing as 1st or 2nd choice
Family GP	41
Rabbi/Rebbetzen	21
Other family member	14
Mother	13
Your friends	12
Psychologist	7
Father	5

	% choosing as 1st or 2nd choice
Phone help-line	5
Family friends	4
Health visitor/nurse	3
Teacher	1
Social worker	1
Community worker	1
Volunteer worker	0.5

Analysis was conducted to see if there was a significant difference in whether males were more likely to seek help from a Rabbi than females but no difference was found. The following chart shows the distribution of males and females' FIRST choice of whom they would turn to with a problem. There are some interesting differences, however, seen, with no women's first preference being a nurse or teacher and



Across the age range, a different picture emerges. Looking at the most popular sources of help (mother, father, GP, family member, family friend, friend, GP and Rabbi, the following graph charts the way we rely on different people across our life span. The graph shows for example, the role of one's mother as a source of help across the lifespan; this increases until the age of 49 then decreases, presumably as people suffer the loss of their mother. Rabbis seem more important to the youngest age group whilst family members seem to replace the GP as a source of help for the 50-59 year age group.

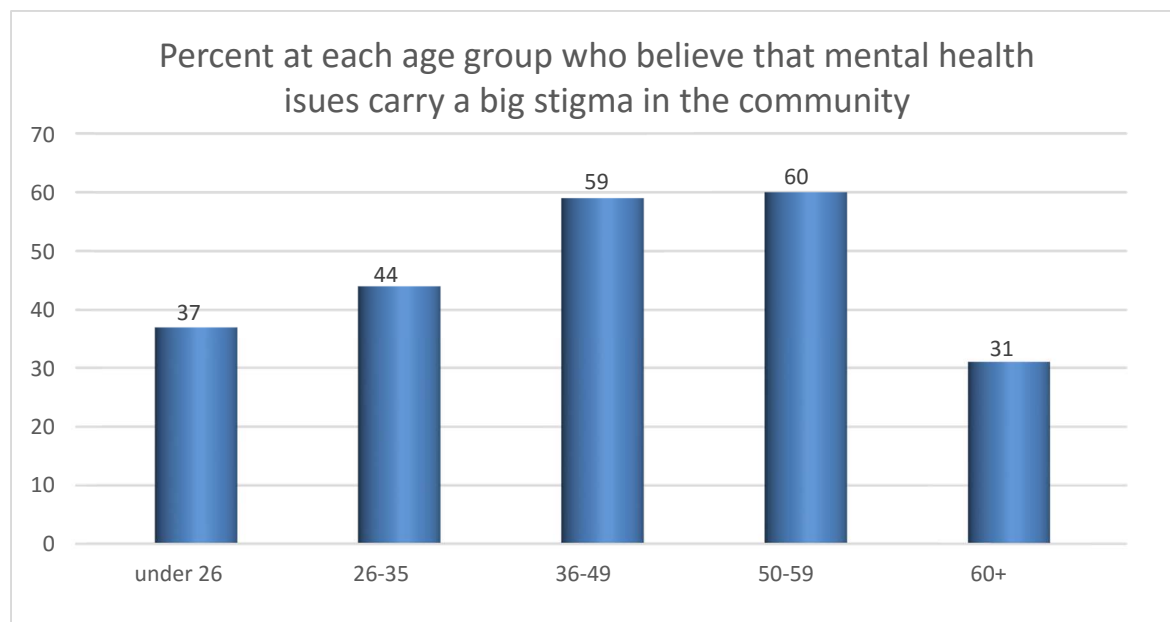


How much stigma does Mental Health have in your community?

Nearly half respondents feel that mental health issues are still a big stigma in the community.

	%
Not much	1.7
some	33.2
Still a big stigma	45.6

There was a large (but not statistically significant) gender effect such that 50% of females thought there was still a big stigma compared with only 30% of men. The perception of stigma seems to rise with age though drops for the oldest age group (60+) as the graph below shows:



Why might you not access Mental Health services?

More than a quarter would not access Mental Health services because they feel their religious issues would not be understood.

	%
Fear that they won't understand your religious issues	28
Fear of affecting shidduchim	5
Fear of others knowing	12
None of the above would stop me	27

This chimes with previous research showing that fear of stigma attached to mental health issues was of concern along with medical professionals “seen to be unsympathetic or ignorant of the community’s cultural and religious needs.”¹¹ However, the reporting of fear of affecting shidduchim (arranged marriages) was not as high as that research suggests. Regardless, with over 60% of those responding showing some aspect of fear, there is a clear need to address this stigma.

The GP Practice results under the QOF (Quality and Outcomes Framework) also reflects this with Doctors’ surgeries which the majority of Jewish people attend

¹¹ Cowan D et al, Report of the Community Led Research Project focussing on Mental Health Service Needs amongst the Orthodox Jewish community in Greater Manchester, 2007, Binoh of Manchester www.better-health.org.uk/sites/default/files/consultations/responses/134972355.pdf

reporting a prevalence of depression under 2% compared to 8.1% across Salford for 2014-15.¹²

How much do you agree with the following statements:

	Strongly agree	Agree	Disagree	Strongly disagree
A Mental Health practitioner should be Jewish	37	23	15	3
A Mental Health practitioner should be an observant Jew	36	22	18	3
A Mental Health practitioner does not have to be Jewish as long as they have good understanding of the community.	26	28	21	8

“Stress, lack of sleep and pressures of a large family are problems in our community”

“More education is needed within the community to deal with acceptance of mental health issues.”

