

**All Party Parliamentary Group: Faith and Society**  
**Minutes of 'Up Your Street' report launch**  
**Tuesday 2<sup>nd</sup> July 2019**

**Attending from APPG:** **Present:** Stephen Timms MP (chair), Steve Double MP (treasurer), Gary Streeter MP, Caroline Spelman MP, Rose Hudson-Wilkin MP, The Duke of Montrose, members of public.

**Speakers:**

Daniel Singleton (DS), Rodie Garland (RG), Jeremy Simmons (JS) (FaithAction)  
Mims Davies MP (MD)  
Neil Churchill OBE (NC)  
Tim Farron MP (TF)  
Kudzai (K)  
Steve Double MP (SD)

**Minutes (summary of discussion)**

**Stephen Timms:** Stephen Timms opened the event, introducing himself as the chair of APPG on Faith and Society and explained that MP Steve Double would take his role later on in the evening. He said he was delighted as a group to be able to host the launch of the new report by FaithAction; Right Up Your Street; faith based reflections on responding to loneliness. He thanked everyone for joining them and noted particular pleasure to welcome Mims Davies MP – Minister for sports, society and for loneliness. He welcomed the other speakers; report authors Rodie Garland and Jeremy Simmons from FaithAction, Neil Churchill, Director for Experience and Participation and Equalities at the NHS and Tim Farron MP. He then commented that the number one recommendation in the report is that: “national initiatives aimed at tackling loneliness should intentionally include faith based organisations” and that the APPG echoes this and exists to highlight the contributions that faith based organisations make to communities up and down the country and to remove the hurdles that have sometimes limited what faith based organisations can contribute, adding that sometimes local councils are a little wary about working with faith groups. ST remarked that despite these concerns, faith groups can do a lot more if given the opportunity as they do a great deal in tackling loneliness by their nature and have been doing so for a very long time – in a way that no other institution can. ST commented that too many people do not have the chance to belong – that there is loneliness epidemic and that the report argues that faith groups should be included deliberately to combat loneliness. ST closed his introduction by stating that loneliness has exploded onto the policy agenda and that the UK is the first country to have minister for this problem.

**Mims Davies MP:** MD thanked the room for a warm and kind welcome and added that it was a pleasure to celebrate all the different work that faith groups are doing to tackle loneliness and she echoed what ST said about not being afraid to go where people know what works – faith. MD stated the importance of government and local governments not feeling afraid to support great organisations that know how to turn the dial on loneliness. She said recently visited Portugal, where they have been working on loneliness as government policy for the last 15 years, and it was fascinating to see how much progress made. MD commented that loneliness resonates with all people, there is global interest; she has encountered contact

with Argentina, India, Australia, New Zealand and America and the UK is leading the world. MD went on to say that campaigns including Let's Talk Loneliness week and the Great Get Together were a great success, as are organisations such as the Marmalade Trust and the Jo Cox Foundation. The Let's Talk Loneliness message had been seen 22 million times and their hashtag used 5.9 million times, and that in the last year there was a 7000% increase in people engaging. MD noted that the message really resonated with people – it is ground-breaking and world leading but that it's the things happening on the ground that make the difference. MD added that she is very proud and pleased to be leading on loneliness and getting it into policy. She spoke of an occasion when the high commissioner of Barbados asked her why was she doing this? She explained to him that people can feel lost at any point in their lives and have no tools or support, or a feeling that something is there to catch you. MD asserted that faith and community groups are absolutely vital in these situations as they know about kindness and the power of social connections, that faith based organisations are the best people to help central government to get into the community. MD reflected that the government invested 11.5 million pounds to support 126 organisations to run activities and amplify things that bring people together. MD told of her visit to Bonny Downs Community Association, a place where the right activities bring everybody together - all faiths, ages and backgrounds, where a feeling of belonging always shone through; it was all about care, compassion, understanding and of course food! MD explained that the grant fund runs alongside the cross government strategy to tackle loneliness, with sixty new commitments including social prescribing schemes, working with big employers like the Bank of England to make sure employees are not isolated, and that the government needs to work with the faith based organisations too. MD concluded by acknowledging that there isn't a quick fix, but that working together can change the dial on the problem and that we can make this country and need this country to feel like a friendlier, a welcoming, a more connected place. She added that the work faith groups do is vital. MD then thanked the room for showcasing the best of humanity and that there is opportunity through local government to build on it.

