### Tower Hamlets Faith Health Action Partnership

# Action Planning and Recommendations



#### Contents

Summary of key findings	3
Introduction	4
Part 1: Health needs across faith groups	5
Health Needs by faith group	6
Top responses from churches	6
Top responses from mosques	6
Part 2: Support already on offer	8
Support already on offer by faith group	9
Part 3: COVID-19 response	10
COVID-19 response by faith group	11
Part 4: Interest in doing more work to support community health needs, and resources required to do so	
Support required by faith group	13
Part 5: Perceived effectiveness of council communications throughout the crisis	
Communication across faith groups	15
Part 6: Levels of trust in Tower Hamlets Council among faith groups	17
Levels of trust by faith group	18
Part 7: Suggestions	20
Focus groups	20
Gaps in provision and suggestions for support	20

#### **Summary of key findings**

- The biggest health concern across the board for places of worship throughout Tower Hamlets was loneliness and social isolation.
- Mental health and healthy ageing were the top health concerns amongst churches.
- Physical activity and nutrition, loneliness and social isolation, and diabetes were the top concerns amongst mosques.
- Smoking was far more prevalent a concern amongst mosques than churches.
- Across the board, places of worship provide the most health support in the form of support groups than anything else.
- Mosques appear to be more engaged in disseminating healthy eating advice than churches.
- There appears to be very little actual structured bereavement support across the board.
- Information-sharing was the top COVID response of places of worship across the borough.
- Very few places of worship operated as COVID-19 vaccination or testing centres.
- In terms of further support, they would like access to, most places of worship identified training as the top priority.
- Many of the mosques requested examples of best practice.
- Overall, places of worship are satisfied with the communications they received from the Council throughout the COVID-19 crisis, but this varies when you look into it according to faith group.
- 'Quite good' was the top response to our question about levels of trust in the Council amongst congregations, but further research is required in order to get a clear grasp of where things stand.

#### Introduction

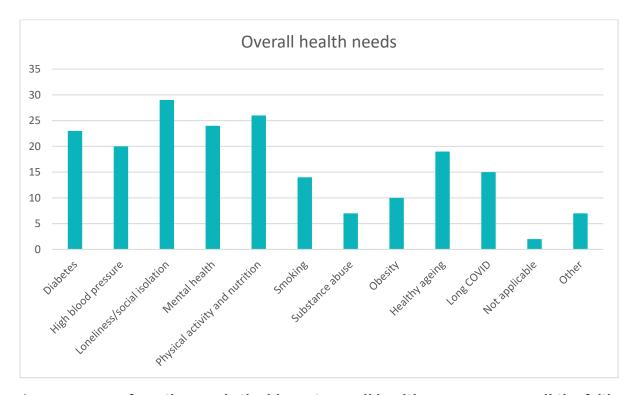
Between 12<sup>th</sup> January and 10<sup>th</sup> February 2022, FaithAction invited 142 faith-based organisations and places of worship across the London Borough of Tower Hamlets to complete a survey on faith and health. The survey aimed to discover:

- The perceived dominant health needs within each place of worship or organisation.
- How faith settings are addressing health needs.
- Areas in which they would like to take more action.
- Any support or resources they might require to do so, and to identify any gaps in provision.

The survey also looked for insight into the COVID-19 response of places of worship and to gauge levels of trust amongst faith leaders and their communities in Tower Hamlets Council. 43 places of worship responded to the survey. 23 of those were mosques, 18 were churches, one was Bahá'í, and the other was a Buddhist faith-based organisation. The survey remains open and FaithAction are still seeking to gather further responses.

In this report, we have analysed the survey data to reveal insights about what is happening within different faith groups across the borough and to identify the next steps for working alongside faith groups in order to support them in their journey to COVID recovery and beyond.