“Often problems are fed and over-emphasised. Over-labelling makes people feel worse than they actually are.”

“Mental health care is bad: no coordination, no support network etc.”

“Not enough trained mental health carers in our community.”

“Our community feels uncomfortable in accessing mental health services. Instead people are using their own social network: friends, rabbanim. Afraid for shidduchim!!”

“It is difficult to know how to access mental health services.”

“Jewish community doesn’t discuss mental problems, marital problems, monetary problems; everything is kept indoors.”

“The GP will often just give anti-depressants when someone’s depressed and do nothing else”

“There is a lot of mistrust towards non-Jewish organisations, especially when it comes to mental health. Non-Jewish organisations just don’t understand our way of life and have no regards for it.”

“Mental health professionals from outside the community don’t understand our ethos, priorities and value systems and lack sensitivity in this area.”

“There is a massive stigma within our community with regards to mental health problems.”

“Support groups need to be religiously aware; separate groups for men and women, separate wards for men and women.”

“Support groups are all together and not separated enough according to severity, moderately ill can be put on a ward with severe cases.”

“There needs to be more one on one support, more NHS counselling services offered through the GP. People in crisis are made to wait for appointments. There is often no follow up.”

“Family need support.”

“An advice phone line would be very helpful.”

¹² QOF 2014/15 results, 2015, Health & Social Care Information Centre www.hscic.gov.uk/catalogue/PUB18887

“People don’t know enough about groups such as Chizuck which is an amazing service with limited help available. Needs expanding.”

“Mental health is being dealt with on the quiet.”

“Community needs more Jewish Psychologists available under the NHS or they need specific training about the Jewish religion.”

“There’s a need for a Jewish mental health centre.”

“GP’s have limited training on mental health.”

“Need referral to frum counsellors and the option of alternative therapies such as EFT.”

“Off the Derech problems, youngsters at risk of drug/ drink/ STD ... need to be catered for.”

“Anonymous Jewish helpline.”

“High intensity/ CAMHS/ Psychiatry: 9-12 month waiting list.”

“Barriers: stigma, everybody knows, no confidentiality”

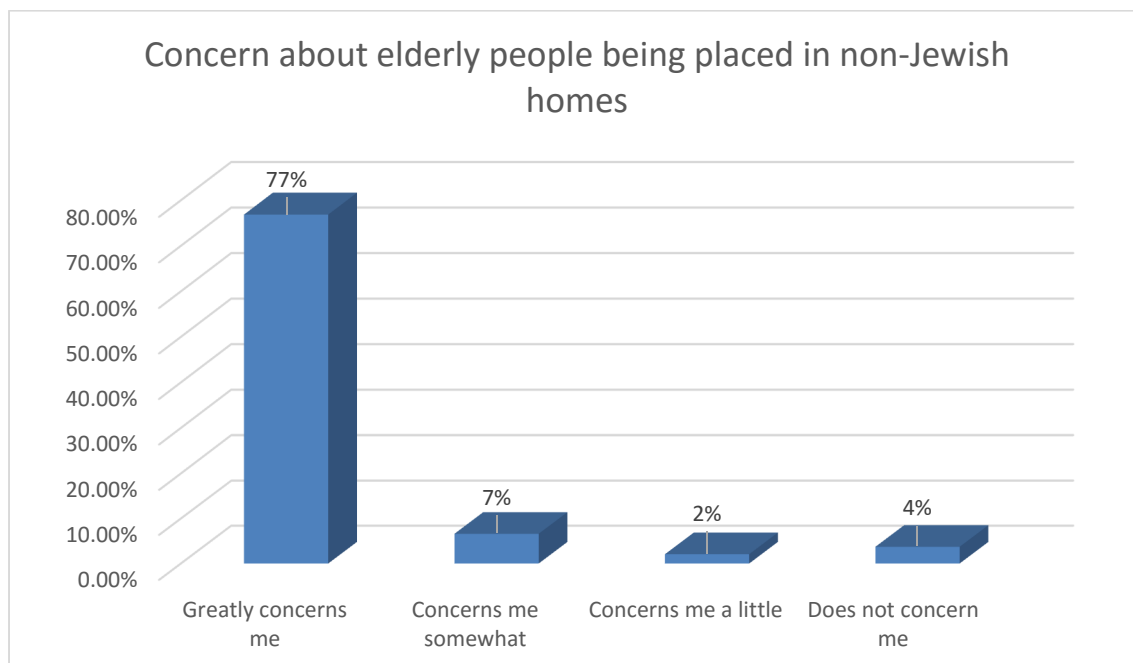
“Long waiting list in NHS mental health services, and a general impression of “chaotic” system.”

“The community will benefit from an orthodox-Jewish helpline for psychological issues for all ages. This will need to be confidential, staffed by trained professionals with excellent interpersonal skills, who will offer insight, referrals, and a knowledge of the system from the inside. It will need to be fully and publicly endorsed by specific Rabbis.”

Older People and End of Life Care

Of those who responded on experience of community groups/charities, 95% rated it as positive or very positive. Both this, and the feedback in focus groups, show great value placed on charities and community care for older people.