**Rodie Garland and Jeremy Simmons:** RG started by stating that there is a growing body of research about the extent of the problem loneliness and its impact and that doctors say that between 1 and 5 patients they see a day are primarily lonely. She added that FaithAction wanted to shine a light on what faith groups are doing to tackle, not just on loneliness and isolation, but also on the issue of integration, which tends to get treated differently in government policy. RG stated that the Campaign to End Loneliness found that 58% of migrants in London say that loneliness and social isolations is their biggest problem. RG then introduced Kudzai, whose life had changed with the help of a faith based organisation.

**Kudzai:** K explained that she was in a bad relationship, she had a child with special needs and was pregnant again – she was depressed and had no one to talk to and no one to turn to. She said that the hospital offered her some therapy – which made her realise she had to get out of her situation but that she needed people to help her. She was referred to Open Doors, which is run by a church, K remarked that Sally who runs the centre helped her out, she helped with washing (her machine was broken) - she felt loved and she couldn't believe there were people that wanted to help me with her laundry and play with her kids. K was introduced to other people, these friends helped her deal with social services, the council, and she managed to get a house. She stated that she wanted to be a role model for her children, so she went back to school and is now a sister in an accident and emergency department. She now helps other mums at Open Doors and concluded that she wanted to share her story so that others know there is light at the end of the tunnel.

JS thanked K for sharing her story with the room and commented that we know that faith based organisation are doing an awful lot – for many of them tackling social isolation is one of their highest

priorities. K is an example of what this kind of support looks like, helping with laundry, helping people find somewhere to live, friendship, empowerment, training, employment, and the opportunity to give back – there is a level of care involved that goes beyond increasing social contacts, but it gets to the loneliness that is at the heart of the situation. JS said that FaithAction set out to explore what else shared these key characteristics.

RG explained that the report is based on a survey of FaithAction members along with case studies which consisted of the respondents, of which 62% were Christian organisations, others were Muslim and Jewish, along with other and multi faith groups. 82% of respondents stated that loneliness and social isolation was a key issue for their community. RG commented that the government strategy recognises the importance of communities having spaces where people come together but these are declining, giving the examples of village shops and pubs, and the fact that more things going on line – so there are fewer opportunities for people to bump into each other, so faith based organisations are really well placed to fill the gaps. RG stated that there are four main characteristics or themes to the work that is going on:

JS commented that many are open, welcome places for social interaction, often as drop in services at hubs, coupled with visiting people in their home; the Hub at Castle Point in East London has a café and a programme of events and also run a visiting tea pot scheme to go into the community for people that struggle to get out and about.

He went on to say that faith groups demonstrate remarkable longevity in the work they do; they have long running programmes and more importantly build relationships that span decades. Coventry Jesus Centre gave an example of a lady that was rehoused and given budgeting advice, helped with ceasing drug use and she ended up volunteering herself. Rather than offering single solutions, faith groups offer a suite of activities that offer pathways for individuals, a holistic approach to meeting needs – just like with K who was originally referred by perinatal mental health services but ended up with having a range of needs met after being referred.

JS stated that faith based organisations have a willingness to share their vision – this opens a door to volunteering opportunities which also give purpose and belonging, for example Muslim Woman of Merton began with just 4 helpers but now has over 60 volunteers, many who were initially beneficiaries.

RG posed the question: what do we want? She cited K's story as a perfect illustration – she needed help from statutory services, and statutory help was vital and a god send to her, but the clinician recognised that she needed people around her and they understood that the local faith based organisation could offer friendship. RG added that they gave her something that statutory services cannot – to feel loved; FaithAction want to see more people like that therapist, seeing what it is, knowing what the local faith based organisations are doing in that area and being willing to refer to refer them. RG said that some of the FaithAction members tell them that GPs say that are not allowed to refer to faith based organisations – they are missing a trick (if that's the case). RG had a message to faith organisations: make your work known, don't assume that you are working in isolation, you are part of a much bigger picture so talk about it, make sure that local health services know – make sure that social prescriber link workers know what you have to offer. Be clear about your offer, if it's just for people from your own faith community or for the wider community then say that – you are part of a bigger picture. RG concluded by stating that faith based organisations are doing huge amount to tackle loneliness and to put the power of such groups to work – she added that the discussion section of the agenda would aim to identify how this could happen and to discover more examples of good practice.