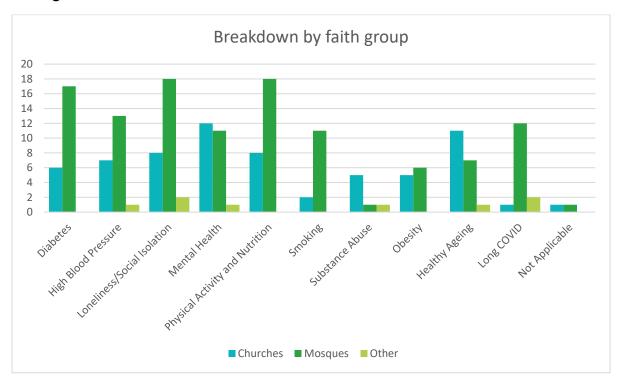
#### Part 1: Health needs across faith groups



As you can see from the graph, the biggest overall health concern across all the faith groups who responded to the survey was loneliness/social isolation, closely followed by mental health and physical activity and nutrition. Diabetes is also a substantial concern. As previously identified in our recent Situational Analysis report, loneliness can contribute to poor mental wellbeing; it also has an impact on health, increasing the likelihood of developing conditions such as heart disease, stroke, and dementia. Therefore, addressing loneliness would help to lower some of the other risk factors identified by places of worship across the borough. However, it would also be prudent to note that during the pandemic, loneliness and social isolation has become even more of an issue and it may be challenging for places of worship to do more than they are already doing. This highlights the importance of funding projects that tackle loneliness, to enable faith settings to ease capacity issues and secure more resources.

#### Health Needs by faith group

Drilling down into the data revealed the following results according to different faith settings:



#### Top responses from churches

**Mental Health and Healthy Ageing.** This aligns with the findings from our Situational Analysis Report, which identified that although Tower Hamlets has a young population, churches were reporting the challenges of having an ageing congregation. This happened frequently in engagement phone calls that formed part of the early stages of the FHAP project.

**Other top responses**: Loneliness/social isolation, physical activity, and nutrition.

**Other needs**: Trauma support for refugees, technological literacy.

#### Top responses from mosques

Physical activity and nutrition, loneliness/social isolation, and diabetes. 50% of the mosques who responded to the survey also identified mental health to be a concern. This is significant, as historically it has proved difficult to engage mosques in discussion of mental health – at a past event for our previous FCAP project most mosque leaders left the call when mental health was mentioned, most likely due to the stigma that is still attached to mental illness. It would be prudent therefore to make the most of this apparent willingness to engage over the topic of mental health within the upcoming focus groups.

It is worth noting that the mosques did not perceive healthy ageing to be such a priority as the churches did. This may be partly due to cultural practices around care of

the elderly meaning that their needs are met more directly within the community, but it would be unwise to assume, and is something we can aim to discuss in our mosques-only focus groups. Long COVID was much more of a concern for mosques than churches, which perhaps reflects the disproportionate levels of infection across different ethnic groups.

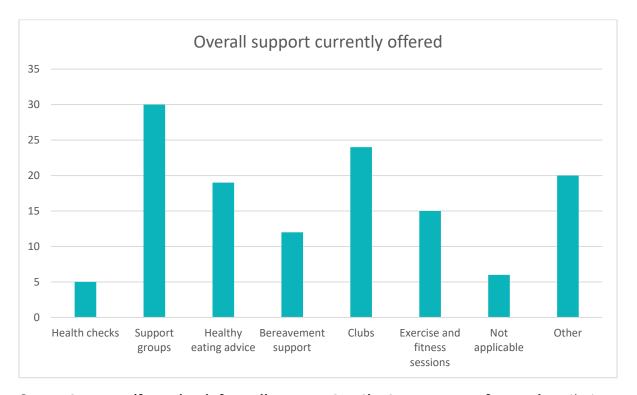
Other top responses: High blood pressure, smoking.

**Note**: Smoking is a much more prevalent concern within the Muslim community.

One mosque answered 'Not applicable' to this question. This may represent a lack of understanding of the purpose of the survey, as even a very small congregation will have some level of health needs.