Counter to this was the fact that 84% of respondents were concerned about elderly people being placed in non-Jewish homes.



Comments from professionals in focus group:

Will be need in direct proportion to number of older people. Most are cared for at home. People will either live round corner or London or further afield.

Expansion of Friendship Circle into elderly support/befriending.

People living longer, disabled living longer.

Training for families – sandwich carers? How realistic?

Provisions for communicating and stimulating older people and avoiding loneliness – is priority. DOLS (deprivation of liberty safeguards) “a gilded cage is still a cage” – implication 85% of Heathlands residents should have BUT treated same as death in custody.

Comments from other focus groups:

Worries about emergency services for the elderly (time issues)

Elderly costs a lot on family and state?

Is enough spent on preventative/ resources and information

Resources- priority culture creates more vulnerability

Yes wonder whether the health care professionals want everyone to fit into a model. (no easy solution)

Community is sensitive – better in some places worse in others. (neglect cases mentioned and a+e they have to check but when they see something does the process that happens afterwards include sensitivities?)

Also several comments that there were no concerns re. elderly/vulnerable people.

We can see that local groups are valued and that more resources should possibly be directed towards preventative care. Jewish care provision is valued and, wherever possible, should be first place offered for care of older people.

This issue of End of Life Care animated those involved in focus groups more than any other and showed the sensitivity needed.

Experience of NHS end of life care (percent of whole sample)

Very inappropriate	13	Appropriate	13
Inappropriate	7	Not experienced it	42

<u>Have you heard of the following:</u>	Not heard about	Vaguely aware about	Have heard about
Living wills	24	28	26
Halachic living wills	25	27	28
Advance Decision to Refuse Treatment	38	20	14
Advance Care Planning	43	19	12

<u>View of:</u>	I agree with doing this	I disagree with doing this	I think it would be ignored	I think it would be implemented
Making living wills	31	2	2	4
Making halachic living wills	44	2	3	3
Advance Decision to Refuse Treatment	10	16	2	2
Advance Care Planning	20	2	2	2

View of 'Do Not Resuscitate' orders

50% feel that DNR orders are never appropriate.

Always appropriate	2	Sometimes appropriate	20
Usually appropriate	2	Never appropriate	50

There is a clear need to improve the knowledge of those in the community about end of life issues and their rights as well as to ensure doctors and nurses dealing with these issues have received appropriate training and have accurate information.

Extensive responses were garnered from the focus groups:

“Medical staff expedites death when they feel that they can’t do anything for you anymore and you don’t have family to stand up for you.”

“There is a major trend towards helping people to die by over-medication, taking away fluids etc.”

“People feel that patients are being “bumped off”.”

“The culture of the medical world conflicts with our world. We’ve got care for life at every stage. Yet in the medical world there is no respect for our way of life.”

“One should sign a living will.”

“With a living will it’s important to know which Rov and GP will be involved.”

“More information should be given on possibility of a living will.”

“Once doctors feel that a person is near the end of his life then they will overmedicate him.”

“The NHS implements the “Liverpool pathway”; this is the attitude to stop everything near the end of someone’s life such as withdrawing fluids and by doing so hurry death.”

“The Jewish community have people sit with someone in hospital who’s ill 24/7, especially near the end of their life. This to prevent that medical staff tries to hasten death.”

“There isn’t enough knowledge or publicity in our community about a living will.”

“A living will can be denied by medical staff.”

“The Liverpool pathway is assisted death. People receive palliative care which means that they are over medicated and are being starved. Hospitals decide to follow this path without asking permission. The best way to make sure someone isn’t killed by the medical staff is to be there 24/7.”

“One has to be really careful with Crumpsall hospital and end of life care.”

“There’s a genuine fear that medical staff kills off people when they decide that someone’s life is over”

“The medical staff says that they are going to “ease the pain” but in fact they are killing the person.”

“One should make an advanced care plan.”

“More information should be made available to people so that people can make informed choices.”

“There is very little respect for end of life in England.”

“NHS needs to understand that there are different religious levels and different views on end of life care.”

“There needs to be more respect of our culture to protect and preserve old people.”

“Carers need educating about religious beliefs.”

“NHS has to recognise that a human being has value even if no ‘economic’ value.”

“Need more information regarding the Living Will. It should be more publicised eg at doctor’s surgeries, Interlink, the Hub.”

“In the end of life arena there is a great divide in ethos and fear and suspicion that the death of loved ones could be hastened. Recognition of a need for vigilance”

“NHS perceived as “giving up” on dying patients”

Maternity Services

How happy are you with the provision of these Maternity Services?

	Very happy	Quite happy	Slightly unhappy	Very unhappy
Midwives	32	17	2	1
Prenatal classes	10	14	4	2
Choice of Hospital	26	14	8	2
Doulas (Labour support)	35	8	1	1
Advocates in antenatal clinic	12	14	6	2
Antenatal scans and testing	19	22	5	4
Postnatal services	14	21	10	5

How aware of you of these Maternity Services?