**Tim Farron:** TF began by thanking the writers of the report and thanked Mims Davies for her work, adding that the report tells us a lot and asks some uncomfortable questions and that it is striking that 9 million

people are estimated to be suffering from loneliness. He said that faith has a kind of critique that can get to the root of the problem, but that the growth of loneliness (which needs to be measured) has a lot to do with an increased radical individualism, the sense that 'it's all about me'; self-actualisation – he believes that humans are programmed for relationship and community and if people are effectively told be alienated and separated then communities get fractured and loneliness ensues and he added that if you make yourself your own God you will be massively disappointed.

TF commented that one of the key points is a no brainer – quoting the report that says that 'faith groups are there for the long term' – that some have been around for centuries unlike 'quick fix' three year funded ventures - the ability to build relationships and connections is crucial. TF said that in the main, society does not offer the quality of these the connections, the sustained long term commitments to the community that faith groups have; the depth and quality. He cited KM's story as a reminder about the importance of providing confidence and gave the example of a man who spent time on the street and in prison before becoming Christian, and a group called Manor House – helping people with housing needs and loneliness. He commented that all MPs knew of examples in their constituency where faith based organisations make a difference, he commented about his own surgery, where some people come to him in desperate situations, the knowledge he can give them details of groups that can help them to find a way out of their crisis, which at the time is unimaginable to them and that the visible lifting of the weight from the shoulders is utterly invigorating. TF said that his constituency is not diverse, but 50% of the children rescued from death camps in 1945 were resettled there, and the 'Auschwitz Ambleside' project is motivated by faith but teaches in an area that is lacking in diversity.

TF quoted from the report that 69% of faith based organisations in the report are in towns with just 8% in rural areas – a reminder not to forget about people in high risk jobs such as farmers – if a tenant or owner of a six generation business loses their farm, they would benefit from chaplaincy help, friendship, camaraderie and coaching to help them. TF stated that faith groups are the connectors, the hubs, they give hope – but here is scepticism or suspicion from some local authorities; they don't quite know where faith groups are coming from, but if you believe there is a God – the motivation of faith is a good one and a powerful one. He commented that faith groups save tax payers a vast amount of money, and commended the report for calling for a growth on social prescribing for all groups, not just faith. The challenge about the motivations, the role and the purpose of faith groups, is something that needs to be tackled. The report proves that it is difficult to get work commissioned or reported. TH commented that the country has slipped into a wrongheaded way of thinking, that he believes in secular society and that his argument is that the assumption is the absence of faith is neutral and that faith is eccentric and possibly dangerous – it is wrong, there is no thing as neutrality, everyone has different, maybe overlapping world views, but people should respect different views. He concluded by saying that he appreciated the work that people of faith do, and he appreciated the work done by FaithAction and the APPG, stating that the work in the report could be ground breaking - stating that what many people knew this already but this could open the eyes of others.

**Neil Churchill:** NC began by saying he was delighted to be at the event and gave an example of loneliness that he had encountered – a woman called Barbara who had some mental health and physical problems; she eventually she left work, her social network was gone and she stopped going out. Her GP could have prescribed medication but he was part of a social prescribing scheme and he referred her to a singing group. She went along and started the path towards rebuilding her life. She also then set her own group for people that experience mental health problems – this grew her confidence to think about how she could get into workforce. NC stated that this was an effective intervention and that social prescribing is very important because many issues are not medical – amounting to half of all GP visits. NC called it 'disease' not disease – it is life situations, health and inequality - that there is evidence of a growth in deaths

