FaithAction



How faith-based organisations have supported NHS services during the COVID-19 pandemic and what this means for the future

FaithAction, 2022

Contents

About FaithAction **3**
Definitions **4**
Introduction **5**
Summary **6**
Our key recommendations at a glance **8**
Things FBOs have done during the pandemic that may be built into recovery **9**
Background: the shape of faith-based social action in the COVID-19 pandemic **10**
Our survey findings **13**
Our consultation: key themes **18**
Recommendations **26**
Case studies **31**
Jesuit Refugee Service 31
Khizra Mosque 32
Hatzola 33
British Islamic Medical Association 34
Brighton and Hove Faith in Action 35
Ahmadiyya Muslim Community 36
Open Door 37
Muslim Youth Helpline 38
Parish Nursing 39
Bradford Race Equality Network and Bradford Gurudwaras 40
References **42**

About FaithAction

FaithAction is a national network of faith and community-based organisations involved in social action. We empower these organisations by offering support, advice, and training – we help the 'doers' do. We also have a key role in facilitating partnerships, sharing good practice between organisations and between sectors, and acting as a connector between government and grassroots organisations. We work to highlight the contribution that faith-based organisations are making to communities up and down the country. We know that the extent and impact of this work, and the reach of faith-based organisations into communities experiencing inequalities, mean that faith is too significant to ignore. Find out more at www.faithaction.net.

FaithAction has been a member of the VCSE Health and Wellbeing Alliance every year since its inception in 2009, working with the Department of Health and Social Care, NHS England and (up until 2021) Public Health England. As the faith 'voice' within the Alliance, we ensure that faith is taken into account in the development of new health policies and initiatives. We believe that faith-based organisations have a role to play in raising health outcomes, particularly among communities that typically suffer from health inequalities.

Thank you

We would like to gratefully acknowledge NHS England for their financial support for this work. As well as this, the writing of this report would not have been possible without the individuals who took the time to tell us about their organisations' work, either through the survey, focus groups, or individual interviews. Any mistakes or omissions are our own.

© FaithAction 2022.

Written by Jeremy Simmons and Jenny Hadgraft.

Definitions

Faith-based organisations (FBOs)

There are different types of faith-based organisation (FBO) working in this field and discussed in this report. These include:

- Worshipping communities that provide support to their own congregations and/or the local community.
- Faith-based and faith-inspired charities, which may or may not be linked to a particular worshipping community. These may provide services to people who share their faith and/or to the wider community.
- Faith-based or faith-inspired providers of specific social care or health services.
- Inter-faith groups and networks. These vary widely in terms of how active they are but can provide a good 'way in' for the health and care system to engage with faith groups locally.

In this report we prefer the term 'faith-based organisations (FBOs)' to cover all of these, although for the sake of variation we also use 'faith groups' and 'faith communities' and refer to the 'faith sector'. In specific instances we refer to 'places of worship' as community-based settings for communal worship practices.

VCFSE

We use the term 'VCFSE' to refer to the Voluntary, Community, Faith and Social Enterprise sector throughout this document. This expanded acronym, including Faith, has been adopted by some ICSs, local authorities, and government departments.

Integrated Care System (ICS)

Integrated Care Systems (ICSs) are a new way of organising health and care across England. The King's Fund describes ICSs as *"partnerships that bring together providers and commissioners of NHS services across a geographical area with local authorities and other local partners to collectively plan health and care services to meet the needs of their population"*.

ICSs aim to make health and care more joined up and efficient. They comprise 3 different levels where decisions are made: the **system** level, covering the entire ICS footprint (around 1-3 million people); the **place** level, often the same as a council or borough footprint (250,000-500,000 people); and the **neighbourhood** level, made up of groups of GP practices organised into Primary Care Networks or PCNs (30,000-50,000 people).

For a good overview of the structure and role of ICSs see The Kings Fund's *Integrated Care Systems Explained*. It can be accessed online at: www.kingsfund.org.uk/publications/integrated-care-systems-explained#what-are-ICSs

Introduction

The UK health and care system has never been more visible, more scrutinised, or more celebrated, than it has been these past two years. For the NHS, both national and locally, the COVID-19 pandemic presented the greatest challenge in its history: from the rapid redesign of services in acute trusts to accommodate COVID-19 patients in early 2020, to the challenges of delivering an unprecedented vaccination programme. All this whilst working to maintain essential services.

The faith sector, like the voluntary sector at large, also experienced a significant strain on resource during this time, yet stepped up to deliver aid and support to communities in a range of contexts. A large amount of this work has complimented and buffered local NHS services.

At FaithAction we have witnessed the remarkable reach and agility of faith. As COVID-19 has made clear the long-standing health inequalities prevalent in our society, so also the value of faith groups for prevention, as well as overcoming barriers to accessing healthcare, has come into sharp focus. Our members have supported the most vulnerable, as well as those who have faced the greatest disparities in outcomes from COVID-19. And, as our survey data shows, much of this did not begin from a standing start but as an extension of existing activity.

This report

In 2021 NHS England invited FaithAction to report on activities undertaken by FBOs in support to NHS services, and the implications of this for recovery. We wanted to answer: first, what has been happening? Second, does this represent a change in emphasis for FBOs? And, third, how can this be built upon in the future?

To answer these questions, we drew from:

- 2 roundtable discussions held before the pandemic in late 2019 and early 2020.
- 2 online surveys with FaithAction members, one in April 2020, and one in April-May 2021. The surveys gathered 146 responses in total from a diverse range of organisations.
- Telephone interviews with selected FBOs within our membership, and beyond.
- Data from focus groups, with 9 different faiths, held between June 2020 up to April 2021 which sought to capture FBOs' experiences of the pandemic, and their response.

The following report uncovers some of the wide-ranging work of faith communities country-wide, distilling **key themes** in how the work of FBOs has operated alongside, and in support to, the NHS. It describes some of the **pressures** experienced by both the faith and statutory sectors when working in partnership and **recommends** how they may be overcome. Most importantly, it examines how foundations for effective partnership can be built upon in future.

The activity captured in this report is but a small part of the huge efforts of FBOs throughout 2020 and 2021. But we do believe it is representative of the energy, agility, and compassion of faith communities in responding to need – both within the context of a pandemic, and beyond.

We have long commented on how FBOs are the first in and last out in crisis. This pandemic has underlined the key role of faith groups as early responders who are willing to stay the course.

Summary

This report examines the work carried out by FBOs during the COVID-19 pandemic in support to local NHS services. Our survey and consultation revealed a notable increase in partnership working between FBOs and NHS organisations like ICSs, acute hospital trusts, CCGs, and GP surgeries, as well as with local authorities. This is a positive outcome from a year fraught with difficulty for so many.

Our call to action is to ensure that these foundations for strong partnership working are built upon, in line with priorities for local collaboration laid out in the NHS Long Term Plan, and guidance for Integrated Care Systems (ICSs). We cannot build back better from the pandemic without the voluntary sector, and FBOs within it, remaining valued and trusted local partners.

We surveyed FaithAction members and discovered that **76%** had carried out work in support to the NHS during the pandemic.

Moreover, we found that, prior to the pandemic, the ground was already laid for a swift faith-based response:

- **72%** of our members were already doing work in support to the NHS before 2020.
- **Over a third** of our membership had been providing transport to and from healthcare appointments, and helping with remote consultations, before the pandemic hit.
- **32%** were already engaged in health education and tackling misinformation.

Several new programmes were initiated from the ground up, showing the adaptability of the sector:

- There was a big increase (**27%**) among our membership in helping with vaccine programmes, where less than **4%** had done this kind of work before.
- There was a **17%** increase in delivery of medication, and a **12%** increase in supply of PPE to communities and healthcare workers.

We discovered **five key themes** in the kinds of supports offered by FBOs to NHS services:

- **Prevention and self-help**—where FBOs provide "upstream" support through addressing wider determinants of health.
- **Faith as enabler**—where FBOs have acted as a bridge, helping people access NHS services.
- **Co-ordination support**—where larger FBOs and infrastructure bodies have resourced and co-ordinated strategic local initiatives.
- **Direct aid to hospitals**—where FBOs have forged relationships with trusts and hospitals locally, delivering food, funds, and other supports.
- **Faith as provider**—where FBOs have delivered more formal health and care services, in partnership with the NHS.

This work can form the foundation for a new way of operating for local health and care systems, where FBOs are valued and trusted, and are an integral part of strategic planning for integrated care. We are calling for health and care systems to:

- Recognise the valuable insight and experience of FBOs
- Establish clear channels for engagement with faith communities
- Provide financial and non-financial resource for grassroots FBOs
- Improve data collection on ethnicity and faith and belief
- Improve their faith literacy

Our key recommendations at a glance

Suggestions for local health and care systems building on successes; overcoming pressures

1) Recognise the valuable insight and experience of FBOs

FBOs should be recognised as trusted leaders among diverse communities experiencing health inequalities, as well as a key source of intelligence and insight for health and care. They should be made an integral part of ICS strategies for engaging with communities.

> *In Lancashire and South Cumbria ICS, the voluntary sector is referred to as the "VCFSE", giving greater visibility to faith. The VCFSE have formed a "Partnership Alliance" across the ICS footprint, with an independent chair representing the Alliance to the ICS board.*

2) Establish clear channels for engagement with faith communities and the wider voluntary sector

Relationships, communication channels and practical initiatives forged during the pandemic should be built upon, especially at place and neighbourhood level. Initiatives like pop-up vaccine centres and targeted messaging should be adapted for contexts other than COVID-19.

> *The reach of FBOs could be considered within cancer prevention, for example, with targeted messaging helping to reduce inequalities in screening uptake.*

3) Provide financial and non-financial resource for VCFSE organisations

Funding should be channelled to grassroots organisations to enable them to continue offering support and insight. Funding should be equitable, and monitoring should be simple. Non-financial supports such as training opportunities should also be considered.

4) Improve data collection on ethnicity and faith and belief

NHS organisations across acute and primary care should routinely collect and publish data on ethnicity, occupation, and faith, including at death certification, to form a better understanding of the inequalities particular groups are facing, and how they might be addressed.

5) Improve your faith literacy

NHS staff across ICSs, acute trusts and PCNs should undertake training on faith and belief. Commissioners should be willing to think about organisations in terms of the work they do, rather than their status as FBOs.

> Resources are available to help navigate the faith calendar, for example, as well as things like food and clothing requirements and their impact on health and care.
>
> See Making Religious Diversity Work for Your Trust, available at www.faithaction.net/how-to/religious-diversity/
>
> Consider the role of NHS employees and clinicians who are people of faith. Things like "faith champions" initiatives, or faith profiles in staff newsletters, could help raise awareness within the workforce.

Things FBOs have done during the pandemic that may be built into recovery



Transport to and from medical appointments



Contacting healthcare services on behalf of people



Assisting access to digital appointments

Addressing wider determinants of health



Reducing barriers to accessing healthcare



Food deliveries



Debt and economic support



Involvement in social prescribing



Faith-placed interventions



Befriending schemes and support groups



Counselling



Webinars on mental health conditions



Health messaging and prevention



Coordinated volunteering and mutual aid



Making and distributing PPE



Tackling fake news and misinformation



Faith-based vaccination centres



Distributing oximeters for home use



Supporting the NHS Test and Trace programme



Hospital chaplaincy



Out of hospital care

Background: the shape of faith-based social action in the COVID-19 pandemic

The latest comprehensive data records that over a quarter (27%) of charities registered in Great Britain are faith-based, with the current tally likely higher than this[1]. 64.5% of these charities are Christian; 4.8% are Muslim; 4.6% are Jewish, with other minority faiths making up 1% or less. The remaining 23.2% are faith based, without specifying a particular faith[2].