	Very aware	Aware	Only vaguely aware	Not at all aware
Midwives	44	9	1	1
Prenatal classes	15	13	13	10
Choice of Hospital	31	15	7	1
Doulas (Labour support)	35	10	3	6
Antenatal scans and testing	33	14	3	2
Postnatal services	20	16	11	5

For Maternity Services, how much do you need?:

	Very much need	Probably need	Probably don’t need	Definitely don’t need
Opportunity to access mental health service	5	6	17	16
Information on antenatal testing	14	9	16	7
Jewish perspectives on prenatal scanning and testing	20	15	10	5

Where would you prefer to give birth?

Local hospital	49%
At home	4%

“Midwives don’t pick up things when they visit women after child birth. They’re only there for about 10 minutes: that’s not enough to pick up post-natal depression or abuse”

“The book given regarding pregnancy is very good.”

“The red book given to children is highly appreciated.”

“Midwives now are much better than they used to be.”

“Post-natal care needs improvement.”

“Jewish midwives held in high regard.”

“Various experiences with the various hospitals.”

“A check for GBS (group B streptococcus) should be generally offered.”

“There aren’t enough appointments with the midwife during a pregnancy”

“Not all hospitals adhere to the birthing plan.”

“Continuity in care – have the same midwife through pre and postnatal care – is very important”

“Postnatal depression is not dealt with well. There is no follow up, after a person is diagnosed, to check on the patient.”

“Midwife and Health visitor should be clued into Jewish services available.”

“St Mary’s was very helpful with religious needs.”

“The booklets were not tsnius (modest)”

“Issues around natural birth choices: mothers are unaware of potential complications and risks”

Recommendations

Engagement & Communications

1. A new, hard-hitting marketing campaign on immunisation should be developed, with the involvement of local Jewish doctors, community workers and Rabbis. The use of a stall over 2 weeks around the Broughton Park area, with a bespoke leaflet endorsed by doctors and Rabbis, should be considered as well as working with the Hershel Weiss Centre.
2. A bespoke promotional campaign on different cancer screening programmes should be designed with local Jewish doctors, community workers and Rabbis.
3. Consider funding a directory of health and care services or other means to promote awareness of what is available.
4. A new health resource to be produced for all homes with key information on nutrition, healthcare, safeguarding, mental health, immunizations etc. This would need to be written with the community (doctors, community workers and Rabbis) to allay any fears. Possible production in Yiddish should also be explored.
5. Better information, including Jewish perspectives, on antenatal scanning and testing and postnatal care should be made available to Jewish families.
6. A specific leaflet giving clear information on the role of pharmacists in giving health advice, particularly for minor ailments, should be produced and disseminated regularly.

Developing Services

7. A major new initiative on men exercising should be put in place as soon as possible.
8. The possibility of a walk-in clinic near to the main Salford Jewish community should be considered.
9. A wider, and substantial, healthy living activity programme should be created and promoted through a partnership of voluntary & community sector organisations with the NHS and Local Authority. This should include gender and age appropriate approaches.
10. A new, proactive mental health programme should be created and promoted through a similar partnership. This would include new group work and an active programme of promotion to reduce stigma in the community.
11. Doctors should consider directing more patients to non-medical support and activities in the community that they might benefit from both for physical and mental well-being, known as social prescribing.
12. Both the NHS and voluntary and community sector organisations should address the need for more Counsellors and explore social enterprise and volunteering approaches.
13. There is a need to recruit male nurses to support Orthodox Jewish men where requested.
14. Voluntary sector agencies should look to meet the need for improved access to speech and occupational therapies and mental health services.
15. The possibility of a Salford Jewish Health Helpline should be explored to better support those who do not use the internet.
16. The NHS should look at how to improve postnatal care, particularly with reference to mental health of mothers.

17. Further work should be undertaken to see whether a separate helpline, or one that gives information on a range of services – health, education, benefits etc. – would best serve the community.

Addressing Barriers and Challenges

18. A comprehensive training programme for all health professionals who may encounter members of the Orthodox Jewish community should be in place so that they have an understanding of religious and cultural issues and can empathise with patients.
19. Both the NHS and voluntary organisations should develop the role of advocates from the Jewish community to help address difficulties in engagement between some patients and health professionals, especially with regard to in hospital care and end of life support.
20. The Local Safeguarding Boards should work with Jewish charities on raising awareness of child and domestic abuse, support available and strengthening those support systems.
21. There should be reviews of the internal workings of hospitals, mental health services, GP services, maternity care, and therapy services in response to these findings to improve their engagement with the Jewish community.
22. Local Jewish voluntary & community sector organisations should undertake a review of SEN services in response to these findings to improve the experience of families within the community and inform improvements to statutory support.
23. A new End of Life Care pathway should be developed and promoted by a partnership of NHS and local Jewish voluntary & community sector organisations to reassure the community of their safety.