of despair and some communities are seeing life expectancies going backwards. NC put forward that the whole, spiritual person is not seen, but social prescribing is effective in preventing ill health, helping recovery and is effective to get people to help others – to put something back. He congratulated FaithAction and its members and welcomed the report, remarking that the NHS wants their partnerships with faith organisations to thrive and there is a shared vision at the heart of service - paid staff play a vital role but if people are not being paid to be there then there's an engagement in different way. NC said that he liked the idea about being in communities for the long haul, addressing loneliness and persistent health inequalities that will take time – adding that the NHS are also in it for the long haul; both are anchors in communities but that the NHS does not always hear about the diversity in those communities – faith groups help the NHS to connect better and how to meet their needs. NC noted 'Pathways to Belonging' highlighted in the report and recognised that people like Barbara need a sense of belonging. The NHS can't do what it wants to in the Long Term Plan without the help of different faith groups. NC noted that 46% of the Muslim population live in the most deprived neighbourhoods; that Muslims over 50 are twice as likely as others to be in poor health, and that they have the highest rates of disability. He welcomed the point made in the report that it should not be assumed that people from BME backgrounds are from close-knit communities and therefore don't experience loneliness. On the question of how confident GPs are to refer people to faith-based organisations through social prescribing initiatives, NC stated that until quite recently GPs were not always comfortable with social prescribing at all: referring someone to a singing group or an art class wasn't something that they were comfortable with doing, but that the situation is improving. There is a need to recognise the great opportunities to connect faith groups, as part of the whole community – people of all faiths and no faith. There is also a need for transparency: people making referrals need to ensure that they are meeting people's needs, and they need to be aware of connections between a service and a faith group, and be comfortable with that. NC said that many great examples are in practice: FaithAction, Carelink run by Saltbox, which befriends people over 50 in Stoke, Communities 4 All in Khizra Mosque in Manchester, and Community chaplains.

NC explained that the NHS are doing three main things: Investing in social prescribing over the life of the Long Term Plan – there will be 2000 link workers, and the expectation is that there will be around 900 000 social prescribing appointments each year, by 2024, a different way of working and mainstreaming the approach, like in the case of Barbara. NC said that 6 million pounds will be invested in volunteering and integrated care systems, that it's not about new volunteering, it's about connecting what already exists – the fantastic things that are happening with organisations and in the community that do not know about each other that are not connected yet; that they will have the opportunity to do that. NC invited people to submit recommendations about what works for reducing health inequalities – the other things that the faith groups are doing – to tell the NHS what is working for their evidence to Integrated Care Systems as they make their plans over the summer.

NC concluded that the irony is that the NHS end up being busy in people's lives with too many people involved in treatment, making people feel really lonely with that kind of intervention. If the model is person centred, a sense of belonging and hope is crucial and the medical treatment can be on top of that to give the best outcome. NC added that the NHS welcome the ambition and that they really want partnership with faith groups to thrive and continue.

## **Discussion**

*Question: Can you tell us about the coalition of Christians Against Loneliness?*

RG answered that Christians Against Loneliness is a group of Christian charities that got together as they all work to tackle loneliness with a focus on older people, there are around ten or eleven members that are working on a tool kit that will enable churches to see the practical things they can do to tackle loneliness

and also to talk about what they do and to share what they do with others. RG added that there is information on the FaithAction website and a list everyone that is involved.

<https://www.faithaction.net/news/2019/05/10/faith-groups-meet-minister-for-tackling-loneliness/>

*Question: In the Midlands there a lots of different projects that are not all faith based, for example; Places of Welcome and Care Lines in Stoke - behind them all sit faith organisations but they are not upfront? Does it always have to be that way- do they have to be intermediary that doesn't name the faith to attract the funding?*

NC answered that there needs to be a transparency between the service and the patient, and the people that are referred have to comfortable with that and that everyone needs to be more comfortable with prescribing to faith groups – that there is a relationship that has grown, but there is still learning to be done to address concerns and that the NHS need to help with that.

