Re: Inquiry into levelling up

To the All-Party Parliamentary Group for Left Behind Neighbourhoods,

We welcome your call for evidence regarding the extent to which the Levelling Up White Paper aligns with the needs and aspirations of people living in 'left behind' neighbourhoods across England, particularly in light of the unique and intersecting challenges these areas face from, as you say, low levels of community capacity, depleted civic assets, and poor connectivity.

FaithAction is an organisation which represents a national network of faith-based and community organisations engaged in social action to serve their communities, many of which are based in 'left behind' neighbourhoods. The following submission is based upon over 20 years' experience of working with these organisations, and entails faith-based solutions which would better enable the White Paper to align with the needs and aspirations of 'left behind' neighbourhoods.

We briefly outline some thoughts on the role faith has to play in response to the White Paper as a whole, followed by a series of recommendations in regards to the following two Focus Areas:

- "Spread opportunities and improve public services, especially in those places where they are weakest"
- "Restore a sense of community, local pride and belonging, especially in those places where they have been lost"

FAITH AND LEVELLING UP

Restoring community is a nebulous ambition. As is the language of "levelling up". What is clear, however, is that local communities (perhaps faith communities in particular) have a level of assets or social capital which would be hard to replicate through mere financial investment or a redeployment of existing institutions. Faith provides a network of relationships akin to a family – a type of network which is often a source of trusted information recommendations and even investment. This was shown most recently in the pandemic and the resulting lockdowns when it was faith groups (alongside other VCSE groups) who were the swiftest to mobilise to deliver food and medicine.

It was also faith as a section of society that saw the lowest infection rates when guidance was followed. This is why when there were restrictions placed on faith and worship in autumn 2020, the Places of Worship Taskforce wrote to the Prime Minister to protest these restrictions which did not bear in mind the positive and safe practise of faith groups throughout the country. At the time that this particular letter was written, less than 50 cases of Covid could be traced to faith locations. This compared very favourably with many significant outbreaks in hospitality settings, for example.

Faith leaders also gave a significant boost to the vaccine take up, through messaging and provision of venues, and local faith groups were heavily relied upon to provide many essential services to the most vulnerable (see the Keeping the Faith reports). In areas where these relationships and social capital already existed (such as in areas covered by a Faith Covenant) the response was often most effective.

Since the pandemic, this faith capital was again deployed in response to the Afghan and Ukrainian refugees and BN(O) visa holders arriving from Hong Kong.

However, *faith should not just be for crises.* There is a significant role for faith groups and faith-based organisations to play in addressing long term, systemic injustices and challenges, and championing the common good. There are therefore numerous priorities and initiatives proposed in the Levelling Up White Paper which would much more likely succeed should they seek to harness faith capital and partner with faith leaders, organisations, and institutions.

Throughout this nation's history, individuals of faith have made a significant difference to the lives of many in the UK and further afield. Be it through the organisational and mobilising abilities of William Wilberforce and the Clapham sect, or the visionary responses to poverty of Guinness and Cadbury, faith-based activity didn't just look like relief (e.g. food banks, night shelters, etc.) but longer term solutions and the development of civil society in the United Kingdom.

The government can put energy behind a northern powerhouse, but there is only so much a government can do. DLUHC can be relocated to Wolverhampton, but it then cannot be relocated to Walsall. Whether that move is effective or not, it can only be played once. The government can reallocate some its attention away from London to the likes of Manchester, Birmingham or Leeds, but true 'levelling up' will not be achieved if the likes of Rochdale, Boston and Derby are left out. In short, the government cannot provide all the incentives for levelling up without utilising communities themselves within levelling up areas, particularly faith communities, which are often committed to the long term wellbeing and prosperity of those areas beyond short-term leveraging of deregulation and investment.

The institutional infrastructure and faith capital that faith groups provide may be one of the very few resources that exist in every community in the UK. We therefore believe collaboration and co-development with community, particularly faith communities, are important for the success of levelling up and a more equal United Kingdom. It is these communities which become anchor institutions, propagators of trusted information, recommenders of business and so on which will then become the backbone other new, vibrant, and more equal United Kingdom.

Though there is a role for faith to play across the whole of the Levelling Up agenda, the following recommendations pertain to areas in which we at FaithAction have particular expertise.