Appendix 1

Salford Jewish Community Health Research Focus Group Interview Template

Area	Question(s)	What you want to find out
Early years up to age 5 (pre-school)	<ul style="list-style-type: none"> • What health issues affect children below the age of 5? • If you have concerns about your child's development, where would you go? • What services are you aware of to help with issues with children? • Are there any of these that you don't use? Why is this? • Do you think there are any gaps in service provision? • How do you feel about Health Visitors coming to your house? • What are the stresses of looking after children? • What would make it easier to help (your wife etc.)? • What issues do you have around nutrition and feeding? • Where do you get information from about immunisation? • Why do/do you not take it up? 	<p>Where people go to for help and support Why they make these choices (including barriers to accessing services) Awareness of health and social care services available How people would want it provided. Gaps in current service provision. Immunisation – where get information from and why you do/do not take it up Issues around nutrition and feeding Issues around Health Visitors An understanding of patient experience (good and bad)</p>
Special Educational Needs	<ul style="list-style-type: none"> • Where do/could you go for help/information/support/ diagnosis for special educational needs? • Are there any of these that you don't use? Why is this? • Do you think there are any gaps in service provision? • How can a child with special educational needs best access emergency services? • What are the issues around diagnosis? • What are the issues around ongoing support? • What would help you? 	<p>Where people go to for help and support Why they make these choices (including barriers to accessing services) Awareness of health and social care services available Barriers to accessing services. Issues around access to respite care Any evidence of stigma An understanding of patient experience (good and bad)</p>
Safeguarding	<ul style="list-style-type: none"> • Do you have any worries about accessing NHS Services? • What are your issues or concerns? • Do you feel safe accessing NHS Services? • What are the issues around keeping children, young people, vulnerable people (learning disabled, older etc.) safe when using health services. • What are the issues around keeping children, young people, vulnerable people (learning disabled, older etc.) safe within the community. 	<p>Issues around keeping children, young people, vulnerable people (learning disabled, older etc.) safe. Safety issues in relation to accessing NHS Services – GPs, hospitals etc. Safety issues in relation to accessing other health services in the community Any other issues about safety in the community</p>
End of Life Care	<ul style="list-style-type: none"> • How would you want to be treated as you approach the end of your life? • Where would you turn in the community/NHS if you or someone you care for is terminally ill? • What should be provided for end of life care – by the 	<p>Issues around end of life treatment Best ways to provide end of life care Issues around living wills/ Advance Decisions to Refuse Treatment and Advance Care Plans</p>

	<p>community/by the NHS?</p> <ul style="list-style-type: none"> • Do you know of anyone who has experience of end of life care in the community? What went well? What could have been better? • Have you heard of living wills or Advance Decision to Refuse Treatment? What is your view on making a living will / an Advance Decision to Refuse Treatment? • Have you heard of Advance Care Planning? What is your view on making an Advance Care Plan? 	
Access to NHS Services	<ul style="list-style-type: none"> • How knowledgeable are you about local NHS services and how to access them (hospital, outpatient clinics, specialist clinics, GPs, dentists, pharmacists, opticians etc) • What barriers are there for the community in accessing these services? • How comfortable do you feel accessing these services? • What would help you? • Are health services geared to what you need – making appointments, being examined, getting results, information, anything else? • Do you find that doctors/nurses etc. make assumptions about what you need or do they try to find out from you? Jonny, this is quite biased, is there a way of rewording it? • Do you feel knowledgeable about access to health services out of normal doctor hours e.g. NHS 111, GP out of hours service? • Where do you access health care out of normal doctor hours? • Why is this? 	<p>Barriers to accessing NHS services – religious, practical or anything else.</p> <p>How religiously sensitive NHS services are</p> <p>Any assumptions being made by services</p> <p>Ways to maximise access to NHS services</p> <p>Awareness of health and social care services available (including urgent care)</p> <p>An understanding of patient experience (good and bad)</p> <p>Appropriate use of services.</p>
Maternity Services	<ul style="list-style-type: none"> • Do you know about the range of options for giving birth (home, choice of different hospitals etc)? • Do you feel that you have a choice in where to give birth? • Where do you prefer to give birth and why? • How/where do you find information on pre and post-natal provision? • What do you think about pre-natal provision? • What do you think about post-natal provision? • What are issues about labour and delivery and are NHS sensitive to these? 	<p>Where and why people prefer to give birth</p> <p>Access to information</p> <p>Quality of pre and post natal provision</p> <p>Links to mental health services</p> <p>Issues and sensitivity around labour and delivery</p> <p>Awareness of services available</p> <p>Barriers to accessing services</p>
Physical Health	<ul style="list-style-type: none"> • How do you maintain your fitness/health? • What preventative measures do you take against long term conditions? 	<p>How people maintain fitness and health</p> <p>Amount of exercise, alcohol, smoking, obesity, drugs (do not ask directly – only record info offered)</p> <p>How people prevent getting long term conditions</p>

		Likeliness of getting checked out/screened for bowel cancer, breast cancer etc.
Mental Health	<ul style="list-style-type: none"> • What are the issues in the community around depression, anxiety, alcohol and drugs? • Are you aware of how to access support for mental health issues. • Where would you go for support? • How comfortable are the community in accessing mental health services? 	What are mental health issues Barriers to accessing mental health services. Best ways to deliver mental health services
Communication and engagement	<ul style="list-style-type: none"> • What are best ways in which the NHS can inform the community about any health issues and services. • Who would you listen to for health advice? • Do you know how you can get involved in local health plans/GP services etc? • Are you involved as part of a panel or have you been involved in a focus group, survey etc? What motivated you to get involved? E.g. why did you get involved in this focus group? • How would you prefer to feedback on your experience of healthcare services? • What would make you more likely to answer a questionnaire or go to a focus group? • What would get you involved in patient participation groups, health events? • What would encourage more people to get involved? • What would work in getting you to have health check-ups? • Should we use Yiddish as well as English in information/surveys? Think this should be reworded to something like “should we provide information in different formats e.g. languages, easy read etc?”. • What formats should we consider for the Jewish community? 	Best ways to inform/engage Who NHS should inform/involve Who needs to be communicating How to get people to have check ups for diabetes, cancer etc. Knowledge about how to get involved Current level of involvement Willingness to be involved Any barriers to engagement Examples of best practice in engagement
Integrated Care	<ul style="list-style-type: none"> • Do people see a link-up between services? • Do different services work effectively together • Do people with multiple needs get one-stop shop or are they bounced around services? • What would help to link-up services? 	Best ways of providing integrated care for those with multiple needs – Older people, disabled etc.