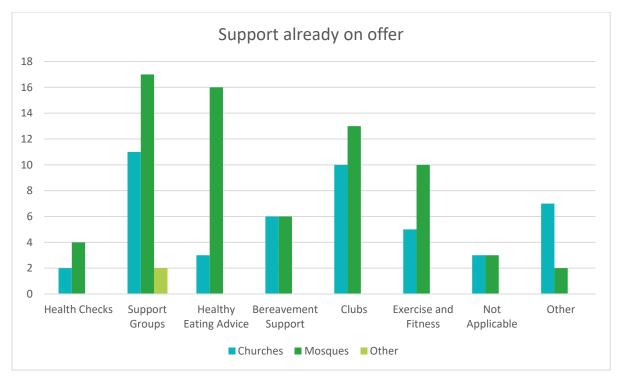
**Top health needs identified by other respondents:** (Bahá'í and Buddhist) Long COVID, loneliness/social isolation

#### Part 2: Support already on offer



**Support groups (formal or informal) came out as the top response for services** that places of worship already offer, with 'Clubs' and 'Other' as the second highest responses. Health checks were very low across the board and could represent a gap in provision that could be addressed through the action plans.

#### Support already on offer by faith group

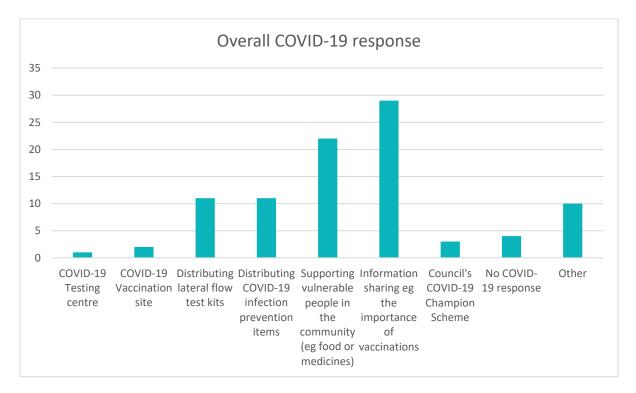


Where churches answered 'other' it was generally because their provision was very community-specific, tailored in response to a particular need that they felt was otherwise going unmet, such as operating a mini foodbank or building a gym for the use of their congregants. It is worth noting that very few of the mosques responded 'other' to this question; this may be down to individual interpretation of the response options.

It's also worth highlighting that mosques seem to be much more engaged in disseminating healthy eating advice than churches. This may be connected to the fact that mosques have identified diabetes to be more of a health need within their communities than churches. This is something that can be investigated in the upcoming focus groups and potentially addressed in the action plans.

**Not many mosques or churches provide bereavement support** This may be because the nature of the support is more ad hoc and delivered as and when a congregant approaches the faith leaders rather than a specific, detailed offering. It may also be that bereavement support is perceived as less of a health issue than other issues listed in the survey. Nonetheless it is something that is worth investigating in the upcoming focus groups.

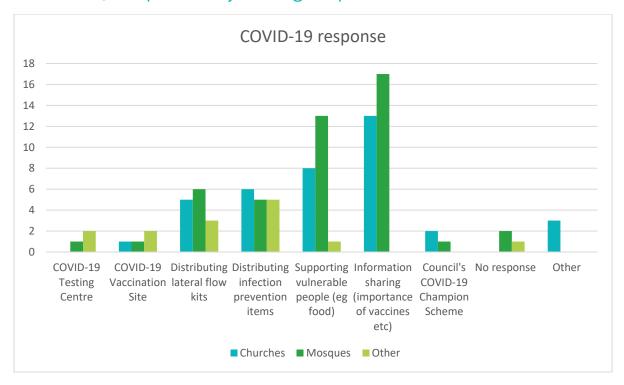
#### Part 3: COVID-19 response



Overall, information sharing was the top response that places of worship across faiths have been involved in during COVID-19. Reinforcing government safety messaging and the importance of getting vaccinated was a priority of most respondents. In our interviews over the phone, many places of worship self-reported being pleased with overall vaccine uptake, while some acknowledged that COVID-19 scepticism and vaccine hesitancy were issues they had encountered and were actively trying to address.