*Question: Alan Magness, I chair Linking Lives which is part of the coalition - how can we develop a situation, where there is such a pull from health and social care and the police and mental health services and other professions, etc. that we can ramp up what we are doing? How can we change the mind-set of key professionals and commissioners?*

*Question: Judith Jones, local authority social worker in adult social care with an interest in how faith communities provide support in the community – how things can be mobilised or mapped out to make a bigger splash? Mental health and dementia easy to connect, all her colleagues hardly know of anything we can pass on – there is a big difficulty in finding out about these places – you can get lists of faith organisations but much more mapping needs to be done, an LA mobiliser and within multi faith forums.*

NC explained that link workers should help mapping and making connections about what is out there in the local community – to make connections to refer to what is out there and similarly – it's not about creating more volunteering; it's about connecting up what is there is.

*Question: Dave Furze, community development practioner in Buckinghamshire, works with an organisation called community grow, – we grow, opportunities and grow in the community –and great for peer learning. 18 months ago we had meeting at local CCG about social prescribing, but it had a caveat – they said there's no funding – if prescribing medications then there is a cost – things like community gardens and lots of other opportunities like that also cost and wants to make that point.*

*Question: Graham Storer – born in London but travelled down from Yorkshire, runs men's women's and young kids Sheds, the problem is that you can't stop isolation, it is worse than mental health, when people are isolate or lonely they will go into different cafes , North Yorkshire is very isolated – there have been suicides, not just farmers, other point is that we should not point the finger at agencies like the NHS – we need to look at ourselves as churches, I personally struggled to get them interested – Men's Sheds are a good example – doesn't appear to be Christian but it is very Christian.*

DS remarked that loneliness is invisible to the extent that it has not had the same focus that mental health or dementia has – when FaithAction were planning the report they realised that there are no celebrities associated with loneliness.

*Question: Sarah, from Sense, who led disability focus on the commission on loneliness has a personal point of view have a real passion around inclusive church. Research by Sense showed that lots of disabled people are unable to access community opportunities – is there an opportunity to link some of this up, as we are all calling for the same things, we potentially could be supporting churches and the work that FA is doing to*

*ensure that we are creating environments for dis abled people to be able participate and be included in those opportunities.*

RG responded that with regards to recommendations, she thinks that faith based organisations are characterised by the fact that they don't just do activities, that they build relationships with people. She added that a group of them met Mims Davies and Liveability, a Christian based charity, are looking at taking on examples of churches are inclusive and equipped to do more.

*Question: I was quite surprised that it was 10% for loneliness in the 16-25s, does what is happening in the US reflect what is happening in the UK – generation Z is the first gen to have higher suicide rate than homicide rate – I was wondering if these figures are slightly skewed as the number seems quite low? Also, what is the lowest common denominator that churches and individuals can do to help people transition from loneliness? The simplest recommendation possible.*

RG responded and explained that the statistics about young people are from other people's research, that she is aware that the profile of young people and loneliness is getting raised as an issue, and that it's something that is worth looking at in more depth; the Young People's Health Partnership are looking at evidence around this.

NC added that the Long Term Plan found that young people raised loneliness as an issue particularly at transition points, like leaving school or starting university – that they were also the group that was least likely to respond on consultations because they say that they want the doctor to 'see that what I say is not what I mean', which is very interesting and there is a need to focus on that.

DS stated that the conversation doesn't have to stop, people were asked to hand any other comments or thoughts to FaithAction staff present.

**Steve Double:** SD had left the event earlier to vote and started by introducing himself as one of the officers of the APPG and MP for Newquay, that he was a pastor for twelve years and he has worked for faith based organisations, so feels that he can bridge between faith communities and government. He commended the event as being excellent, stating that the presentations we were excellent in laying out the case for faith communities really working with government and other parts of public sector to address the issue of loneliness, which is at the root of many of the challenges that are faced in society. He thanked all of the attendees for coming, then thanked Daniel Singleton and FaithAction, the secretariat for the APPG, for all that they do, and for putting on the event. He then thanked the speakers and the authors of the report, commenting that he was sure that the launch event will not be the end; that it will be used going forward to really make the case and try and get progress made in terms of the recognition of the role that faith communities play in addressing these issues. He concluded by thanking the attendees again, adding that he hoped that they find the report enjoyable and useful and that the APPG looks forward to seeing what happened from here.