The value of social action undertaken by these charities is equally large, estimated to be equivalent to £3 billion in terms of volunteer hours worked[3]. The National Churches Trust *House of Good* report, published in 2020, calculates the UK-wide yearly value of church-based mental health support alone to be £27 million, and the cost to the NHS of replicating this work to be £20 million[4].

It goes without saying that a huge amount of this activity complements the UK health and care system, whether through acting on social and economic determinants of health or addressing health and wellbeing issues more directly. We know FBOs possess a range of assets for health promotion and work with some of the most marginalised communities in the UK, including those which statutory services struggle to reach[5]. FBOs remain recognised and trusted leaders, locally, often providing upstream interventions and culturally tailored forms of support[6].

Health inequalities and faith

Whilst the paucity of data around faith and healthcare makes it difficult to draw many clear conclusions regarding faith and health inequality, we know several faith communities experience health inequalities due to social factors. The links between poverty and health inequality are well documented[7], and after accounting for ethnicity, certain religions are at higher risk of experiencing poverty. Just under half (46%) of the Muslim population, for example, live in the 10% most deprived, and 1.7% in the least deprived, Local Authority Districts in England[8]. Sikhs are also at greater risk of poverty than people from other faith traditions[9].



A COVID vaccination outreach clinic run by the Jesuit Refugee Service in partnership with local services

The pandemic has served to further highlight these trends, with ONS data demonstrating disproportionality in COVID-19 outcomes not just according to ethnicity but also faith, in part owing to socio-economic factors[10]. Previous research demonstrates that the links between health inequalities and faith communities, as well as FBOs' assets for health promotion, means they are ideal places to run interventions and be involved in prevention initiatives[11].

Where this approach has been adopted throughout the pandemic, it has been extremely effective, proving the potential for more targeted partnership work beyond COVID-19.

Faith-based organisations and the COVID-19 pandemic

Faith groups were among the first responders to the COVID-19 pandemic and its impacts. Some FBOs received calls from local authorities, requesting that they step in with emergency provision, within the first few days of the first national lockdown in 2020[12].



Meals prepared by Brighton & Hove Faith in Action for their local community

Addressing food poverty and its wider impacts has remained a primary focus for a large part of the sector[13,14]. So too has been offering mental health support—ranging from informal calls and visits and befriending schemes, to dedicated helplines and more specialised programmes. 68% of churches surveyed by the Church Urban Fund in 2020 were offering some form of pastoral support, for example, whilst 41% of calls to the YourNeighbour helpline were requests for emotional help[15,16].

We know, too, that alongside practical aid countless faith communities have worked hard to ensure their practices and venues remained safe, whilst acting as trusted messengers to their communities[17]. The Muslim Council of Britain, to give one example, carried out extensive work in assisting mosques to implement risk assessments and adhere to guidance[18]. It was a role that extended through to the COVID-19 vaccine rollout, for which leaders across the faith spectrum, as well as FBOs and places of worship, were key partners.

> *"Faith communities played a vital role in engaging with communities and were a trusted source of information, leadership and engagement and needed to be better engaged in future efforts to build community resilience and prepare communities for the immediate and long-term challenges of COVID-19."*
>
> —Public Health England, *Beyond the Data: Understanding the impact of COVID-19 on BAME groups*

Cross-sector partnerships

Indeed, a theme running through faith-based responses to COVID-19 is the flourishing of cross-sector collaboration. The All-Party Parliamentary Group (APPG) for Faith and Society's *Keeping the Faith* report draws attention to local partnerships, with 67% of local authorities saying that there has been an increase in partnership working with faith[19]. The Church Urban Fund, too, record that 28% of churches are now working more closely with local authorities since the start of the pandemic, whilst the Campaign to end Loneliness, in their report *Loneliness Beyond COVID-19*, suggest that the pandemic was "instrumental in forging new links, particularly between health professionals and VCFSE organisations.[20]"

Our own engagement has seen this theme crop up again and again – that of barriers coming down, new relationships being forged, and practical initiatives being developed in partnership. Much of this has taken place at a local level, where relationships did not previously exist.

Our survey findings

Whilst much has been written about the wider response offered by FBOs to the COVID-19 pandemic[21], less has been said about how this activity has supported and complimented the NHS response. To build a picture of the kinds of activities carried out by our membership, we drew up a list of 12 forms of support that previous FaithAction research has identified as being typically provided by FBOs[22]. We added to this list things that our focus groups throughout 2020 showed us had also been carried out by FBOs during the pandemic. We asked respondents to indicate which of these they had undertaken both during and prior to the pandemic. The forms of support identified were:

- Providing transport to and from healthcare
- Contacting healthcare services on behalf of people
- Assisting with telephone/digital consultations
- Providing out-of-hospital support/home visiting
- Delivering medication
- Delivering food
- Providing spiritual/pastoral support
- Providing mental health/wellbeing support
- Facilitating volunteering or mutual aid
- Supplying PPE
- Health education/tackling misinformation
- Supporting vaccination programmes

Follow-up interviews with individual organisations, as well as non-members, formed the basis of the thematic analysis that follows this section.

Experience and readiness

The first observation to be made from our responses is that a significant percentage of our members were engaged in the kinds of activities that directly supported NHS services during the pandemic; of organisations surveyed, 76% said they carried out this kind of work in one form or another.

It is noteworthy, however, that this represented an increase of just 4% when compared with activity before the pandemic, with 72% of respondents saying that, prior to COVID-19, they were already active in one or more of these areas. Whilst there have been fluctuations in the kinds of activities undertaken, we can say with confidence that programmes of work supporting NHS services were already happening to a large extent among our membership prior to 2020.

Given previous FaithAction research into the role of FBOs in supporting health and care, this finding is not particularly surprising. But it does make clear that, at the point of COVID-19 being declared a serious incident, the faith sector was an experienced partner and poised to act, with, in many cases, resources, established networks and procedures already in place.

Drilling down into some of the specific kinds of activity helps build a clearer picture of the preparedness of faith groups to deal with the challenges of COVID-19.

We were surprised to note, for example, that things like **assisting with telephone/digital consultations and contacting healthcare services on behalf of people** saw only marginal increases, of 6% and 4% respectively, with over a third of our members already assisting with remote consultations prior to 2020, and just under a third (32%) already helping contact healthcare services.

Similarly, although **provision of health education/tackling misinformation** saw a significant increase of 21% during the pandemic, one third of our membership was already involved in this kind of work.

Provision of transport to and from healthcare appointments, on the other hand, decreased during the pandemic, falling from over a third (36%) of our members engaging in this prior to COVID-19, to 23% during the pandemic. This again shows the business-as-usual role of FBOs in helping people access healthcare, whilst pointing perhaps to an adaptation in use of resources during the pandemic.

Agility and adaptability

It should be noted that entirely new strands of activity for FBOs did spring up within the context of COVID-19, including **supplying PPE**, **delivering medication,** and **supporting vaccination programmes**. Less than 5% of our members were engaged in each of these prior to COVID-19, but they increased significantly, by 12%, 17% and 27% respectively.

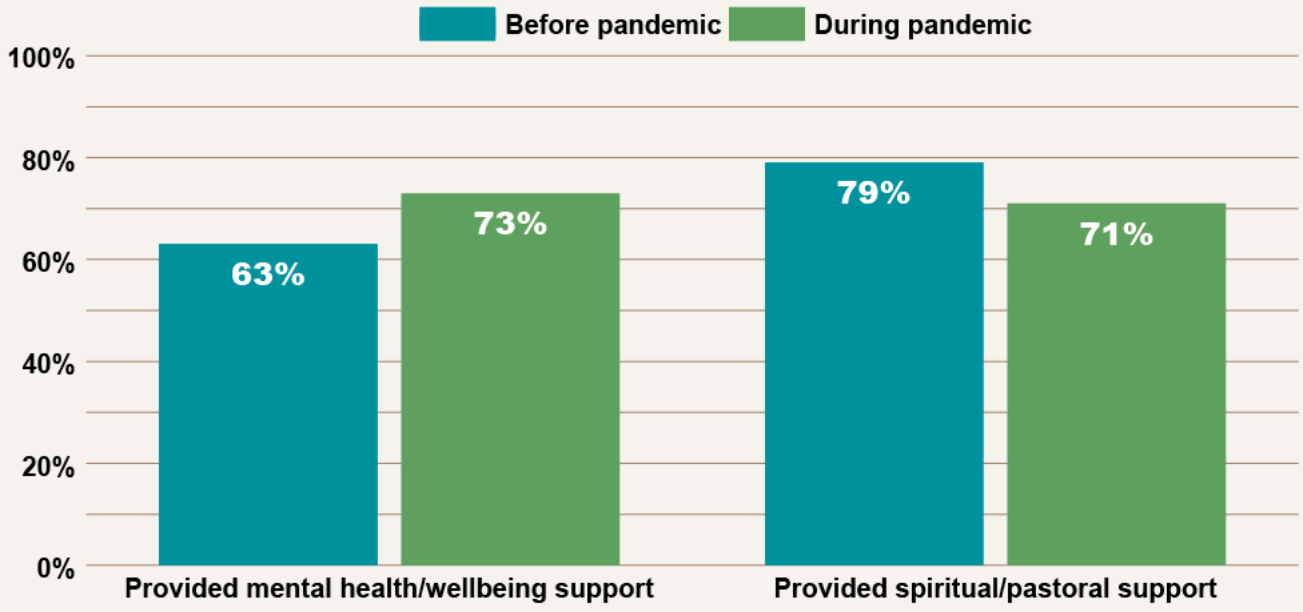
The speed and effectiveness with which FBOs pivoted to deliver these kinds of projects, as reinforced in more detail by some of our case studies below, was remarkable, and again underlines the agility and adaptability of the sector. It is worth considering how some of these new initiatives, and indeed the relationships with statutory services and networks that facilitated them, might be built upon and expanded in recovery. How, for example, might FBOs and places of worship be better integrated in local messaging around and delivery of flu vaccinations, for example?

We can conclude that a great many activities carried out by FBOs, both within and without the COVID-19 pandemic, are of great value in supporting the health and care system.

Mental health and spiritual/pastoral support

The provision of mental health and wellbeing support, alongside offering spiritual and pastoral support, were the most common activities offered by our members, both during and prior to the pandemic, with 73% of members offering some form of mental health or wellbeing support during the pandemic, and 71% offering spiritual and pastoral support.