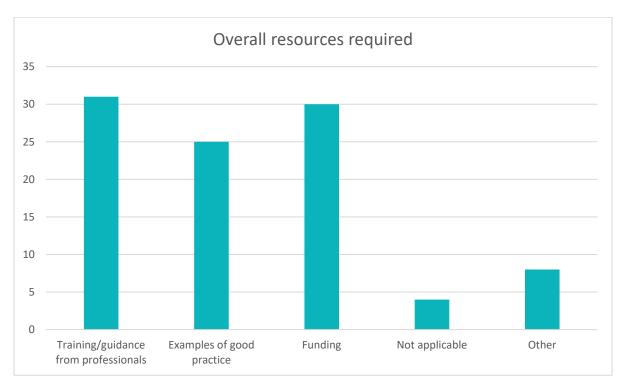
One of the respondents, a mosque, operated as a testing centre and only one church operated as a vaccination centre. This may be for a number of reasons for this (access to old buildings and capacity to add another task to the workload of the setting's leadership team may have contributed), but we will investigate this further in the upcoming focus groups.

#### COVID-19 response by faith group



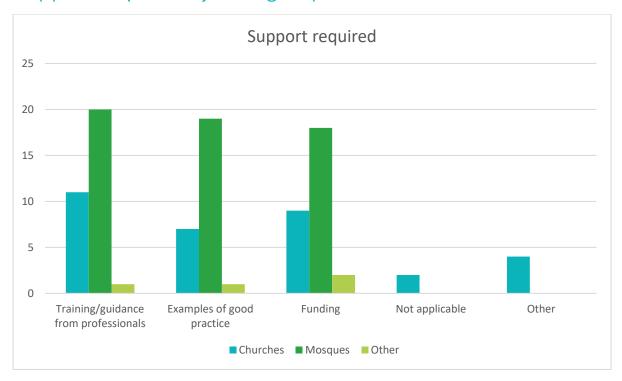
Where churches responded 'Other', they were largely engaging in telephone befriending, applying for funding to set people up with Wi-Fi connections (due to large levels of data poverty within the borough), distributing multi-lingual leaflets, or had set up a hardship fund in response to the crisis. It is worth noting that no mosques responded 'Other'. Two mosques detailed having made no COVID-19 response at all, although we do not know the reasons for this. If they attend the focus groups, we may be able to find out more.

## Part 4: Interest in doing more work to support community health needs, and resources required to do so



Overall, faith settings were very interested in doing more work to support the health needs of their communities and reported training from professionals as the most desired resource in order to achieve this. The next was funding, as there is often a cost attached to training volunteers or taking on staff and creating new projects or expanding existing ones incurs a host of costs on top of those required for training, such as the costs of having the building open and heated, cleaning, security and so on. Some of the mosques also reported being concerned about their financial status, as rents are due to rise, and they are concerned about how to manage the difference.

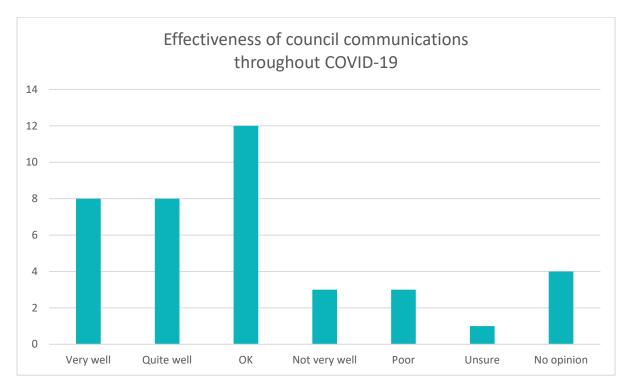
#### Support required by faith group



The chart above shows how the three top responses of training, funding and examples of good practice are broken down according to faith setting. Again, none of the mosques has answered 'Other'. Where two of the churches answered 'Not Applicable', their ministers were very new in the role and wanted more time to settle in before taking on extra projects or responsibilities. Those who answered 'Other' wanted things such as specified trauma training to support their refugee population, more opportunities to establish links and connections with other groups and projects, and to rebuild links with a local GP surgery.