RECOMMENDATIONS

1. "Spread opportunities and improve public services, especially in those places where they are weakest" (particularly regarding the medium-term missions in the areas of Health and Wellbeing)

Key Objective: Encourage strengthened partnerships between health and care systems and faith and community groups, built upon work carried out during the COVID-19 pandemic

As rightly noted in the Levelling Up White Paper, the UK faces stark health disparities across its communities, with the most deprived communities facing far fewer years in good health

than the least deprived. Health disparities were magnified by the Covid-19 pandemic, with ONS data demonstrating disproportionality in COVID-19 outcomes not just according to ethnicity but also faith, in part owing to socio-economic factors.

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

In 2022 FaithAction met with faith and community organisations, as well as leaders within local integrated care systems (ICSs), to identify key themes and learning from grassroots health and community partnerships, particularly those developed and strengthened during the COVID-19 pandemic.

The following recommendations relate to the new statutory Integrated Care Systems (ICS) and how better integration of faith and community assets within communities can support our health services in their ambitions to tackled the disparities and inequalities felt by our communities.

Cross-sector partnership working will form a key component of how ICSs address inequalities and improve health and wellbeing, locally, and ICSs have developed and published strategies for involving people and communities. The following recommendations for local systems, to ensure the voices seldom-heard communities can be appropriately reflected within the implementation of local strategies.

Create space for collaboration by publicly recognising the value of grassroots faith and community organisations

The past two years of partnership working have demonstrated the importance of grassroots faith groups in ensuring seldom-heard communities are included within health and care decision making. They have supported health and care systems by offering trusted leadership and a nuanced understanding of the cultural spaces of at-risk groups, as well as the challenges they face.

- ✓ Voluntary-sector partnerships within health and care systems should adopt the use of the "VCFSE" acronym, including the "F" of "faith", to visibly indicate their intention to proactively involve faith communities.
- ✓ Faith and community groups should be explicitly referenced in all local strategic planning for engaging and working with people and communities.

Ensure two-way channels for engagement between health and care organisations and smaller faith and community organisations

Smaller faith and belief organisations are largely unaware of new NHS structures and do not know how best to engage. They also may not be a part of local VCFSE infrastructure networks. There is a role for local and national VCFSE infrastructure in mapping and helping to bridge this gap, but place-based forums, and local PCNs, should ensure that there are clear channels and points of contact should the VCFSE wish to proactively engage.

- ✓ The creation of dedicated outreach and engagement roles for working with grassroots faith and community groups has proved effective in some places. Where possible, recruitment for these roles should come from within communities themselves.

Invest financially and non-financially in local community networks

Effective community networks and cross-sector relationships built around COVID-19 priorities will require nurturing and investment in order to continue to be effective. In some

cases, this might involve financial resourcing, or capacity building, of faith and community groups and networks.

- ✓ Connections built through initiatives like faith-based vaccine centres or targeted local messaging could be adapted for application to Core20PLUS5 areas such as cancer screening, hypertension, or wider vaccine uptake.
- ✓ Approaches to grant funding and commissioning of VCFSE organisations should be flexible, equitable and built upon principles of trust, empathy, and continuous learning. Commissioners should move away from 'competitive' tendering models, which may exclude certain organisations. Monitoring and accountability should not only steer organisations towards numerical targets and "tick boxing", but should incorporate opportunities for qualitative reflection, honesty and the importance of learning from failure.
- ✓ Consider the role for funded 'community enablers' or outreach personnel, both within the VCFSE and health sectors, with a specific remit to proactively engage communities. Where possible, recruitment for these roles should come from within communities themselves.

Key objective: Ensure the ongoing rollout of social prescribing is equitable and able to be accessed by the communities that need it most; involvement of faith and community groups will be central to this.

Local social prescribing schemes should proactively recruit link workers from seldom-heard communities

- ✓ The face of any service needs to be recognisable to communities. Recruitment campaigns for link workers, as well as other roles supporting social prescribing, should seek to actively include people from communities experiencing inequalities. Partnering with faith groups can be a good way to achieve this.

Reframe language surrounding social prescribing so that it is accessible for communities

In our engagement we have heard that many communities experiencing inequalities find the term "social prescribing" to be overly clinical. In some cases, it has been associated negatively with referrals to social services, and avoided for this reason. Local schemes should consider marketing and language around their offer, and ensure that it is presented in a way that makes sense to communities.