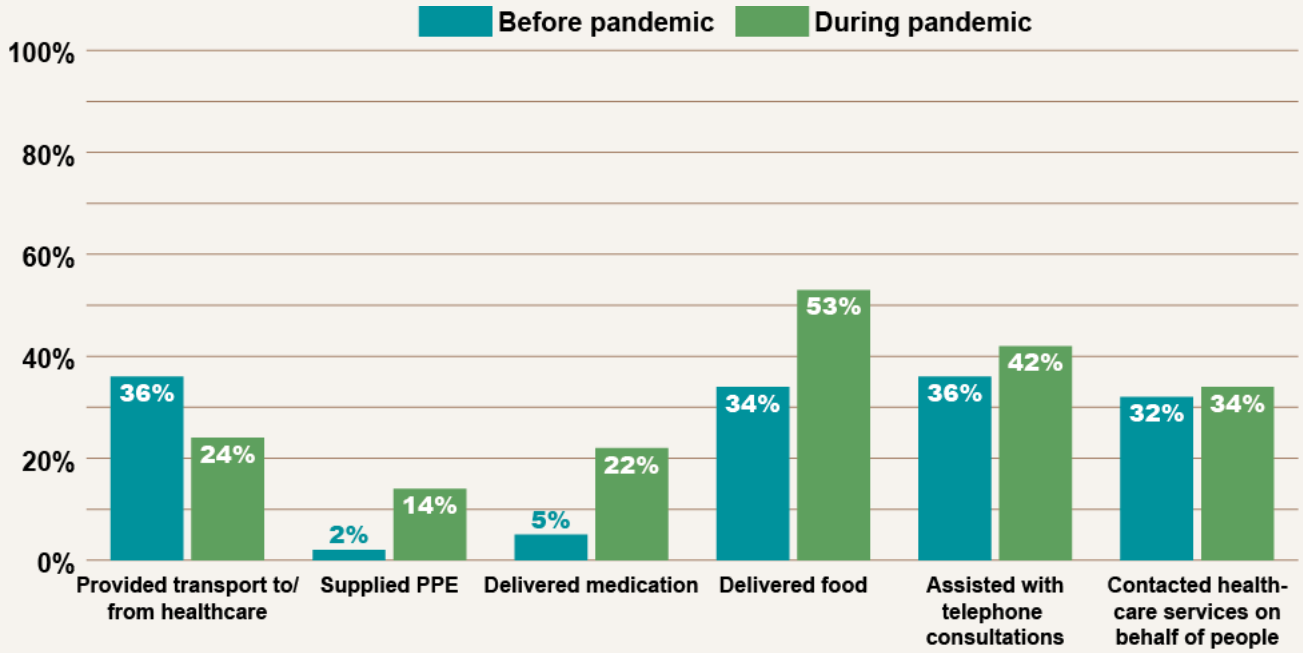
Mental health and wellbeing support saw a 10% increase during the pandemic, whilst spiritual and pastoral support saw an 8% decrease. This could reflect the difficulties, expressed anecdotally by our members, in continuing with informal forms of pastoral activity amidst COVID-19 restrictions. Things like home visiting and prayer ministry, for example, were perhaps more difficult to maintain than targeted support groups for individuals experiencing mental health challenges.



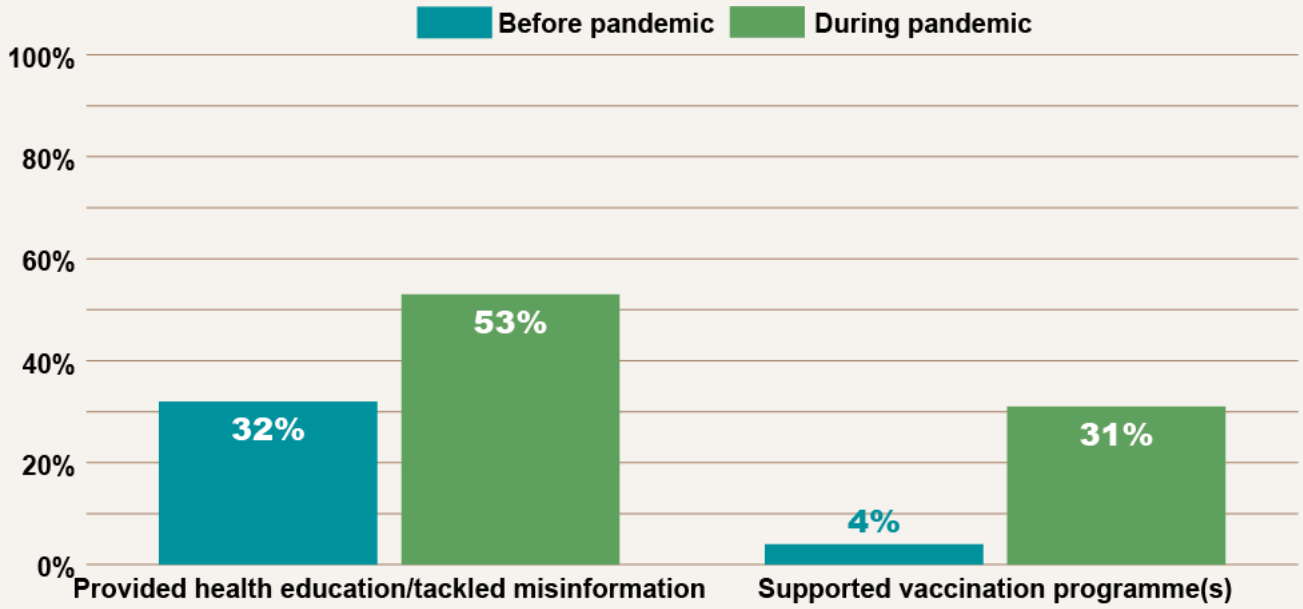
Enabling access to health and other services

36% of our members provided transport to and from healthcare appointments prior to the COVID-19 pandemic, falling to 24% in the pandemic, perhaps reflecting restrictions on social contact preventing sharing of vehicles, or fewer face-to-face appointments in primary care.

We saw a general increase in most other forms of support, with a 6% increase in members offering help with telephone or digital consultations, a 12% increase in organisations supplying PPE, a 17% increase in members delivering medication for people, and a 19% increase in the provision of food deliveries for those vulnerable or self-isolating. There was a very slight increase (2%) in members contacting healthcare services on behalf of people.



The greatest increase in activity relates to the delivery of health education/tackling disinformation (21%) and supporting vaccination programmes (27%). The former proved to be one of the most common activities of our members, with over half of respondents involved in some way. Yet, again, we should note that nearly a third of our members were involved in this kind of health promotion messaging prior to the pandemic.

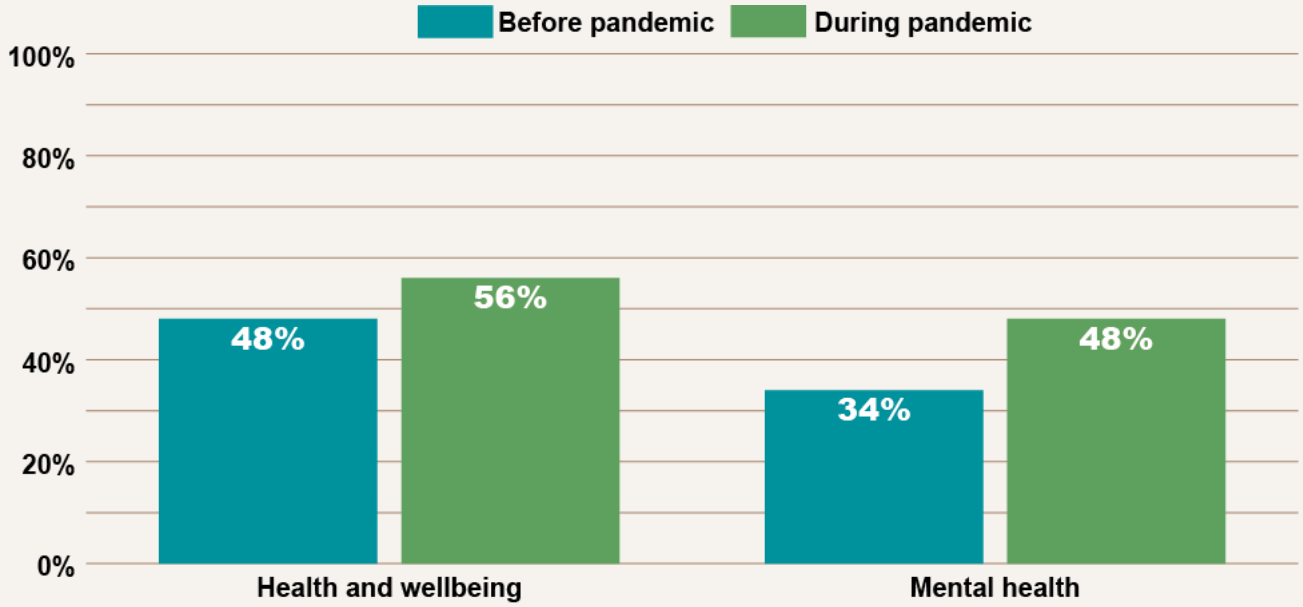


Thematic issues

As well as building a picture of the kinds of activities carried out, we also wanted to gauge the relative importance of the thematic issues our members are addressing, and how this has been affected by the pandemic.

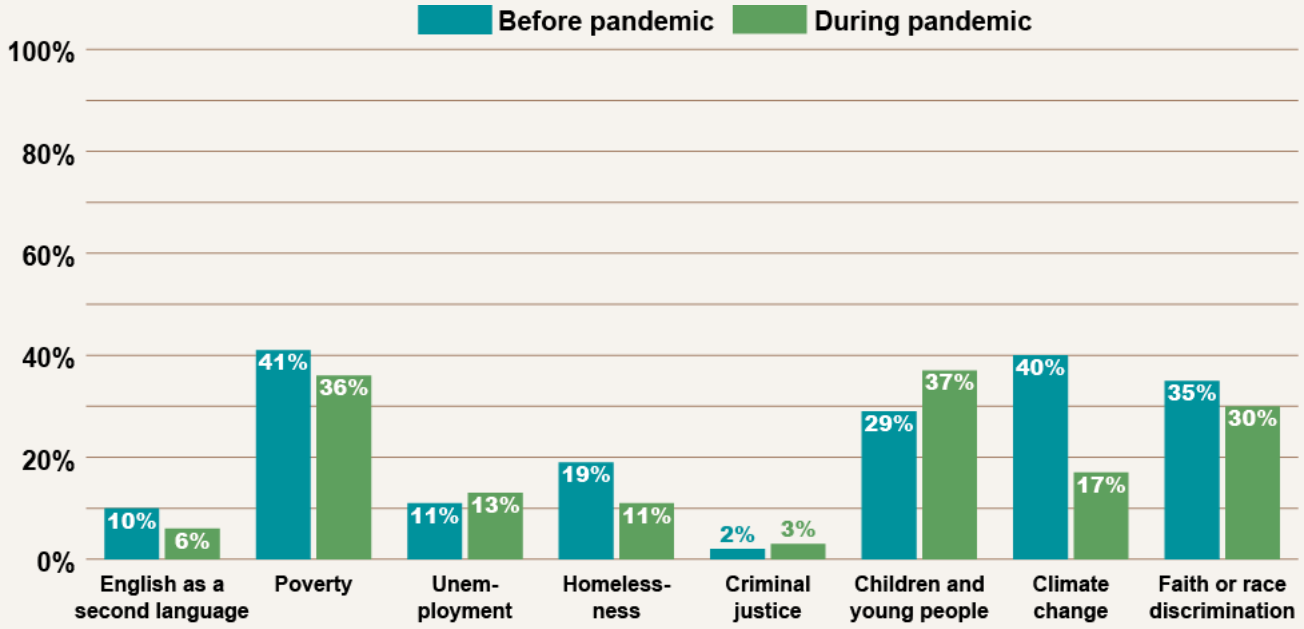
Perhaps not surprisingly, the broader category of **health and wellbeing** was the most important theme, with 56% describing it as very important between May 2020 and May 2021. This was an increase of 8% from before the pandemic, showing a marginal increase in focus for our members on issues around health and care.