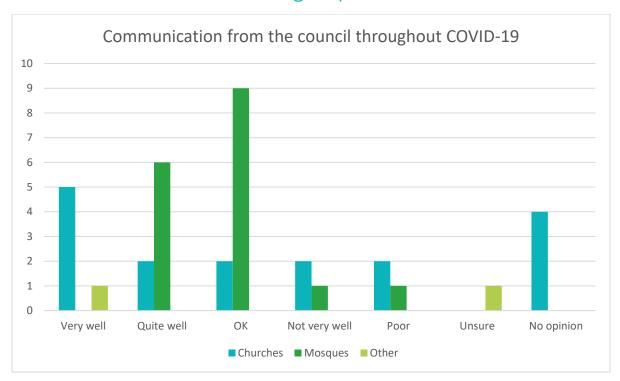
The number of mosques interested in examples of good practice would make the case for a database of provision already on offer to be made available, or even some mosque-specific networking events where mosque leaders can share information about what they are already doing to encourage and inspire others. These responses would also make the provision of small parcels of funding (as previously discussed), potentially connected to bespoke packages of training and support curated as a result of more indepth discussions with places of worship who pursue an action plan, an appropriate way of moving forward. FaithAction are able to offer a number of initiatives covering mental health and social isolation (Peaced Together, Creative English, Friendly Places), and can signpost towards projects such as Food for Purpose and Intentional Health. We are also aware that Tower Hamlets Council has a range of resources that can also be utilised for the optimum support of faith settings. Every single mosque who responded to the survey said they would be interested in training.

### Part 5: Perceived effectiveness of council communications throughout the COVID-19 crisis



The overall responses would suggest that most places of worship are reasonably satisfied with the communication they have received from Tower Hamlets Council throughout the pandemic, however the combined number of negative responses and the number of respondents who selected 'No opinion' would suggest that there is at least something of a perceived disconnect here.

#### Communication across faith groups



**Perception of the council's communication across different faith groups shows quite a variation,** with five churches feeling that the council had communicated 'Very well' but with twice that number feeling either ambivalent or negative. Similarly, while fewer mosques gave poor responses to the question, none felt the council had communicated 'Very well', and the majority responded 'OK'.

Individual feedback is detailed below:

We have benefited from the work with foodbanks. The community champions' meetings have been important to increase resilience. The best channel for communication with us has been the Borough Chaplain (Alan Green) and the Tower hamlets Interfaith Forum.

—Church

It [communication] has improved since COVID-19 outbreak. But needs improving.

-Church

Councils were hard to reach or to speak to anyone during 2020, some departments are still difficult to reach or contact. Finding out about local food provision for people who were desperately in need was an issue for us.

—Church

Any information I've had has mostly come through THIFF, not the council. If I'd only been relying on the council, I'd hardly have anything.

-Church

It's been good how the council's information has been available on the THIFF website.

