Faith and Health in the Public Square. The Last Taboo?

Daniel Singleton and Rodie Garland[1]

The quality of the research studies that receive media attention and that are able to influence public debate is often surprisingly poor. Relatively small studies can sometimes make a big 'splash'. Yet small samples can lead to skewed conclusions, with errors that have significant consequences, as recently illustrated by the failed predictions of the opinion polls prior to the 2015 general election, when the Conservative party won a majority that was a surprise to everyone including, apparently, the Conservatives themselves.

We know that faith-based activity in the UK is huge in terms of the numbers involved and the time devoted to it. However, unlike those small but media-friendly research studies, this work is often undocumented, unmeasured and unevaluated. At FaithAction, we think that the size of this contribution means that faith is too significant to ignore. This was recognised by Jon Rouse, the Director General for Social Care, Local Government and Care Partnerships at the Department for Health in a recent conversation. He said, 'We've learned that faith communities are huge resource bases that have an ability to get to people that statutory services may not be fully meeting the needs of'.

It has often been said that at dinner parties one should never discuss politics, money or religion, because it is these issues that can cause disagreement, and on which people will express strong and opposing opinions. The general desire not to cause upset can extend to public officials when it comes to matters of faith. We have come across instances in which people concerned about causing offence, or afraid of not being able to treat all faiths equally, have decided that it is better to avoid the subject of faith altogether. There is a certain 'squeamishness' about faith in public life, not least because faith often deals in moral absolutes. This can be inconvenient for individuals who are used to being the sole determiner of their actions and direction in life.

However, there is a need to challenge this unofficial boycott of faith as an issue, and equalities legislation does this to some extent, Avoiding speaking about faith not only disables an element that is a core part of life for many individuals in the UK, but also hobbles the potential of faith communities in acting to improve society.

FaithAction is secretariat to the All-Party Parliamentary Group (APPG) on Faith and Society, which was formed to support faith-based activity in the public square, and to highlight faith-based solutions to social needs. In conversations conducted by the APPG around the country, it quickly became apparent that there was a need for some kind of two-way agreement between faith-based organisations (FBOs) on the one hand, and local authorities and other commissioners on the other. David Lammy, MP, originally set out the idea for a 'charter' that

[1] Daniel Singleton, National Executive Director, FaithAction, and Rodie Garland, Policy & Programme Officer, FaithAction

would identify key principles for open and transparent joint working and aim to remove some of the mistrust that exists. This eventually developed into what is now called the Faith Covenant,[2] first signed in Birmingham – Europe's largest local authority – in December 2014. To date, six areas have adopted the Covenant, covering over 3.25 million people.

It is interesting to note that the lead Councillor who ensured that the Covenant was signed in Birmingham makes no secret of his own atheism. When asked why he was involving himself in a Faith Covenant, his honest answer was that he had £300 million worth of cuts to find and would happily work with anyone who wanted to work with him. There is a recognition, albeit a pragmatic one, among some people that faith has much to offer a society with great levels of need.

However, faith's positive contribution, and its potential, often goes unrecognised even by faith communities themselves. This may in part be due to the pervading belief that secularism is somehow 'neutral' as an outlook or worldview, while faith positions are biased (and therefore somehow inferior). We would argue that there is no worldview that is objective or unbiased, and that society should be on its guard against this myth of secular neutrality and any associated campaign against faith.

In dealing with officials and public services, we at FaithAction often find ourselves pigeonholed alongside other 'equality' groups who, often with good reason, are focused on fighting for rights regardless of age, race, gender, sexuality or disability. When we try to connect with officials, it is often the diversity officer with whom we are put in touch. People working in such a role might be used to viewing faith as disadvantage to be overcome. Yet if we are to be placed in a 'box', we would rather it be a box for solution-bringers and providers of assets and services. Certainly, we do not see faith as a problem to be solved or as cause for a damage limitation exercise - as some of the media like to portray.

In the story of 'the man in the iron mask', the problem was that not only were the people unaware that the masked man was their rightful king; he himself did not know. At times, it seems, faith is incarcerated both by outward restrictions and in the minds of people of faith themselves. Yet in the individualistic, often atomised society of the UK, it is precisely faith and faith communities that are needed. They offer opportunities to connect with and give to others, often alongside other assets and activities that bring benefits for physical and mental health. Faith should not remain as an untapped resource.