Within the remit of **health and wellbeing,** the importance of **mental health**, specifically, saw a 9% increase, from 34% describing mental health as being of importance prior to the pandemic, to nearly half (48%) describing it as very important during COVID-19.



Loneliness saw a 15% increase in importance for our members during the pandemic, going from 19% describing it as very important prior to COVID-19, to 34% during the pandemic.

Children and young people, **unemployment** and **criminal justice** all saw marginal increases, whilst **climate change**, **faith/race discrimination**, **English as a second language**, **homelessness** and **poverty** all decreased in importance for our members.

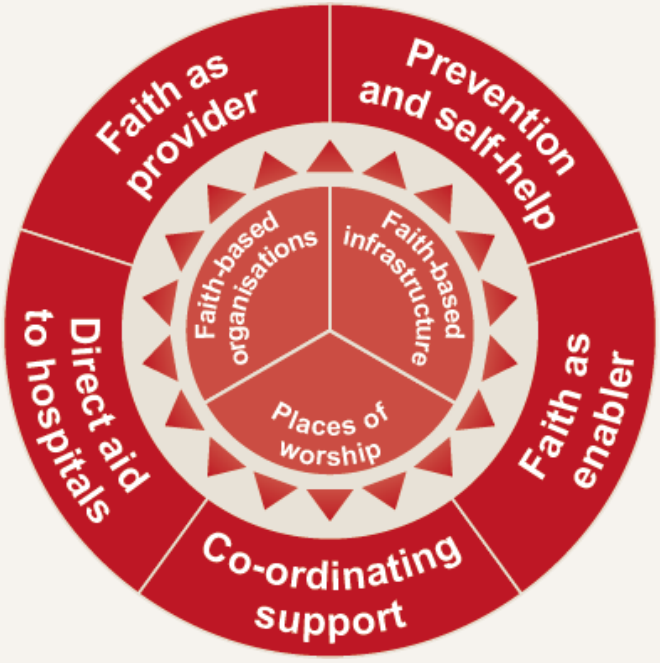


Our consultation: key themes

Our own survey feedback, interviews, and conversations with our members between February 2020 and May 2021 have enabled us to identify five broad themes in the kinds of support offered by FBOs to NHS services.

These themes are:

1) Prevention and self-help
2) Faith as enabler
3) Co-ordinating support
4) Direct aid to hospitals
5) Faith as provider



These categories are not entirely distinct, and some of the activities described will cut across more than one theme.

These themes are summarised in more detail below.

1) Prevention and self-help

This encompasses what may be called indirect or "upstream" support, and involves activities that either:

1. Promote good physical and mental health,

or,

2. Address the wider determinants of health.

This includes things like peer support and befriending schemes, support groups, exercise/walking initiatives and informal health education, as well as programmes that address food or economic poverty, addiction, homelessness, or unemployment.

Also included, here, would be initiatives that have helped places of worship and FBOs implement safety measures such as social distancing, temperature checking and use of PPE, all of which help prevent the spread of infection.

In the context of the pandemic, these supports might mitigate against the mental health impacts of social isolation, job loss/furlough or bereavement. They might also promote health behaviours that improve chances of recovery from COVID-19, decrease the risk of hospitalisation or reduce the impact of other diseases. Involvement in such activities in a faith context can also create a strong sense of community and involvement, sometimes called "community capital", that acts as a buffer against the risks of poor health[23].

Most faith groups will not think of this kind of work as being directly complimentary to NHS services – they might not even see the wider benefits to their offer. Yet, as previous work by FaithAction has shown, this kind of activity can indeed be seen as a protective buffer, easing pressure on primary care or even acute services[24]. There is work to be done for FBOs in identifying, and articulating, how these initiatives complement or support NHS services. Likewise, local health and care systems should actively consider how to actively involve faith communities, and assets, in strategic planning.

Some organisations we interviewed initiated new programmes as a response to the pandemic, but for many this kind of work is their "bread and butter", and was simply amended, or expanded, throughout the course of the pandemic. It is a broad category, with 52% of survey respondents engaged in addressing food poverty, and 72% engaged in mental health/wellbeing programmes.

> *"Faith groups have so much experience in supporting people ... many people involved are health professionals and are well-placed to guide people into healthier lifestyles and ease pressure on the NHS."*
>
> **Jackie Kesses, founder of the "Open Door" project, St Marylebone Church**

◆ **Befriending**

Barking and Dagenham-based Community Resources set up a volunteer-run telephone befriending scheme at the beginning of the pandemic with flexibility to allow callers to simply have a chat, as well as offer more practical help.

The "Bringing People Together" network, a project of Transforming Communities Together in the diocese of Lichfield, operates 14 virtual befriending groups. They facilitate friendship and mutual support, offering routine and connection to those feeling isolated.

◆ **Health and wellbeing**

Khizra Mosque in Manchester initiated inter-faith walking groups to allow older members of the community to get exercise, connect with others and enjoy nature. They also ran fitness classes and virtual gardening clubs, as well as lending bicycles to community members to encourage exercise.



A walk arranged by Khizra Mosque.

St Marylebone Church in London runs a healthy lives group called Open Door which promoted health and wellbeing throughout lockdown by providing information about eating healthily on a budget, how to lose weight, deal with stress and anxiety and manage medication. The group became a community of support, particularly for older participants, with members encouraging one another and keeping in touch via phone and letter writing.

◆ **Food poverty**

A huge number of churches throughout the UK operate food banks or have been involved in food distribution initiatives. The Lockdown Hunger partnership, co-ordinated by YourNeighbour, alone oversaw the delivery of 2.8 million meals to vulnerable families.

Within Sikhism, **langar** is the community kitchen of a Sikh Gurdwara, serving food free of charge to all who require it. Organisations like Gurdwara Aid and Khalsa Aid have helped facilitate and resource the use of Sikh community kitchens to address food poverty.

◆ **Non-pharmaceutical interventions**

Many places of worship conducted risk assessments and implemented social distancing and other safety measures from June 2020. Umbrella bodies such as Muslim Council of Britain and Gurudwara Aid were instrumental in helping individual settings interpret and adhere to guidance safely to prevent the spread of infection.

The Places of Worship/Faith Taskforce, convened by Government in May 2020 played a key role in developing a plan for the safe reopening of places of worship. A paper produced by the Taskforce in November 2020 quotes Public Health England data suggesting that as few as 47 cases of COVID-19 were traced directly to places of worship, demonstrating the effectiveness of places of worship in relieving pressure on NHS services.

2) Faith as enabler

Throughout the pandemic FBOs have engaged in activity which functions as a "bridge" between communities and NHS services. In many cases, this work has significantly improved access to healthcare for marginalised groups.

It includes things like **providing transport to and from healthcare appointments, delivery of medication, compliance with the NHS Test and Trace service, assistance with remote consultations, language classes and helping people understand guidance, the supply of digital oximeters to patients in the community and the opening of vaccination centres in community settings.** Also included within this category would be faith-sensitive helplines like Muslim Youth Helpline (MYH), whose staff are trained to connect callers with relevant services.

> *"We were teaching 400 asylum seekers and refugees English, running conversation clubs, employment hubs and volunteering. Now we will be teaching 300 people online to ensure that we are still keeping in contact with this vulnerable group who often don't access mainstream services or food banks, etc."*
>
> **FBO representative**

This work is often more self-consciously health related than the prevention initiatives above. In some cases, it has been delivered in a formal way by specialist organisations. In others, it might happen informally, leaning on existing social networks and the willingness of volunteers within FBOs and places of worship.

◆ **Facilitating adherence to NHS Test and Trace**

Ahmadiyya mosques, such as Noor Mosque, Crawley, supported the NHS Test and Trace service by taking temperatures of worshippers, giving advice, and recording names and addresses. The programme raised awareness of the risks of COVID among the worshiping community and emphasised the importance of compliance.

Gurdwara Aid ran weekly calls with participating gurdwaras communicating government guidance, answering questions, and helping settings implement safety measures.

◆ **Transport**

The Vaxi Taxi, set up by the COVID Crisis Rescue Foundation, tailors vaccination delivery to the needs of diverse populations across London. The taxi offers patients transport to pop-up vaccination clinics, reaching out particularly to those that may not be registered with a GP, or have an NHS number. People that attend are provided food and drink and the opportunity to talk through concerns before being vaccinated, which takes place either in the taxi itself or the clinic.

Founders Dr Sharon Redmond and Dr Yasmin Razak piloted the project at Al-Manaar Muslim Cultural Heritage Centre in February, and the project continues to reach out to excluded groups across London.

◆ **Informal support**

The advice and signposting provided by a retired GP among the Baha'i community in Preston is a good example of the kind of social capital often found within faith communities.

Khizra Mosque in Manchester provided transport to and from hospital and medical appointments for community members throughout 2020.

Muslim Youth Helpline engaged increasing numbers of young people facing extended waits for talking therapies, as well as those who wanted a culture- and faith sensitive listening ear. MYH staff are trained to direct callers on to relevant services.

◆ **Digital oximeters**

Hujjat, Stanmore, a mosque in North West London, provided free pulse oximeters on a loan basis to vulnerable people experiencing COVID-19 symptoms, allowing them to monitor oxygen levels safely. The scheme helped individuals more accurately monitor risk, whilst encouraging them to seek medical help from the GP/111 should their oxygen levels deteriorate.

◆ **Community vaccination sites**

The Baitful Futuh Mosque in Morden ran four vaccination sessions as a pop-up vaccination site, seeing over 4000 individuals vaccinated. Similar sites were set up at the Noor Mosque in Crawley, as well as mosques in Manchester.

3) Co-ordinating support

This kind of support includes faith-based infrastructure and umbrella organisations who have worked to co-ordinate and resource activity during the pandemic.

Assets found in FBOs are wide-ranging. They include things like buildings in accessible locations, cultures of volunteering, an ethos of care to marginalised communities and what previous research has identified as "substantial and significant social capital"[25]. The value of assets such as these for promoting good health, complimenting health and social care services and easing pressure on NHS trusts and primary care is significant, and has been recognised for a number of years[26]. Yet without co-ordination, capacity building and the creation and maintenance of strong networks, these assets can go unrecognised and unused – both by FBOs themselves and local health and care systems.

Some of the things that faith-based umbrella organisations have achieved in the context of the pandemic are:

- Enlisting places of worship to become vaccination sites, and co-ordinating this activity;

- Working across denominational lines to disseminate pro-vaccine communications;
- Acting as a point of contact for faith activity at a local authority/place level;
- Representing the voice of communities in consultations with local decision makers;
- Brokering discussions with scholarly bodies to achieve a theological consensus on vaccines and safety measures in places of worship;
- Organising food distribution programmes;
- Upskilling and capacity-building smaller FBOs;
- Enlarging and strengthening networks by connecting FBOs with other like-minded organisations, as well as mainstream or statutory partners.