-Church

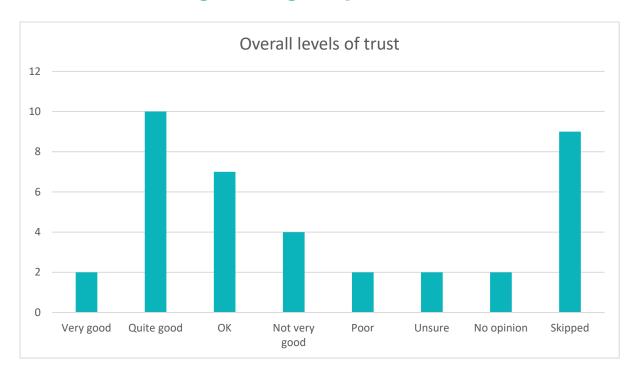
Tower Hamlets council is the leaseholder of our premises. As the main source of income (collection from public on Friday) was hugely disrupted during lockdown and social distance guidelines from the government, we fall behind rent up-to-date. Recently, we have been notified of the rent increase from 16k to 20k per year. It will be difficult for a small charity organisation like us to continue the service we provide due to financial strain on us.

-Mosque

I'm not aware of any communication that was specifically directed to us as a faith-based charity. That kind of communication may have been more with actual places of worship.

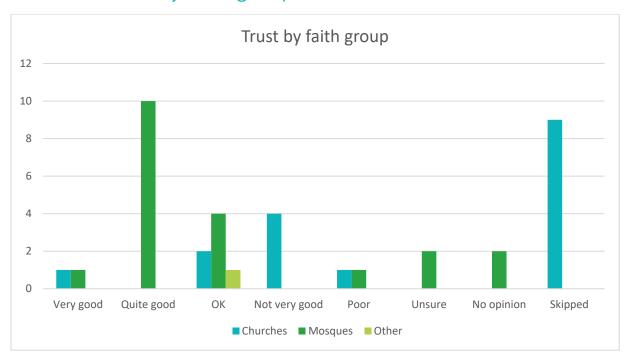
-Buddhist FBO

### Part 6: Levels of trust in Tower Hamlets Council among faith groups



We made this question optional due to its sensitive nature, and out of those who chose to respond, 'Quite good' was the top response, indicating that there is a reasonable level of trust in the council across faith groups through the borough. However once again the total negative or ambivalent responses are greater than the positive ones. Drilling down into the responses by faith group revealed some interesting insights.

#### Levels of trust by faith group



None of the mosques skipped this question, while churches were far more likely to do so. This tallies with previous questions where churches are more likely to select 'Other' as their response. The number of mosques responding 'Quite good' is promising, as it shows that, despite low engagement with other projects (such as THIFF), overall, they feel they can trust the council. Only one mosque and one church responded 'Poor', but four mosques responded with 'No opinion' or 'Unsure' whereas churches were more likely to skip the question altogether.

Gathering genuine responses to trust-based questions is notoriously difficult and relies on a pre-existing strong foundation of safety (and, incidentally, trust) in the person or organisation asking the question in order to achieve a genuine response.

Many of the survey responses were submitted by Engagement Officers on behalf of the places of worship during or following a phone call in which the faith leaders were asked the survey questions.

Outside factors should be taken into consideration for the responses to the trust question. The main factor that could have affected responses is the depth of the relationship between the faith setting and the engagement coordinator. The engagement coordinator from East London Mosque had an existing relationship with many of the respondents. However, FaithAction does not yet have such established links with some of the churches, and this could have impacted upon a free discussion on trust. Although many of the churches are engaged with THIFF, for a lot of them, it was the early stages or, indeed, the very start of their dialogue with FaithAction, and so they were naturally reticent. A list of churches who have not responded to the survey has been passed on to Revd Alan Green, who is going to see if there is any further success through his relational channels.

There was a small amount of individual feedback. None of the mosques gave any more detail.

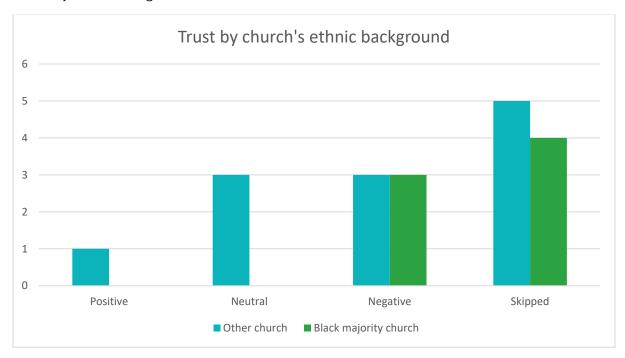
We have observed a one-sided approach, hopefully with your support, things will change for the better.