Salford Jewish Community Health Research 2015

Many thanks for taking the time to complete this survey which has been commissioned by the NHS Salford Clinical Commissioning Group (CCG). It is expected that the information that you provide will help shape NHS provision and services for the Jewish community in Salford, so your input is vital.

Please complete this Questionnaire honestly. If there is not enough room to answer any question, please use the space at the end of the questionnaire. We want to hear all your thoughts and ideas.

THE QUESTIONNAIRE IS STRICTLY CONFIDENTIAL

We do not need your name and there is no way that anything you say can be traced back to you.

Most of the questions only require you to tick a box.
There are a couple where you are asked to write in an answer.
If you don't understand any question or words, just ask.

PLEASE FEEL FREE TO LEAVE OUT ANY QUESTION YOU DO NOT FEEL ABLE TO ANSWER.

If you have more than one child living at home, you may wish to request a Supplementary Sheet for each child you have. This/these sheet(s) should be attached to the rest of this survey when you return it.

This questionnaire is supported by local Doctors, Rabbis, community leaders and the NHS.

Please return your questionnaire to one of:

Halpern's, 57-59 Leicester Road, M7 4DA

Hershel Weiss Centre, 35 Northumberland Street, M7 4DQ

JCom, 45 Bury New Road, M25 9JY

Please answer the following questions for demographic analysis:

What age are you? 16-18 ₁ 19-25 ₂ 26-35 ₃ 36-49 ₄ 50-59 ₅ 60+ ₆

What gender are you? Male ₁ Female ₂

What are your personal circumstances (please tick all that apply)?

Working part-time ₁ Working full-time ₂ On disability benefit ₃ Unemployed ₄

Home maker ₅ Full-time student ₆ Part-time student ₇

Carer for parent ₁ Carer for sibling ₂ Carer for child(ren) ₂ Carer for non-relative ₄

Which hospital would you normally access?

North Manchester (Crumpsall) ₁ Salford Royal (Hope) ₂ Manchester Royal Infirmary ₃

Fairfield ₄ Royal Manchester Children's Hospital ₅ Other ₆ _____

ID Number

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Salford Clinical Commissioning Group

These questions refer to you and ‘your child’ – if you have more than one child please refer to your oldest child (under the age of 18) and use a new Supplementary Sheet for each subsequent child. If you do not have a child, please ignore the questions relating to children.

How many portions of vegetables or fruit do you and your child tend to eat each day?

	None ₁	1 or 2 ₂	3 or 4 ₃	5 or 6 ₄	7 or more ₅	Under 12 ₁	12 or over ₂	Male ₁	Female ₂
Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
My child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you happy with your child’s weight?

Yes always/usually ₁ Yes sometimes ₂ Not really thought about it ₃ Often not ₄ Never/no rarely ₅

Are you happy with the level of exercise your child does?

Yes always/usually ₁ Yes sometimes ₂ Not really thought about it ₃ Often not ₄ Never/no rarely ₅

How important is a) exercise to you; b) it to you that your child exercises?

	Very important ₁	Quite important ₂	Not very important ₃	Unimportant ₄
For me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How much exercise do you and your child do each week?

	None ₁	Under 30mins ₂	30mins-1hour ₃	1-2 hours ₄	Over 2 hours ₅	Male ₁	Female ₂
Me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do you give your child the following:

	Less than once a week ₁	once a week ₂	2-3 times a week ₃	once a day ₄	2 or more times a day ₅
Crisps/bissli					
Sweets					
Chocolate					
Wholegrain snacks or nuts					
Fizzy drinks (with sugar)					
Fruit snacks					
Vegetable snacks					
Biscuits/cake					

If you have children over the age of 5, how did you feel about immunising them? (please circle)

I was not happy to immunise 0 2 4 6 8 10 I was happy to immunise

How likely are you to immunise your children (under 5s) if not yet immunised? (please circle)

Definitely will not 0 2 4 6 8 10 Definitely will

Do you have access to sufficient information about immunisation?

Yes from doctor ₁ Yes from elsewhere ₂ Not enough about negatives ₃
 No – not offered ₄ Not encouraged to ask ₅ Yes on some areas ₆

How important are the following to ensure that children are safe when accessing NHS services/community health services?

	Very important ₁	Quite important ₂	Slightly important ₃	Not at all important ₄
Child not being left alone with Doctor/Health Professional				
Doctor knowing to be appropriate/sensitive				
Children being educated on all aspects of personal safety				
Children being encouraged to communicate their concerns				
Children being able to speak to an adult they trust – before, during and after treatment/appointments				

How aware are you of:

	Very aware ₁	Quite aware ₂	Vaguely aware ₃	Not aware ₄
IAPT/Six Degrees (Increased Access to Psychological Therapies)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk in Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helplines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local community groups/charities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Trainers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out of hours services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS 111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DLA/PIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funding for respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funding for SEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funding for equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Check for age 40-75	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which of these do you regularly use for different ways to support your health?