There was a huge variety in the size and shape of organisations engaged in this kind of work. Just some of the types of organisations identified were:

- **Faith-based medical associations representing clinicians**—e.g. The British Islamic Medical Association; Muslim Doctors Association.
- **Scholarly bodies**—e.g. British Board of Scholars and Imams; Board of Deputies of British Jews.
- **Regional and national multi-faith infrastructure bodies**—e.g. Strengthening Faith Institutions, FaithAction, Faiths United, Brighton and Hove Faith in Action.
- **Regional inter faith forums**—e.g. Tower Hamlets Inter Faith Forum, Herts Inter Faith Forum.
- **Single-faith infrastructure bodies**—e.g. Muslim Council of Britain, Muslim Charities Forum, Gurudwara Aid, YourNeighbour.
- **Intra-faith or denominational representative bodies**—e.g. The Church of England, Ahmadiyya Youth Association
- **Faith Covenant coalitions at place level**—e.g. Essex Faith Covenant, Preston Faith Covenant.

Bodies such as these have been instrumental at co-ordinating work at both local and national levels, however where an organisation had national reach, it was common to find that links were strongest at a local level.

> *"My organisation has joined with local organisations and churches to set up an emergency food bank that provides cooked meals, food parcels and toiletries to BAME communities, the elderly and the most vulnerable in our community."*

We have also noticed a more collegiate approach emerge within the faith sector during the pandemic, where FBOs, often aided by larger "brokering" organisations, were able to form partnerships across denominational lines. Some organisations, like the YourNeighbour network, sprang up during the pandemic for this purpose. Others, like Gurdwara Aid, took a solution-focused approach with an emphasis on local action. There is great potential to consider how these new networks and partnerships can contribute towards recovery from COVID-19 and the development of health and care partnerships, locally.

Gurdwara Aid were one of the primary points of contact for gurdwaras looking to become vaccine centres, referring 15 gurdwaras in total to be assessed for use as vaccine sites. In addition to this, their weekly webinars helped digest government guidance for the Sikh community, represented by over 100 member gurudwaras.

YourNeighbour is a network of 1,200 churches, working across over 40 denominations, engaging in food relief, as well as promotion of the COVID-19 vaccine. Inter-denominational work such as this can form the basis for strong partnership work in recovery.

The Ahmadiyya Youth Association were called upon at a local level to offer logistical support to vaccination centres. Their experience in staffing large annual events meant they were able to assist with people management and car park organisation.

The Faith COVID Assistance Partnership (FCAP) was set up by FaithAction, in partnership with East London Mosque, to support all faith settings in Tower Hamlets to make their places of worship COVID-safe. The project is funded by Tower Hamlets Council and builds on existing faith networks through Tower Hamlets Inter-Faith Forum, as well as strong links with Barts Health NHS Trust. It has delivered PPE and lateral flow tests to over 40 places of worship and disseminated public health messaging through webinars and visits.

- **Strategic co-ordination through the Faith Covenant**

The Faith Covenant is a joint commitment between faith communities and local authorities to a set of principles that guide engagement, aiming to promote open, practical working on all levels.

The Essex Faith Covenant became a key vehicle for FBOs inputting into Essex County Council's Faith & Communities Tactical Co-ordination group, which developed key communications with faith groups around the COVID-19 vaccine.

The Faith Covenant has recently begun a project in Colchester exploring the involvement of FBOs in social prescribing and developing training for faith groups and social prescribers to this end.

- **Comms campaigns, rapid reviews and consensus gathering**

The suite of comms materials produced by The British Islamic Medical Association (BIMA) came off the back of prior discussions with Muslim scholarly bodies which gathered consensus regarding the vaccines and other issues. This groundwork paved the way for wide use of these materials throughout local NHS systems.

The Muslim Doctors Association (MDA) produced two evidence briefings with School of Oriental and African Studies (SOAS), University of London, on inequalities faced by faith groups, as well as ethnic minorities, during COVID-19, as well as a rapid review of the impact of COVID-19 on Muslim Communities.

4) Direct aid to hospitals

Another category of support provided by FBOs was that of direct aid to healthcare workers, centred around hospitals. This involved things like supplying food to frontline workers, making and/or distributing PPE for hospitals, fundraising, and offering other supports such as childcare assistance for doctors and nurses.

> *"We didn't have any existing relationships with the hospitals, we just started from scratch. But now there are good friendships built ... we'll certainly continue working together."*
>
> **Ravi Singh, Khalsa Aid**

In March 2020, NHS trusts redesigned their services at pace to better accommodate COVID-19 patients. There was wide media coverage of the mounting pressure on the NHS workforce, particularly nurses and hospital staff, and some FBOs responded to this by providing hot food for frontline staff. FBOs took inventories of their assets and put them to use, in some cases repurposing restaurants that had been closed, as well as kitchens attached to gurdwaras and other places of worship. In many cases, furloughed chefs and other volunteers made and delivered the food.

New connections were forged between FBOs and local NHS organisations through this process. Khalsa Aid, a Sikh disaster-relief organisation, made direct contact with hospitals to facilitate their deliveries. In other cases, as with Brighton and Hove Faith in Action, existing relationships and communication channels were used.

Several gurdwaras raised money for hospitals including Croydon Gurdwara, which delivered a cheque of over £20,000 to Croydon University Hospital, and Guru Gobind Singh Gurdwara in Bradford, which donated £40,000 to Bradford Hospitals NHS Trust.

The Ahmadiyya Muslim Youth Association delivered 10,000 food packs to front line workers, and 673,000 pieces of PPE to hospitals and care homes.

Members of the Ahmadiyya Women's Association sewed and delivered face masks and scrubs for hospitals and care homes across the UK, totalling 50,000 pieces.

Sikh charity Khalsa Aid co-ordinated the delivery of over 100,000 hot meals to front line staff across 10 different hospitals.



Members of the Ahmadiyya Muslim Community deliver PPE to local NHS services

5) Faith as provider / Complementary support

The last type of support identified includes more formal health and care services delivered by people of faith and FBOs, whether in an official capacity or in a way that complements NHS services.

This would include **hospital and community-based chaplaincy** and support services**, faith-based counselling** such as that provided by MindworksUK, **out-of-hospital care and home visiting, GP practices and health centres** with a faith basis, as well as established **faith-based providers of social care and health services** such as Jewish Care and Catholic Care. **Specialist response organisations**, like Hatzola ambulance service, manned by volunteers from the Jewish community, would also fall into this category.

Parish nurses are registered nurses who are employed or appointed by a local church to offer health-related help to people of all ages and beliefs. Many parish nurses have adapted their work in the pandemic to offer tailored support to the vulnerable, often finding creative ways to tackle isolation and encourage people to access care. Parish nurses build relationships with GP practices and health professionals, so that referrals can be made to and from the primary care team or other providers and agencies. Some have developed relationships with the local CCG and with hospitals.

Hatzola is a Hackney-based ambulance service run primarily by volunteers from the local Jewish community. During the pandemic Hatzola expanded their ambulance fleet and had volunteers trained by Royal London and Homerton Hospitals, allowing them to access wards and co-ordinate phone calls with patients' families.



Members of the Hatzola volunteer ambulance service

St Marylebone Parish Church is situated at the heart of the North-West London community. Also housing an NHS GP practice and a healing and counselling centre in the crypt, the Church has a particular focus on health and wellbeing and the interplay between spiritual, psychological, and physical healing. The church has close links with other local health services, also providing chaplaincy to the London Clinic and King Edward VII Hospital.

MindworksUK are charity providing counselling, psychotherapy, and faith-based therapy, working largely with South Asian and Muslim populations. They employ over 20 counsellors working across 8 different languages and offer faith- and culturally-appropriate support.

Recommendations

One of the clearest themes to emerge from our interviews was the desire, expressed by both FBOs and statutory partners, to "lock in" the successes of collaborative working during the COVID-19 pandemic. There have been some excellent examples: from faith-based vaccination sites and culturally relevant messaging to the relaying of insight and intelligence by FBOs via consultations. This report has captured a sample of this activity; the challenge, now, for people in FBOs and ICSs will be to build on it.

Engagement with people and communities in a "deep and embedded" way is central to both the NHS Long Term Plan and guidance for ICSs[27,28]. Moreover, strategic planning for ICSs in England will continue mindful of inequalities highlighted by the pandemic, as well as those prioritised within the Core20PLUS5 model for reducing inequalities[29]. At FaithAction, we believe it has always been the case that reducing health inequalities in localities will not be possible without the involvement of the faith sector as a partner, but the COVID-19 pandemic has made this clearer. As local health systems move forward with strategic planning for integrated care, the voluntary sector, and FBOs within it, must continue to be visible, valued and engaged.

We make the following recommendations to FBOs, and health and care systems, with a view to easing pressures, strengthening cross-sector partnerships and tackling inequalities.

Suggestions for local health and care systems

1) Recognise the valuable insight and experience of FBOs

We found that FBOs, like the wider voluntary sector, are a key source of intelligence and insight into diverse communities experiencing health inequalities. They demonstrate trusted leadership within communities and a nuanced understanding of the cultural spaces of at-risk groups, as well as the challenges they face.

- **Key action:** FBOs should be made an integral part of any system-wide ICS strategies for engaging with people and communities.
- **Key action:** ICSs should consider adopting the "VCFSE" acronym when referring to the voluntary sector, demonstrating the visibility and importance of FBOs within the wider sector. FBOs should be considered equal partners within local VCFSE networks and alliances.
    - In the Lancashire and South Cumbria Health and Care Partnership, the VCFSE sector has formed a "Voluntary Sector Partnership Alliance" with elected chairs in each of the five local health and care partnerships. An independent chair represents the whole Alliance on the ICS board. The voluntary sector is referred to as the "VCFSE" within the ICS, giving visibility to FBOs.

2) Establish clear channels for engagement with faith communities and the wider voluntary sector

- **Key action:** Relationships and communication channels forged during the pandemic should be built upon. Practical initiatives, like faith-based vaccine centres or targeted local health messaging, should be adapted for contexts other than COVID-19.
    - The reach of FBOs could be considered within **cancer prevention**, for example, with targeted messaging helping to reduce inequalities in and barriers to cancer screening uptake.
- **Key action:** Integrated Care Partnerships should ensure representation not just of the voluntary sector but also FBOs and places of worship within their membership. The VCFSE should also be represented within the development of place-based partnerships.
- **Key action:** The **Faith Covenant** could be considered as a framework for encouraging co-production with FBOs and communities at place level. Integrated Care Partnerships might consider how existing Faith Covenants can be incorporated within integrated care strategies.
- **Key action:** Primary Care Networks (PCNs) should be supported to proactively engage with grassroots VCFSE organisations on their patch and VCFSE organisations should be involved in multidisciplinary teams. A named point of contact may help smaller groups know where to go.