- ✓ Local social prescribing schemes should work with grassroots faith/community groups to co-design a vocabulary surrounding their social prescribing offer that is clear and accessible.

Make sure any local mapping of services goes beyond the 'usual suspects'

There are many attempts to map social prescribing destinations. Mapping of local VCFSE organisations and services can be a good starting point, but be aware that this will not capture the full diversity of the sector, and any mapping exercise will be very quickly out of date. Be willing to persistently ask, "who are we missing?" both internally, and of VCFSE organisations.

- ✓ Social prescribing will work best when there is something for everyone, and every effort is made to fill blind spots or gaps. Prescribers should be supported and resourced to build an increasingly rich picture of the local VCFSE landscape.

Ensure that sustainable resourcing flows to the communities and neighbourhoods that need it most

- ✓ Relevant funding which is sustainable, including committed to long-term. Funding following the referral, strengthening grassroots providers.
- ✓ Social prescribing schemes should not be propped-up by "implicit" volunteer power; relevant funding is channelled into communities to ensure time and capacity is recognised. "Volunteering doesn't come for free".
- ✓ There is generally poorer social infrastructure and investment in deprived areas than in affluent areas. There are also fewer GPs per head in deprived areas, and less GP funding per head in deprived areas. Funding should follow the need, and investment should be made in the necessary infrastructure, including faith and community infrastructure, to build successful social prescribing schemes in poorer neighbourhoods.

Consider funding and resourcing 'community champions' models to raise awareness of social prescribing within communities

Funded and volunteer-based community champions schemes, around things like COVID-19 messaging and vaccination campaigns, were effective during the pandemic at raising awareness among seldom-heard communities. These approaches can be applied to other priority areas, including social prescribing.

- ✓ Health ambassadors/social prescribing "champions" could be hosted within faith communities. There are some promising examples of funded pilots in this area, including a partnership between Brighton and Hove City Council and Brighton and Hove Faith in Action (BHFA). Government should learn from this and consider funding similar pilots within the broader Levelling Up policy programme.

2. "Restore a sense of community, local pride and belonging, especially in those places where they have been lost"

Under the heading of 'Empowering Communities', the Levelling Up White Paper states that 'The UK Government will pilot new models for community partnership that can help make local power a reality. These will empower local people to shape the place they live, influence local services and take control of community spaces. The UK Government will learn through experimentation and doing, and test the impact and value for money of new approaches, which could be considered for scaling nationally.'

We welcome the prioritisation of community empowerment, especially through the Community Covenants proposal that the Paper then goes on to describe. However, in addition to 'experimenting and doing', the Government should seek to consult with organisations and groups who have already been working on such models for many years such as the All Party Parliamentary Group on Faith and Society, which has developed a Faith Covenant for community empowerment. It would be easy to overlook faith groups in the development of Community Covenants, but their inclusion is essential, especially in areas of low community capacity such as 'left behind' neighbourhoods. Our experience has shown that faith often reaches communities that no-one else can, that their longevity in communities creates an unparalleled level of trust for many, and that they often have large volunteer bases ready to not just consult and communicate, but act.

Promote the "Faith and Community Covenant" model

The Faith Covenant* was developed by the All-Party Parliamentary Group for Faith and Society to overcome barriers to effective partnership working between local authorities (and other commissioners) and faith groups. Some Covenants have sought to involve other statutory partners, such as the NHS. It entails a joint set of principles agreed to by the statutory sector and faith and community groups and has been signed by 24 local authorities to date.

- ✓ Place-based partnerships should encourage adoption of the Covenant model, locally, as part of strategies for working with people and communities.
- ✓ Where a Covenant agreement already exists, health system partners should explore how to integrate existing engagement work, through the Covenant agreement, with NHS strategies for working with people and communities.
- ✓ A Faith Covenant can be a vehicle for celebrating or symbolically recognising the importance of strong partnerships with faith-and-belief organisations at place level, but can also facilitate strategic projects around priority areas.

Under the Covenant, practical projects have been undertaken on issues such as homelessness, direct support to hospitals during COVID-19, social prescribing and public health messaging. The county-wide Essex Faith Covenant, for example, has delivered a project with a range of statutory and VCFSE partners looking at how FBOs can be better integrated into social prescribing. Find out more about the Faith Covenant at www.faithandsociety.org/covenant

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