—Black majority church

I feel there's a huge lack of trust in the Council, not just within my congregation but also within the wider parish.

-Church of England Minister

We investigated the breakdown of the trust responses according to the ethnic backgrounds of the churches that responded to the survey to see if it could provide us with any further insights:



Seven Black majority churches responded to the survey, next to nine other churches. While there is not enough data to draw strong conclusions from this, only one church expressed a strong positive response, while all of the Black majority churches either expressed a negative response or chose to skip the question entirely. However, due to the drawbacks of the question that were identified above, more work needs to be done here to get a solid idea of the true lay of the land regarding trust in the council amongst faith groups across the borough.

#### **Part 7: Suggestions**

#### Focus groups

- We have scheduled six focus groups in total, across a range of dates and times, to maximise people's ability to attend. Each focus group will have a general theme, as a very specific theme may discourage some from attending. Instead, Engagement Officers will steer the discussion around a certain topic should participants need prompting but take cues from participants in case they arrive already having a strong sense of what they want to discuss.
- There will be four online inter-faith focus groups.
- There will be two in-person mosques-only focus groups, held at East London Mosque.

#### Gaps in provision and suggestions for support

#### Cancer screening and maternal health

• Our Situational Report showed that there are gaps in providing support around cancer screening and maternal health, however the survey data has highlighted how well-placed faith settings are to share information. Partnerships with local healthcare providers could help to increase support offered by settings, for example, as they could invite someone in to talk on the subject or have a themed discussion in a club or specific support group. FaithAction are currently working with NHS England on a project around faith and pregnancy – findings of this could also potentially benefit faith groups in the borough.

#### **Healthy eating**

• As the churches appear to be less active in promoting healthy eating, it would be positive to investigate options for churches to discuss healthy eating with their congregants – this could include signposting towards existing national Faith-based initiatives such as Intentional Health (Cinnamon Network) and Food for Purpose (African Caribbean faith project)) Our focus groups will try to identify best practice already taking place regarding physical activity and nutrition at mosques, and encourage them to share ideas with those who would like to do more, perhaps through a networking event and case studies. Also signpost towards any council-led support they can make use of to further improve the impact of the work they are already doing.

#### Bereavement

• Due to the low amount of settings offering bereavement support, it is important to investigate the kind of bereavement support that already goes on across the board – is it ad hoc or are there specialised offerings? Would they be interested in specialised offerings, such as a bereavement group, or are they happy with the provision the already make? What support from the council would such service require?

#### **COVID-19 Response**

- We will encourage more organisations to become COVID-19 Community Champions, due to the power of places of worship to disseminate information among their communities. (It may be that more trust-building work needs to be done first, as they may be reticent to appear to be emissaries of the council if trust levels within their communities are low.)
- If they attend, we will use the focus groups to ask the mosques who have said they made no response to the pandemic why this is (as they may have made responses they did not identify as relevant), without it appearing judgemental or pressuring.
- We will also use the focus groups to investigate why so few places of worship operate as COVID-19 testing and vaccination sites, to help inform the council to be aware of appropriate boundaries of working in partnership with faith settings in the future.

#### Other support

• In concordance with a recommendation made in our Situational Analysis, we will work with THIFF to explore the possibility of creating a centralised database that could include information on what kinds of health-related projects are happening where, with contact details, in order to facilitate greater ease in forming links and partnerships, and to further the knowledge and sharing of best practice that is already happening. As mentioned above, bespoke 'packages' of support could be created for each organisation that pursues an action plan. This could include getting involved in FaithAction initiatives, receiving training, advice, and support from Public Health teams, or benefitting from national projects aimed at faith settings. These opportunities could be funded by any funding allocated.