Of course, it is not to be denied that faith involves risk as well as protective factors when it comes to health outcomes. Yet the good that can be – and is already – done, is significant. In terms of reach, faith-based organisations have significant footfall, including from groups that typically suffer from health inequalities, such as some Black, Asian and minority ethnic (BAME) communities, recent arrivals in the UK and others considered to be at risk for one reason or another. Around 68% of the UK population reports having a religion,[3] with higher proportions

[2] www.faithaction.net/work/faith-covenant

[3] Office for National Statistics, based on 2011 Census data. See www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/religioninenglandandwales2011/2012-12-11 (accessed 25.04.2016)

among BME groups, and up to 85% of the population are thought to attend a place of worship at some point in the course of a year.[4] The Cinnamon Network estimates that there are 125,000 paid staff working for FBOs in the UK, alongside 1.9 million volunteers, together offering £3billion worth of support (in terms of staff time).[5]

Aside from the sheer numbers involved when considering faith as a 'gathering point', many faith-based organisations are actively involved in interventions that improve physical and mental health. FaithAction has been exploring the qualities that make such work distinctive, and there seem to be a number of characteristics that – while not unique to faith-based organisations – are common to them, particularly in combination. Our recent guide, *Making the Case: how faith-based organisations can evaluate their work*,[6] sums up these characteristics in an 'ABC':

> **Availability**: of people (staff and volunteers), who offer care and support, including outside of normal working hours, and who often have considerable knowledge and expertise built up over long involvement in their communities; and of places - accessible buildings and facilities.
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> **Belonging**: FBOs offer a point of connection within communities. They are places where people can find a supportive group, make new friends and overcome social isolation. They build social capital, can facilitate integration within the community, and offer opportunities not just for receiving support, but also for giving it to others.
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> **Caring**: The ethos of FBOs is often one of care for the whole person (and sometimes their family), rather than focus on a single presenting problem. FBOs often look at the root causes of issues, staying with people for the long term. In addition, they care about spiritual wellbeing as well as offering physical, practical and emotional support.

Two examples of the role that faith communities play in promoting health and wellbeing were highlighted by speakers at a recent FaithAction conference on faith and health. The Rt. Hon. Stephen Timms, MP, said, 'Who'd have thought [back] in 2010 that if there were families unable to feed themselves… that it would be the churches who have responded through foodbanks?', while the Rt. Hon. Alistair Burt, MP, Minister of State for Community and Social Care, in considering the need for better support for carers, said 'The most important form of support for carers will often be simply someone who listens to them and provides emotional support – the kind of help that for many people comes from their faith community.'

To try to describe more accurately the benefits for health and wellbeing that are associated with faith communities, FaithAction commissioned a review of research and policy.[7] This

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[4] Differing results are reported by different surveys, but see for example Christian Research, www.christian-research.org/religious-trends/anglican-uk/church-of-england-key-statistics/ (accessed 25.04.2016)

[5] Cinnamon Network (2015). *Cinnamon Faith Action Audit National Report*. London: Cinnamon Network. Available www.cinnamonnetwork.co.uk/wp-content/uploads/2015/05/Final-National-Report.pdf (accessed 25.04.2016).

[6] See www.faithaction.net/evaluation

[7] November, L. (2014). *The Impact of Faith-Based Organisations on Public Health and Social Capital*. London: FaithAction. Available www.faithaction.net/report (accessed 25.04.2016).

considered research from the UK and elsewhere, and identified two main strands of evidence[8].

1. *Evidence on health promotion activities for diseases related to lifestyle*. There is a large body of literature from the US that deals mostly with interventions in African American churches, whose members tend to suffer from health inequalities when compared with the general population. These are primarily aimed at behaviour change for prevention and management of behaviour-modifiable diseases, such as diabetes and cardiovascular diseases, and uptake of screening programmes. They show outcomes including reduced cholesterol, blood pressure, BMI and weight; and increased consumption of fruit and vegetables, uptake of health screening, physical activity and smoking cessation. With regard to evidence from the UK, there are currently relatively few studies. Most of those concerned health promotion interventions among minority ethnic groups focus on South Asians – again, a group experiencing health inequalities – and show promising results.