*The **Faith Covenant** was developed by the All-Party Parliamentary Group for Faith and Society to enable effective partnership working between local authorities (and other commissioners) and faith groups. It entails a joint set of principles agreed to by the local authority and faith groups across a region. It has been signed by 13 local authorities to date, with strategic projects undertaken on issues such as homelessness, loneliness and isolation and public health messaging.*

The county-wide Essex Faith Covenant, for example, is currently delivering a project with a range of statutory and VCFSE partners looking at how FBOs can be better integrated into social prescribing.

Find out more at www.faithandsociety.org/covenant

3) Provide financial and non-financial resource for grassroots VCFSE organisations

- **Key action:** Funding should be channelled to grassroots organisations to enable them to continue to offer support, as well as contribute insight and expertise.
- **Key action:** Ensure that grant opportunities and commissioning processes are equitable and do not exclude organisations with a faith basis. Funding should be flexible, and reporting and monitoring should be simple and proportionate, without imposing burdensome requirements on smaller organisations.
- **Key action:** Where appropriate, non-financial forms of support and resourcing should be offered to the VCFSE sector, including training opportunities and involvement in wider workstreams.

4) Improve data collection on ethnicity and faith and belief

- **Key action:** NHS organisations within acute and primary care should routinely collect and publish data on ethnicity, occupation, and faith across all clinical data and death certification, to form a better understand of inequalities faced by particular groups, and how to address them.
- **Key action:** VCFSE organisations should be involved in conversations around population data and should be resourced and upskilled to gather data and evidence outcomes.

5) Improve your faith literacy/awareness of how the faith sector operates

The relationship between the multifaith festival calendar, public health messaging and COVID-19 guidance throughout the pandemic has made clear the need for basic faith literacy within health and care. A little faith literacy can help NHS staff in acute and primary care build trust with communities, as well as feed into strategic planning around interventions and engagement.

- **Key action:** NHS staff across ICSs, acute trusts and PCNs should undertake training on faith and belief. Resources* are available to help navigate the faith calendar, for example, as well as things like food and clothing requirements.
- **Key action:** When engaging with the faith sector, commissioners should be willing to think about organisations in terms of the work they do, not their status as FBOs. The majority of FBOs provide services to the wider community, not just those who share their faith[30].
- **Key action:** Consider the role of NHS employees and clinicians who themselves are people of faith. There could be a role for clinical "faith champions", for example, in raising awareness within the workforce. Staff newsletters might also profile employees, asking them to write about how faith is important to their work.

The resource **Making religious diversity work for your Trust: Pointers to good practice for the NHS may help with this. It can be accessed at www.faithaction.net/how-to/religious-diversity/*

> *"We can roll out this kind of guidance and support to anything, whether diabetes, mental health or cancer screening.*
>
> *Voluntary sector groups are key, but they need to be given funding and resources to continue doing work which can have a long-lasting impact for communities."*
>
> —Humma Nizami, Project Manager, Bradford Race Equality Network

Suggestions for grassroots FBOs

1) Seek to understand the context and impact of your work

Context: knowing the kinds of people who use your services will help you tailor activities to the specific challenges and inequalities they may face. It will also help you articulate your strengths when speaking with the NHS or other statutory bodies. Impact: showing that your activities are good value and make a difference will help with accessing funding. It will also help you assess what is working well, and what can be improved.

- **Key action:** Build a picture of the people that make up your locality, and those who use your services. Ask: what health inequalities do they face, and how have these been affected by COVID-19? Can changes be made to your programme of activities considering this?
- **Key action:** Consider how to evaluate your work and demonstrate your impact. Data can be captured through simple feedback surveys, as well as things like case studies and stories or testimonials. FaithAction have produced further guidance and training on evaluation for FBOs[31].

Remember: what might seem simple or "everyday" to you might be entirely new to someone working in the NHS. You will have insight and expertise on the people you support, as well as your faith or community context, that will be extremely helpful to those within your local health system.

2) Clarify your assets, your offer, and your ask

- **Key action:** Periodically assess the assets of your faith community. These could include physical buildings, vehicles, the time and capacity of staff or volunteers, as well as specialised knowledge. These may change over time: furloughed employees in your faith community, for example, might have altered the skills within your volunteer base.
- **Key action:** Consider participants and beneficiaries as assets. Foster a culture where people accessing your services can contribute their own skills and strengths. Discover their passions and expertise and look to encourage these. Promote clear pathways for volunteering and "giving back", as well as opportunities for training and accreditation.
- **Key action:** Clarify your offer to health and care services, as well as your remit and your limits. For example, do you work with individuals of one faith, or all? What kind of work is possible within your current capacity, and what would you need extra funding for? Try to be as specific as possible when describing what you may need.

3) Seek to strengthen local relationships

...with the health and care system

During the pandemic, new connections have been forged between FBOs and primary care, acute trusts, local authorities, and public health teams.

- **Key action:** If you have been involved with NHS organisations such as GP surgeries or acute trusts, or local authorities or public health teams during the pandemic, seek to continue these relationships and, if possible, continue to participate in local forums and networks where your voice can be heard.
- **Key action:** Find out more about how health and care is organised where you are. NHS structures at the smallest, neighbourhood level are called Primary Care Networks (PCNs). These are made up of several GP practices, with a Clinical Director overseeing each PCN. Find out about your local PCN and where you might feed into local strategies for engaging with VCFSE organisations.

...with the wider VCFSE

Joined-up working makes better use of assets and can increase impact.

- **Key action:** Build an awareness of other like-minded faith- and voluntary organisations, locally, who are working in a similar space. How might you complement one another? Are there opportunities for sharing resources or knowledge that could amplify your work?
- **Key action:** Consider how to get involved with local voluntary-sector umbrella bodies or Councils for Voluntary Services (CVSs). These can be a good place to get training as well as meet other organisations, locally.
- **Key action:** Investigate formal or informal local faith networks and consider getting involved.

Case studies

Jesuit Refugee Service



Jesuit Refugee Service UK (JRS) is a faith-based organisation in Tower Hamlets supporting refugees and forced migrants. Rooted in Catholic social teaching, JRS's activities – including advocacy, as well as partnerships with NHS trusts and GP surgeries – grows from the needs of the refugee friends they accompany daily, many of whom face barriers to accessing healthcare.

This responsive approach informed JRS's work during the COVID-19 pandemic. In early 2020, the focus was ensuring refugees at risk of street homelessness were accommodated, as well as raising awareness of government guidance, symptoms and accessing testing, via online workshops and Q&As with local GPs. "We encountered some misunderstanding, as well as misinformation and worry, and the sessions aimed to address that," said one JRS staff member.

Vaccination clinic

In in a meeting with food banks supporting vulnerable communities in Tower Hamlets in January, one JRS staff member heard about the opportunity for front-line voluntary-sector workers to be vaccinated. Alongside using this opportunity to vaccinate staff and volunteers, they inquired about extending this offer to refugees supported through the day centre.

In coordination with Barts Health Trust and the ExCeL Vaccination Centre, a number of outreach clinics were set up at the JRS centre in Wapping. Vaccinators were sent from the ExCeL and JRS staff and volunteers spoke to refugees, encouraging them to attend and booking appointments. Numbers of people vaccinated at each clinic fluctuated. The first session saw 24 people access the centre. Busy days saw between 45-50 people vaccinated, whilst the smallest number of people vaccinated in one day was 9. This flexible approach proved successful, with JRS staff able to personally reassure attendees who might have questions or concerns.

JRS's proximity to the people they support meant they could be responsive to need. This, coupled with the local NHS trust's willingness to adapt, made for a successful programme. There is an acknowledgement, however, that local agencies could be more proactive in reaching out to local voluntary-sector organisations like JRS. Past attempts to forge links with local GP surgeries, for example, have had varied success. "It can be hard to know who to contact," said another JRS staff member, "we initially got in contact with the trust by chance, through hearing of an offer to vaccinate staff members, and one thing led to another."

Khizra Mosque



Khizra Mosque in Manchester is a hub for the local community. During the COVID-19 pandemic, the mosque adapted their usual timetable of activities to provide a wide range of services to continue supporting the community, forging links with local NHS and emergency services.

Staff at the mosque realised early on that they would have to close their doors and did so before the lockdown began. The team turned their attention to planning how best to respond to the needs of the community and realised that many of their existing volunteers would be in the shielding category and unable to help. After a successful recruitment drive on social media, the team adapted their services and developed new initiatives.

The mosque moved some services online, such as fitness and gardening classes, whilst also providing hire bicycles. Informal initiatives like this proved to be vital in encouraging the community to stay active and healthy, as well as in identifying underlying health and wellbeing issues. As guidance allowed, the team at the mosque began weekly inter-faith walks, a great way for people to exercise, gain support with their mental health, and build friendships and support networks. They also launched a befriending service to tackle loneliness and social isolation, ran a foodbank, and provided hot meals for emergency services and NHS staff.

Many people needed assistance with routine medical needs, so volunteers from Khizra collected people and drove them to hospital appointments. They also encouraged people to get the COVID-19 vaccine and supported them to get booked in.

There was also a need for spiritual guidance. Many had lost loved ones during the lockdown, so mosque leaders opened the car park for people to come and talk about their burdens. The team were able to signpost them to other services and supports for further advice and help.

Staff at the mosque found that relationships with the NHS flourished throughout the lockdown. The mosque could not become a vaccine centre due to running a foodbank, but held a pop-up vaccination session that vaccinated 150 people and shared key COVID-19 messages from NHS champions. Relationships with local hospitals were also strengthened through meal deliveries.

Mohammed Dawud Ali, Centre Manager, points out that recovery from the pandemic will require just as much work, as people readjust to normal life. But he believes the pandemic has shown the value of centres like Khizra to the health and wellbeing of their communities. "Faith groups," he says, "are well placed to partner with other organisations to build stronger communities."

Hatzola



Hatzola is a non-profit organisation based in Hackney, East London, providing an ambulance transport service to the local community. Run primarily by volunteers from the local Jewish community, the organisation has its own emergency number and dispatches responders to medical emergencies, sending one of their ambulances to the scene if required.