- IAPT/Six Degrees ₁ Walk in Clinics ₂ Support Groups ₃ Helplines ₄
 Local community groups ₅ Health Trainers ₆ Out of hours services ₇
 NHS 111 ₈ Funding for respite ₉ Funding for SEN ₁₀ Funding for equipment ₁₁

How do you rate your experience of:

	Very positive ₁	Positive ₂	Negative ₃	Very Negative ₄
IAPT/Six Degrees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk in Clinics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Support Groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helplines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Local community groups/charities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Trainers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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NHS 111	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DLA/PIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funding for respite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funding for SEN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funding for equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How important is it that your social worker (if you have one, otherwise leave blank):

	Very important ₁	Quite important ₂	Slightly important ₃	Unimportant ₄
Is of the same gender as me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is of similar religious level as me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands my religious issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How important is it that your doctor (please tick):

	Very important ₁	Quite important ₂	Slightly important ₃	Unimportant ₄
Is of the same gender as me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is of similar religious level as me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands my religious issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How important is it that your nurse (please tick):

	Very important ₁	Quite important ₂	Slightly important ₃	Unimportant ₄
Is of the same gender as me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is of similar religious level as me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands my religious issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How important is it that your health visitor (please tick):

	Very important ₁	Quite important ₂	Slightly important ₃	Unimportant ₄
Is of the same gender as me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is of similar religious level as me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands my religious issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shows empathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is Trustworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How confident are you in (please tick):

	Very confident ₁	Quite confident ₂	Slightly confident ₃	Not at all confident ₄
Confidentiality at your GP's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The capability of your doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunisations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS Advice from leaflets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advice from pharmacist/chemist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NHS sensitivity to your culture/religion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How important are the following? (please tick)

	Very important ₁	Quite important ₂	Slightly important ₃	Not at all important ₄
That professionals such as doctors, midwives, nurses, health workers, etc. are members of your community				
Having professionals outside the community who are trained to understand the community				
Encountering health care professionals who are sensitive to Jewish values and lifestyle				

How useful would a community Help Line be on the following issues? (please tick)

	Very useful ₁	Quite Useful ₂	A bit useful ₃	Not at all useful ₄
Special Education Needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marital Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Natal Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How useful would the following be? (please tick)

	Very useful ₁	Quite useful ₂	A bit useful ₃	Not at all useful ₄
A central phone number to get information on Salford Health Service				
A central phone number to get information on a range of services: health, education, benefits etc				
An advocate in hospital to liaise on my behalf with staff about my religious & cultural needs				
An advocate in the community to liaise on my behalf with health workers about my religious & cultural needs				

Where should health services be advertised? (please tick all that apply)

Mcr Jewish Advertiser/North Mcr Circular ₁ Hamodia ₂ Jewish Tribune ₃
 Jewish Telegraph ₄ Take Care Newsletter ₅ Libraries ₆ GPs ₇ Shops ₈
 Restaurants ₉ Connections Orthodox Directory ₁₀

How easy is to it access the following services?

	Very difficult ₁	Quite difficult ₂	Fairly easy ₃	Very easy ₄
Your doctor				
Nearest hospital				
Walk in centre				
Family planning				
Children's centre				
Occupational therapy				
Mental health services				
Speech therapy				
Maternity Services				

What times do you need access to these services?

	Before 9am ₁	9-5pm ₂	5-9pm ₃	After 9pm ₄
Your doctor				
Nearest hospital				
Walk in centre				
Family planning				
Children's centre				
Occupational therapy				
Mental health services				
Speech therapy				
Maternity Services				

How much do the following issues concern you?

	Greatly concerns me ₁	Concerns me somewhat ₂	Concerns Me a little ₃	Does not concern me ₄
Social service intervention				
Me/relatives being sent outside the community				
Children with health/special educational needs being placed in non-Jewish homes				
Elderly people being placed in non-Jewish care homes				
Vulnerable adults being placed outside the community				
Non-Jewish influence on children				
Non-Jewish influence on vulnerable adults				

How long do/should you have to wait for a GP appointment that is pre-booked?

	Same day ₁	Next day ₂	Within a week ₃	More than a week ₄
Normal wait				
Preferred wait				

How long do/should you have to wait for a hospital out-patient appointment?

	Within a week ₁	Within 2 weeks ₂	Within 4 weeks ₃	Within 2 months ₄	More than 2 months ₅
Normal wait					
Preferred wait					

How important are the following to keep vulnerable adults (learning disabled, older people etc) safe when accessing NHS services/community health services?

	Very Important ₁	Quite Important ₂	Slightly important ₃	Not at all important ₄
Not being left alone with Doctor/Health Professional				
Doctor knowing to be appropriate/sensitive				
Being encouraged to communicate their concerns				
Having support to communicate their concerns				

How do you feel that the following NHS staff tend to treat you?

	Very judgemental ₁	Quite judgemental ₂	Not very judgemental ₃	Not at all judgemental ₄
GP				
Nurses				
Hospital staff				
Health visitors				

How do you feel that the following NHS staff tend to treat you?