2. *Evidence for health benefits arising from the social capital gained by belonging to a faith community*. The literature shows that regular engagement in religious activities is positively related to various aspects of wellbeing (including happiness and life satisfaction, better recovery from physical illness and lower rates of mortality), and negatively associated with depressive symptoms. There are also many examples of FBOs seeking to address socioeconomic factors such as poverty or relationship breakdown, which have been shown to be closely linked with health and wellbeing outcomes. Finally, there is evidence to show that volunteering can positively affect the health and wellbeing of volunteers, and that faith communities represent a large proportion of national volunteering. It should be acknowledged that there are also examples of negative effects of the social capital conferred by faith groups, such as exclusivity or fundamentalism.

The review concluded that FBOs have a number of assets that contribute to promoting health and wellbeing, such as: buildings and facilities in accessible locations; a culture of volunteering, with 'can-do', motivated individuals involved; a 'substantial and distinctive'[9] contribution to social capital; skills and expertise developed over time; longevity within communities; and a culture and ethos of care, particularly towards those who are marginalised. Furthermore, FBOs exist as 'mortar' around the vital 'bricks' of statutory services, providing intangible benefits that professionals often cannot – such as friendship, hope, a sense of belonging, a community or 'extended family', practical support, new opportunities, and the kind of 'linking' social capital[10] that can help people access support from institutions.

Many of these benefits are likely also to have a relationship with mental health. FaithAction's 'Friendly Places' is a practical initiative that attempts to pick up on the contribution to mental

[8] See November (2014) (ibid.) for references for the evidence described.

[9] Furbey et al. (2006), in November (2014).

[10] See the Office for National Statistics 'Guide to Social Capital' for an explanation: webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/guide-method/user-guidance/social-capital-guide/the-social-capital-project/guide-to-social-capital.html (Archived page; accessed 25.04.2016).

health that FBOs can make. It is based on the idea that faith groups are places of connection, belonging, meaning, community and provision for need, and came about as a result of three factors.

Firstly, there seemed to be an increase in need following the economic crisis of 2008, made apparent through incidences of people of faith known to us who were suffering with depression and anxiety. Secondly, we recognised that faith communities have a positive offer when it comes to mental health. That is not to imply that people of faith are immune to mental health difficulties, or that faith communities can replace mental health professionals; rather, that the everyday life of faith communities, which often includes opportunities for social connection and interaction, and the availability of people with time to listen, can make a significant difference. Thirdly, FaithAction was commissioned to produce a guide for faith leaders on the Improving Access to Psychological Therapies programme, which further underlined the significant offer that faith groups can make both to their own members and to the wider community.

'Friendly Places' was therefore developed as an awareness raising campaign with two faces. On one hand, it encourages faith communities to recognise the good work that they are already doing and how this can help individuals with their mental health and wellbeing – as well as giving them ideas on what they can do better. On the other hand, it speaks to the health system with the aim of increasing recognition of the support that is available to people in communities through faith groups, and increasing connections between health professionals and faith groups where this is appropriate.

The campaign is centred on a simple pledge:

> *'I believe that there is a significant and positive role for faith communities to play in the support of mental health. I pledge to support faith groups in my community to become Friendly Places which welcome and support those struggling with their mental health.'*

The pledge is deliberately simple in order that as many people as possible will feel able to agree to it. Through promotion of the pledge we hope to: recognise that people who are suffering should not be placed on the margins of faith communities; highlight the things faith groups are already doing to provide welcome and support; and recognise the small, intentional actions that can make a big difference in supporting people experiencing mental health difficulties, encouraging faith communities to take further steps to become more welcoming. While faith groups are urged to make themselves aware of the specialist services to which they can direct people in need, the bulk of the initiative is focused on supporting faith communities in the hospitality that is often an existing feature of their life.