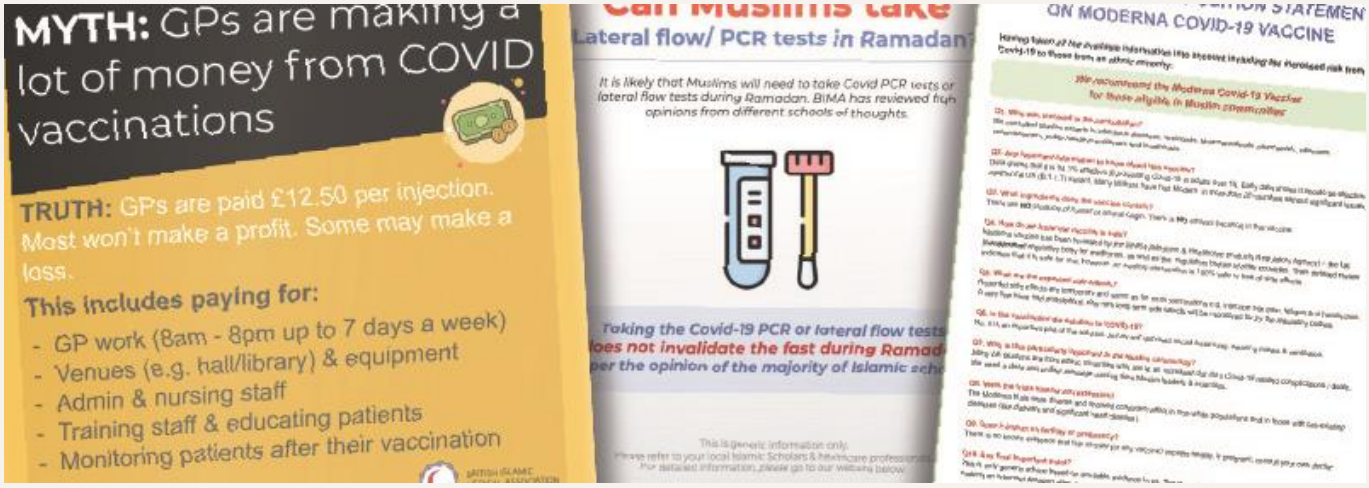
As the strain on NHS ambulances increased from March 2020, Hatzola's services were called upon more than ever. Two additional ambulances were hired to meet the demand, bringing their number to 6 ambulances in total. Moreover, early in the pandemic two Hatzola staff were trained by Royal London and Homerton hospitals to enable access to the wards. At this time, relatives were unable to visit loved ones, so Hatzola staff were able to deliver items to patients and arrange phone calls.

Hatzola worked closely with local health services throughout the pandemic. Anticipating some hesitancy around the COVID-19 vaccine in the community, they contacted the local authority public health team to work together to reassure and educate the community. Hatzola shared key messaging via local print publications delivered to Jewish households, ensuring it reached those who may not access the internet, or for whom English was a second language.

To further reinforce the importance of getting vaccinated, Hatzola responders filmed themselves having the vaccine and shared the videos via social media. They also hosted pop-up vaccination sessions, receiving as many as 250 people per session. Eight Hatzola responders trained to become vaccinators, which helped reassure people that were hesitant and meant they were able to talk through any concerns. To facilitate vaccinations for those who were housebound, Hatzola liaised with local GP practices, arranging for nurses to visit and vaccinate patients in their homes.

Hatzola were able to work cohesively with the local health services due to an existing, long-standing relationship. Devoiri Eisenzweig, of Hatzola, says "there was no hesitancy about us working together. Our concerns about vaccinations were listened to, and we all shared the same goals, to enable access to vaccines for as many people as possible". Hatzola also works closely with other emergency services, such as London Fire Brigade, London Air Ambulance, and the Metropolitan Police.

British Islamic Medical Association



The British Islamic Medical Association (BIMA) are a national representative body for Muslim healthcare professionals. Throughout 2020 BIMA produced responsive communications materials for the Muslim medical community and the wider UK Muslim population.

These included rapid evidence reviews on fasting and Ramadan in the context of COVID-19, as well as guides to the safe wearing of hijabs in a clinical context, and safe performance of ghusl (ritual washing) for deceased persons with COVID-19.

Later in 2020, BIMA's position papers on the COVID-19 vaccines gained wide circulation, being taken up by NHS comms teams in England, Wales, and Scotland, as well as local NHS trusts, CCGs and local authority public health teams. Infographics debunking popular vaccine myths were designed for easy sharing on social media and gained traction with communities.

BIMA's effectiveness stems from their ability to bridge Islamic scholarly opinion with specialist academic and medical knowledge, as well as grassroots visibility and connections with faith institutions from previous health promotion events. Gaining the trust of these communities over years of work meant BIMA were able to work quickly, in partnership with other national Muslim bodies such as the Muslim Council of Britain and the Muslim Charities Forum.

BIMA took an inventory of the potential risk very early in 2020:

"We've built up a picture of the inequalities faced by the community over time, and we were aware there was a risk factor," says Dr Salman Waqar, General Secretary of BIMA. "There was an acknowledgement that this was an emergency, that lives were at stake, and that we needed to act before others would."

Collaboration with NHS England and local NHS teams grew organically, gradually becoming more explicit throughout the course of the vaccination rollout. Conversations with NHS England at the beginning of 2021 led to BIMA making a call out for mosque-based vaccination sites.

In 2021, NHS England provided funding to BIMA to produce a video for faith leaders around Ramadan, as well as to provide a support line for Muslim NHS staff. They also lent expertise to webinars and events throughout the course of the pandemic, most recently hosting a panel on Eid with Prof. Chris Whitty, Dr Nikki Kanani and Nadihm Zahawi.

"Previously, work with health was more siloed, with less collaboration with NHS England and non-faith bodies," Dr Waqar explains. "Now there are conversations about better partnership working with the NHS, and how this approach might be applied to other diseases."

Brighton and Hove Faith in Action



Brighton and Hove Faith in Action (BHFA) are a multi-faith charity covering three-quarters of religious groups within Brighton and Hove.

BHFA work with a range of agencies and statutory bodies within the region, including the City Council, police, local NHS trusts and GP surgeries, as well as other faith bodies such as Brighton and Hove Muslim Forum. With members supporting some of the most vulnerable and marginalised communities, BHFA have become a strategic locus for cross-sector collaboration and have been instrumental in co-ordinating faith response to the pandemic in the region.

Much of this work happened through the Brighton and Hove Faith Council, funded by the City Council and led by BHFA. In March 2020, the Faith Council began meeting weekly online, gathering faith leaders, public health, councillors, and senior police officers. Regular meetings enabled clear communication and the flexibility to respond to issues arising. They pivoted in early 2021, for example, to focus on vaccination, addressing hesitancy and misinformation.

Early in the pandemic, work centred around food distribution, addressing poverty, and making deliveries to front-line workers. Faith groups took an inventory of their assets and put these to use. The Muslim community, for example, made use of a restaurant that had temporarily closed, as well as chefs on furlough, who volunteered their time. "The Faith Community has been run off its feet delivering this work," says Rik Child, Development Worker at BHFA, "there have been lots of meals delivered by lots of groups working together ... it's seen as an act of kindness."

BHFA offered support to other voluntary-sector initiatives, helping to co-ordinate the Time to Talk befriending scheme for over 55s, for example, converted to being an online and telephone-based service during lockdown. Founded by Emily Kenward in 2013, the scheme has helped deal with some of the mental health impact of the pandemic, locally, as well connecting vulnerable individuals with practical supports like medication and food deliveries.

More recently, BHFA have been a key partner in establishing StreetSupport Brighton and Hove, which aims to streamline support to homeless in the city and is being run in collaboration with the Council, the voluntary sector, faith-based housing organisations and a local GP surgery.

Rik describes how years of partnership work through BHFA, including the signing of the local authority Faith Covenant in 2018, formed a foundation for strong partnership work with the council and NHS during the COVID-19 pandemic: "there is now a clear framework for talking to the faith community, there's a trust there now, and we can hold each other to account."

Ahmadiyya Muslim Community



Ahmadiyya Muslim Youth Association (AMYA) co-ordinates voluntary activity among the young people of the Ahmadiyya community, focusing on disaster relief and operating a yearly programme of work including homeless support, food banks and blood donation campaigns.

During the pandemic, AMYA pivoted to focus efforts on meeting practical needs, supporting local councils and NHS trusts, and supplying PPE. In total, 21,022 households were helped through food and medication deliveries, 10,000 food packs were delivered to front-line workers and 673,000 pieces of PPE were delivered to hospitals and care homes.

AMYA also recruited volunteers to assist with COVID-19 vaccinations, organising 3 pop-up clinics that saw 900+ people vaccinated. In 4 localities AMYA volunteers led logistical support and organisation at vaccination sites, supporting with people management and car-parking.

"We are used to co-ordinating large events with volunteers," said Dr Anas Rana, Director of AMYA, "so we were able to put these skills to use in the vaccination rollout."

AMYA worked with Humanity First, the main charitable arm of the Ahmadiyya community, whose COVID-19 support line, established April 2020, referred individuals in need of food, medication and other supports. "We were one of the first dedicated COVID-19 support lines, and AMYA were our feet on the ground," said Muhammad Noman, who leads UK operations.

Humanity First tackled growing food poverty through food banks set up in West Yorkshire and the West Midlands, together distributing more than 900 food parcels each month and staffed by volunteers. They also ran a comms campaign alongside the vaccination rollout, using community knowledge to encourage uptake. More recently, they have set up a telephone befriending service for over-60s, offering support in English, Urdu and Punjabi, and taking referrals from GPs and voluntary organisations.

Ahmadiyya mosque vaccination sites

The Baitful Futuh Mosque in Morden became a pop-up vaccination site in March 2021, with over 4000 individuals vaccinated across four sessions, and more than 200 volunteers resourcing the effort. Similar sessions were hosted at other mosques within the Ahmadiyya community, such as the Noor Mosque, in Crawley, the London Mosque, as well as mosques in Manchester, Hounslow and Farnham. These sessions encouraged vaccination uptake among the community; in Morden, volunteers personally contacted those eligible to address concerns and encourage them to attend.

Open Door



St Marylebone Parish Church is situated at the heart of the North-West London community. Also housing an NHS GP surgery and a healing and counselling centre in the crypt, the Church has a particular focus on health and wellbeing and the interplay between spiritual, psychological, and physical healing. The church has close links with other local health services, also providing chaplaincy to the London Clinic and King Edward VII Hospital.

The church has hosted a peer support group called Open Door for the past six years, with a focus on health promotion. Run by Jackie Kesses, a registered nurse, midwife and specialist public health nurse, Open Door welcomes people of all faiths and none, and over time members of the group have formed a close bond.

Through Open Door Jackie advises on choosing healthy food, as well as the connections between diet, sleep, anxiety and other health conditions such as diabetes. She offers healthy, budget-friendly recipes, tips on exercising, and encourages mutual encouragement and accountability, empowering people to take control of their lifestyle. As well as practical advice, the culture of peer support and befriending offered by Open Door makes a big difference to those who attend.

Before the pandemic, the group had 35 regular attendees, for many of whom Open Door was their primary social contact. It became clear in March 2020 that the group would need to find a different way to stay connected. With members facing digital exclusion, regular phone calls and letter writing have enabled them to keep in contact. Jackie checked in on their wellbeing, exercise, and diet, as well as offering practical help with managing medications. Where members struggled to make GP appointments, Jackie also spent time contacting surgeries on their behalf.

Jackie explains that faith groups are well placed to provide valuable support their communities, due to having existing channels for communicating with and looking out for the marginalised. She also feels that faith groups are key to communicating important health advice. She says, "The church is better placed to share health messaging, as some of the congregants are medical professionals themselves – this is far more effective than 'top down' communication."

Muslim Youth Helpline



Muslim Youth Helpline (MYH) is a provider of emotional support for young people, in operation for over 20 years. The confidential helpline aims to provide a listening ear for young people in a way that considers faith and culture whilst also being able to signpost to other forms of support.

MYH operates from 4pm-10pm; young people access the helpline by phone, webchat, email, or WhatsApp. The service is tailored to Muslims, but young people of all backgrounds are served.

The pandemic led to a 313% increase in calls, from March 2020, alongside an increase in severity of calls, with more young people mentioning depression, anxiety, and suicidal thoughts. One week in July 2020 saw the highest number of calls around suicide. Safeguarding concerns led MYH to scale back numbers of volunteers operating the helpline, leaning instead on staff. Officers were retrained on bereavement and dealing with more difficult conversations.