	Very empathetic ₁	Quite empathetic ₂	Not very empathetic ₃	Not at all empathetic ₄
GP				
Nurses				
Hospital staff				
Health visitors				

If you and/or a family member use Special Needs services, how happy are you with:

	Very happy ₁	Quite happy ₂	Not so happy ₃	Unhappy ₄
Diagnostic services				
Responses to diagnosis				
Availability of specialist services				
Access to provision				

If you and/or a family member use mental health services, how happy are you with:

	Very happy ₁	Quite happy ₂	Not so happy ₃	Unhappy ₄
Diagnostic services				
Responses to diagnosis				
Availability of specialist services				
Access to provision				

If you wanted to talk to somebody about mental health issues such as depression, anxiety etc whom of the following would you go to? Put '1' for the person you would most likely go to, '2' for the next, and so on until you have chosen all you would go to.

- Teacher ₁ Father ₂ Mother ₃ Other family member ₄
 Family friends ₅ Your friends ₆ Volunteer worker ₇ Health visitor/nurse ₁₈
 Family GP ₉ Counsellor ₁₀ Phone help-line ₁₁ Rabbi/Rebbitzen ₁₂
 Social worker ₁₃ Psychologist ₁₄ Community worker ₁₅
 Other (please specify)

Regarding mental health issues, how much of a stigma do you think is attached to having such a problem in your community?

- Not much anymore ₁ Small level ₂ With some people ₃ Still a big stigma ₄

Why might you not access Mental Health services?

- Fear that they won't understand your religious issues ₁ Fear of affecting shidduchim ₂
 Fear of others knowing ₃ None of the above would stop me ₄

How much do you agree with the following statements?:

	Strongly agree ₁	Agree ₂	Disagree ₃	Strongly disagree ₄
A Mental Health practitioner should be Jewish				
A Mental Health practitioner should be an observant Jew				
A Mental Health practitioner does not have to be Jewish as long as they have good understanding of the community.				

What is your experience of NHS end of life care?:

Very inappropriate ₁ Inappropriate ₂ Appropriate ₃ Very appropriate ₄ Not experienced it ₅

What issues, if any, have you experienced about end of life care?

.....

What sort of 'end of life care' would you hope that a loved one, or yourself, would receive?

.....

Have you heard of the following?:

	Not heard about ₁	Vaguely aware about ₂	Have heard about ₃
Living wills			
Halachic living wills			
Advance Decision to Refuse Treatment			
Advance Care Planning			

What is your view of (please tick all that apply):

	I agree with doing this ₁	I disagree with doing this ₂	I think it would be ignored ₃	I think it would be implemented ₄
Making living wills				
Making halachic living wills				
Advance Decision to Refuse Treatment				
Advance Care Planning				

What is your view of 'Do Not Resuscitate' orders?

Always appropriate ₁ Usually appropriate ₂ Sometimes appropriate ₃ Never appropriate ₄

What barriers do you think there are to accessing NHS services?

	huge barrier ₁	significant barrier ₂	slight barrier ₃	no barrier ₄
Language				
Immodesty				
Cultural Awareness				
Religious Awareness				
Distance				
Waiting Lists				
Time				

How much alcohol do you drink each week? Tick all that apply

Just kiddush wine ₁ I drink several shots on Shabbat ₂ I have a drink some weekdays ₃
 I have a drink most weekdays ₄ I have more than one drink some weekdays ₅
 I have more than one drink most weekdays ₆

How often do you smoke?

Never ₁ Occasionally ₂ Less than 10 a day ₃ 10 to 30 a day ₄ 30+ a day ₅

How likely are you to take advantage of these screening programmes?

	Very likely ₁	Quite likely ₂	Not very likely ₃	Highly unlikely ₄
NHS Check for age 40-75				
Cervical smear				
Bowel cancer screening				
Mammograms				
Cholesterol testing				
General health testing				

MATERNITY SERVICES

(Whilst we would expect this to mainly apply to women, we are happy if men would like to answer from their perspective)

How happy are you with the provision of the following Maternity Services?

	Very happy ₁	Quite happy ₂	Slightly unhappy ₃	Very unhappy ₄
Midwives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prenatal classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choice of Hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doulas (Labour support)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocates in antenatal clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Antenatal scans and testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Postnatal services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How aware of you of these Maternity Services?

	Very aware ₁	Aware ₂	Only vaguely aware ₃	Not at all aware ₄
Midwives				
Prenatal classes				
Choice of Hospital				
Doulas (Labour support)				
Advocates in antenatal clinic				
Antenatal scans and testing				
Postnatal services				

For Maternity Services, how much do you need?:

	Very much need ₁	Probably need ₂	Probably don't need ₃	Definitely don't need ₄
Opportunity to access mental health service				
Information on antenatal testing				
Jewish perspectives on prenatal scanning and testing				

What barriers might there be to accessing maternity services?

.....

Where would you prefer to give birth?

Local hospital ₁ At home ₂ Other ₃ (please specify).....

Many thanks for taking the time to complete this survey. If you would like any more information about this research, please contact the lead researchers for this NHS Salford CCG funded project: Dr Sandi Mann or Jonny Wineberg on 07930 534422.