FaithAction offers training for faith groups on some of the small steps they can take to become more 'mental health friendly' – equivalent perhaps to adding a ramp to their building for those with physical mobility difficulties. This might include, for example, having people available to offer a friendly greeting to those walking through the door and to take a genuine interest in how they are. Where appropriate, it can mean reserving some seats or spaces near the door to the room so that people can slip in and out of a meeting, ceremony or service if

they need to, without drawing undue attention to themselves. Groups can ensure that they have ways of offering contact and support outside of religious meetings – both for those who are struggling and for their families or carers. Further, faith groups can take steps to raise awareness about mental health within their communities, finding ways to talk about it publically as a way of reducing stigma. Tips such as these, together with a number of resources, some tailored to specific faiths, are available on the FaithAction website.[11]

The training session has been run in a variety of locations around the country, with groups including churches, a gurudwara or place of worship, a meeting for BAME communities, and multi-faith groups, one of which was organised by an NHS Mental Health Trust. Through these sessions, we have encountered some unexpected issues, which are often due to the ways in which many faith groups operate. For example, despite the simplicity of pledge and our hope that everyone attending a training session would be happy to sign it, delegates have rarely felt able to sign then and there unless they themselves are the faith leader. Rather, they express the desire to bring the pledge to a council or board at their institution. While this can be frustrating to those who see little to disagree with in the pledge, it is perhaps also a sign of delegates' desire to take the commitment seriously. And of course the issue is not insurmountable: it simply means that more time must be spent following up with delegates than we at first anticipated, encouraging them to sign the pledge and emphasising that they do not need to put all of the suggestions that come with it into action before they express their commitment.

Nonetheless, we continue to be pleasantly surprised by the generally positive and enthusiastic reception to the training. We ask delegates to commit to take some kind of action as a result of the session and responses range from the personal (for example, committing to listening to others rather than trying to 'fix' them, or to spend time with someone who is unwell) to the organisational (for instance, passing on learning from the session to faith leaders, putting out leaflets or holding a meeting about mental health). We also follow up with delegates some weeks later to find out whether they have taken any action. Examples that have been mentioned so far include:

> *'I organised a seminar… on the theme 'Getting the balance right' so I incorporated mental health by emphasizing Mind Body & Spirit'* (Faith group member)
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> *'Reviewed the various surroundings of Trust's sites'* (Mental health trust worker)
>
> *'[I gave a public] testimony about my experiences with mental health'* (Faith group member)

FaithAction is also collecting case studies that illustrate the impact of Friendly Places on those who have signed the pledge or taken part in the training, and how faith communities can contribute to improved mental health. The following is an example.

[11] www.faithaction.net/friendlyplaces

Case study: Northwood & Pinner Liberal Synagogue (NPLS)

NPLS has recently developed a focus on mental health and wellbeing, sparked by a recognition that great difficulties are prevalent in society and that members of its own community were facing mental health issues. Friendly Places has helped NPLS to recognise that as a place of faith, the synagogue has a significant part to play in meeting the needs of its community in the area of mental health, providing resources, safe spaces and activities that can help bring a sense of meaning in people's lives.

One of the rabbis states that this process has led him to be personally much more aware of mental health and wellbeing issues in the community. For example, he sees his role not just as to lead prayers but also to look around the room and see how people are doing, and to notice whether anyone is absent who he would expect to be there, and to follow up with them later.

Since signing the Friendly Places pledge, NPLS has begun a number of activities, including setting up a monthly 'Singing for the Soul' group. The idea is to use singing to boost members' own wellbeing, and to empower them with confidence to help others in the same way; the group has visited a care home to sing with the residents. The community also offers one-to-one sessions with a Care Coordinator, and has trained one of its members as a hospital visitor for people with mental health issues.

NPLS is also recognising the importance of working in partnership with other organisations, and has established a fortnightly drop-in session at a day care centre run by Jewish Care. This provides a hot meal and activities for people who are lonely or have memory difficulties. The synagogue is also planning to establish a befriending service and support for carers. By working strategically in partnership, NPLS is learning that although it might not have expertise in a specific area, it can work with others who do. The synagogue has its own contribution to bring, and by complementing each other, the organisations can achieve something together that they would not be able to do separately.

As the example of Friendly Places shows, FBOs often play an active role in promoting health and wellbeing in their communities, although they may need some assistance to recognise and articulate this in a way that is meaningful to those responsible for running public services. We would argue that the more that FBOs are able to speak clearly about, evidence and celebrate their work to serve society, the less of a taboo faith's significant contribution to public life will become. Faith is a living and vibrant part of civil society, and society is better served when this is recognised.

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