Callers expressed concerns about the pandemic but also its impact on other issues such as school stress, cancelled exams and difficulties expressing their faith. There were more repeat callers, too, as well as a desire for more general conversation, which is beyond MYH's remit. "We are a helpline, a listening ear, rather than a counselling or befriending service," says Maaria Mahmood, Director of MYH. In some cases, she says, young people saw MYH as a weekly "top-up" to mental health services that had extended waiting times or felt like too little.

MYH has always worked with other agencies and organisations however collaboration increased during the pandemic. Voluntary-sector organisations found a mutual benefit in partnership working, whilst statutory providers like local NHS services increasingly saw the value of smaller, community-based organisations in reaching marginalised groups.

"Overnight, the whole model of working changed," Maaria explains. "Organisations like us were seen as well placed to reach communities experiencing inequalities, as we work directly with them. They are not hard to reach; you just have to understand your audience."

MYH continue to take referrals from local NHS organisations and other mental health providers. They have recently worked with Barnardo's, Student Space and Good Thinking. MHY's small size enables them to adapt according to need and observed patterns quickly. Their position at the intersection of faith and statutory provision serves as a connector between both sectors.

"We are uniquely positioned because we understand the barriers that exist in both worlds," says Maaria, adding, "Young people feel like they can speak freely with us. They don't have to 'change the story' to seem relevant or to fit the listener's needs."

Parish Nursing



Parish nurses are registered nurses who are employed or appointed by a local church to offer health-related help to people of all ages and beliefs, sometimes supported by volunteers from the church. Some work solely as parish nurses, while others work part-time within the NHS in addition to their parish nursing hours, for which they are line-managed by the church or charity that appoints or employs them. They remain accountable to the Nursing and Midwifery Council, and they follow the Code of Practice for registered nurses. Each parish nurse has a professional supervisor and a spiritual mentor.

The COVID-19 pandemic meant many parish nurses adapted their activities, finding ways to continue offering support amidst the restrictions. Ali Cherry, a parish nurse in Aldeburgh, Suffolk, described the impact of the pandemic on the people she supports with dementia, who she says have gone "really downhill", without daily routines. "I'm one of the few people they see," she explains. A regular newsletter designed by Ali, containing news, a crossword and quizzes, has been popular way to keep in contact, whilst meeting in smaller groups allowed people to slowly begin socialising again after lockdown.

Barbara Griffiths, a parish nurse with Christchurch Baptist Church in Welwyn Garden City, works closely with the church pastoral team. The pandemic saw her adapt her role, using her knowledge from nursing and infection control to help people understand what they could and couldn't do. She found that a diversity of communication methods – "Writing, texting, emailing, WhatsApping, Zooming" – helped her keep in touch with those she supports. She explains that trust built over time enabled her to help people access healthcare: "there has still been lots of signposting, and helping people access the medical services they needed – people were reluctant to use them for fear of catching the virus."

In parish nursing the focus is on the whole person rather than on treating a specific medical condition. Their remit may include such things as health education, support for individuals at risk of isolation, help with self-management for long-term health conditions and help at the end of life through non-specialist support. As such, they operate as another layer of support for, in many cases, quite vulnerable individuals, allowing a level of time and attention that pressured NHS workers may not be able to give. They build relationships with GP practices and health professionals, so that referrals can be made to and from the primary care team or other providers and agencies. Some have developed relationships with the local CCG and with hospitals.

Bradford Race Equality Network and Bradford Gurudwaras



The Race Equality Network (REN) in Bradford brings together Black and Minority Ethnic (BAME) communities across the City of Bradford and Bradford District, representing over 60 grassroots organisations and faith groups.

After the disproportionate impact of COVID-19 on local BAME and Central Eastern European (CEE) communities, in August 2020 REN received funding from Bradford Council to deliver the COVID-19 prevention project. They partnered with 26 VCFSE organisations, as well as Bradford Teaching Hospitals NHS Foundation Trust, and local CCGs and PCNs, to raise awareness around infection control, testing and vaccination, and co-ordinate practical aid and befriending. In January 2021 they received additional funding to lead on the COVID-19 Community Champions Project, working with an 35 grassroots organisations to increase vaccine uptake.

Enlisting and training 230 champions, many from Bradford's faith communities, was a central part of this work. "Bringing the faith partners on board for the community champions work was key," says Humma Nizami, Project Manager at REN. "For elders in minority communities, what their faith leader says is gospel. They are trusted sources of information and take a culturally-sensitive approach when discussing issues affecting people's lives."

Four faith organisations – covering the Sikh, Jewish, Hindu, and Christian communities – received small pots of funding to help with translating factual information and guidance, as well as dispelling myths and misinformation around the COVID-19 vaccine.

Among these were Bradford gurudwaras, who had already been active in responding directly to need from the start of the pandemic, supplying over 400,000 gloves to Bradford Royal Infirmary, as well as face masks and gowns.

Manjit Kaur, who helped co-ordinate this work, became involved in film projects and webinars with REN, Bradford Foundation Trust and Bradford Teaching Hospitals NHS Foundation Trust, raising awareness about COVID-19. Subjects included deconditioning and rehabilitation, making clear the long-term implications of COVID-19 and the importance of getting help.

"People were scared of going to hospital and weren't getting appropriate care due to a language barrier," Manjit explained. "It was sometimes caused by a lack of understanding about the disease. We need to give people correct information so they can make an informed choice."

A COVID-19 helpline has since been established by REN to provide information and guidance to people in 13 community languages. REN are working in partnership with PCNs across

Bradford to increase vaccine uptake amongst BAME and CEE communities. The helpline is manned by community champions, located in GP surgeries, who ring patients that have refused the vaccine to have open and frank conversations on issues such as safety, blood clotting, fertility and accessibility.

Humma acknowledges there is more to do, but that there is a strong platform to build on. Long COVID is an area where there is room for more work, she says. “There needs to be a clear pathway for faith around Long COVID ... People are impacted, but don’t know what it is ... we need to work with communities to educate them on signs, symptoms and referral pathways.”

Beyond the pandemic, Humma notes the potential for similar work around other conditions: “we can roll out this kind of guidance and support to anything, whether diabetes, mental health or cancer screening ... voluntary sector groups are key, but they need to be given funding and resources to continue doing work which can have a long-lasting impact for communities.”

References

1 Bull, D. and Wharton, R. (2016). Understanding faith-based charities. London: New Philanthropic Capital.

2 Bull and Wharton (2016).

3 Cinnamon Network (2016). *Cinnamon Faith Action Audit*. Hemel Hempstead: Cinnamon Network.

4 The National Churches Trust (2020). *The House of Good: The economic and social value of church buildings to the UK; Key Findings and Technical Report.* London: The National Churches Trust.

5 November, L. (2014). *The Impact of Faith-Based Organisations on Public Health and Social Capital.* London: FaithAction, p. 15.

6 Public Health England (2020). *Beyond the Data: Understanding the impact of COVID-19 on BAME groups.* London: Public Health England, p. 25.

7 Marmot, M., Allen, J., Goldblatt, P., Boyce, T., McNeish, D., et al. (2010). *Fair Society, Healthy Lives – The Marmot Review: Strategic review of health inequalities in England post-2010.* UK: The Marmot Review, p. 38.

8 Beckford, Prof. J. (2006) *Review of the Evidence Base on Faith Communities.* Online: available at warwick.ac.uk/fac/soc/sociology/staff/beckfordj/jimbeckforfhomepage/odpm_report.pdf (Accessed 25.06.21)

9 Joseph Rowntree Foundation. (2014) *Reducing poverty in the UK: A collection of evidence reviews.* Online: available at Reducing-poverty-reviews-FULL_0.pdf (jrf.org.uk) (Accessed 25.06.21)

10 See www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronavirusCOVID19relateddeathsbyreligiousgroupenglandandwales/2marchto15may2020

11 See November, L. (2014).

12 Baker, Christopher and APPG Faith and Society, Stephen Timms (2020). *Keeping the Faith. Partnerships between faith groups and local authorities during and beyond the pandemic.* Project Report. APPG Faith and Society, Digital, p. 6.

13 Church Urban Fund (2021) *Church in Action 2020/21: A survey of churches' community responses to the pandemic.* Online: available at c89b6f79-9d54-4c6a-be13-292ad0cba5e8.usrfiles.com/ugd/c89b6f_551dfb6a2e684dce968e0321783b692d.pdf (Accessed 25.06.21)

14 Muslim Charities Forum (2020) *The Neighbours Next Door: The story of Muslim organisations responding to COVID-19.* Online: available at www.muslimcharitiesforum.org.uk/wp-content/uploads/2020/07/MCF-Report-The-Neighbours-Next-Door.pdf (Accessed 25.06.21)

15 Church Urban Fund (2021).

16 YourNeighbour (2020). *The Church in Lockdown: Celebrating church action and the work of YourNeighbour.* Online: available at yourneighbour.org/the-church-in-lockdown (Accessed 25.06.21)

17 PHE (2020), p. 25.

18 See Muslim Council of Britain (2020) *Together in Tribulation: British Muslims and the COVID-19 Pandemic.* Online: available at mcb.org.uk/wp-content/uploads/2020/11/Together-in-Tribulation-British-Muslims-and-the-COVID-19-Pandemic.pdf (Accessed 25.06.21)

19 Baker, C. (2020), p. 4

20 Jones, D., Jopling, K. and Kharicha, K. (2021) *Loneliness Beyond COVID-19: Learning the lessons of the pandemic for a less lonely future.* Online: available at www.campaigntoendloneliness.org/wp-content/uploads/Loneliness-beyond-Covid-19-July-2021.pdf (Accessed 05.08.21)

21 See, for example, Baker C. (2020) and Church Urban Fund (2021).

22 See for example November, L. (2014). *The Impact of Faith-Based Organisations on Public Health and Social Capital.* London: FaithAction, and Garland, R. (2017). *Keeping Pressure Off Hospitals: Exploring the care and support offered by faith-based organisations within the local community.* London: FaithAction. Available at www.faithaction.net/report and www.faithaction.net/resources.

23 Marmot, M. (2010), p. 126.

24 FaithAction (2017). *Keeping Pressure Off Hospitals.* London: FaithAction. Available at www.faithaction.net/resources/

25 November, L. (2014) *The Impact of Faith-Based Organisations on Public Health and Social Capital.* London: FaithAction. Available at www.faithaction.net/report, p. 31.

26 Ibid., pp. 25-26.

27 NHS (2019).

28 NHS (2021). *Integrated Care Systems: design framework, Version 1, June 2021.* Online: available at www.england.nhs.uk/wp-content/uploads/2021/06/B0642-ics-design-framework-june-2021.pdf, p. 4.

29 See https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/

30 Wharton, R. and de Las Casas, L. (2016). *What a Difference Faith Makes: Insights on Faith-Based Charities.* London: New Philanthropy Capital. Available at www.thinknpc.org/our-work/projects/faith-based-charities

31 FaithAction (2016). *Making the Case for Faith and Health: How faith-based organisations can evaluate their work.* London: FaithAction. Available at www.faithaction.net/evaluation