Witness Name: Daniel Singleton
Statement No.: 1
Exhibits: 15
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UK COVID-19 INQUIRY – MODULE 10

WITNESS STATEMENT OF DANIEL SINGLETON

I, Daniel Singleton, of FaithAction, will say as follows: -

1. Introduction; Background to FaithAction:

1.1. FaithAction is a national network of faith-based organisations involved in social action initiatives. Since 2009, FaithAction has been working in collaboration with this network, seeking to bring strategic and research-grounded solutions to societal problems through providing advice and capacity building, networking opportunities and policy/advocacy through research and campaigns.

1.2. FaithAction sits under an accountable body, LifeLine Community Projects, an East-London-based charity.

1.3. We work with national and local government to convene multi-faith partnership and initiatives, seeking to connect public sector bodies with grassroots organisations, and ensure the voices of faith-based organisations are heard within local and national decision making.

1.4. Since 2012 we have acted as secretariat to the All-Party Parliamentary Group (APPG) on Faith and Society, which was launched with the goal of highlighting the contribution to society by faith-based organisations, identifying best practice, and promoting understanding of faith-based social action. Chaired until April 2024 by Sir Stephen Timms MP, and since then by Zöe Franklin MP, the APPG has commissioned research into a range of

areas including the role of faith-based organisations within Public Health, faith and prisons, and, during the Covid-19 Pandemic, the role of faith-based organisations in partnering with local authorities during the pandemic. (See **DS/01** – INQ000653984)

1.5. In our capacity as secretariat to the APPG for Faith and Society, we oversee the Faith Covenant initiative, which is a joint commitment between faith communities and local authorities to a set of principles that guide engagement. The Covenant seeks to remove mistrust that can exist between faith-sector representatives and public bodies, and promote open, practical working. Launched in 2014, 33 local authorities have signed the Covenant to date, in partnership with local faith communities.

1.6. FaithAction are also a long-standing member of the VCSE (Voluntary, Community, and Social Enterprise) Health and Wellbeing Alliance, a partnership between 19 VCSE-sector representatives and the health and care system. Funded by the Department of Health and Social Care (DHSC), and jointly managed by DHSC, NHS England and the UK Health Security Agency (from October 2021, prior to this Public Health England), its aim is to support co-production of national policy with people and communities, thereby to reduce health inequalities. We have been a member of this Alliance since its inception in 2017.

2. Overview of FaithAction's relationship with government departments, local authorities and other agencies during the pandemic:

2.1. From May 2020 I was invited to sit on the National Faith Taskforce, convened by Robert Jenrick, the Secretary of State for Housing Communities and Local Government, and chaired predominantly by Lord Stephen Greenhalgh, Minister for Faith. The first meeting of which happened on 15th May. The Taskforce met throughout the summer of 2020, with meetings convened on an ad. hoc basis after then.

2.2. In June 2020 we were funded by MHCLG, from the department's allocation of the government Covid-19 VCS fund, to ensure faith communities were supported and able to respond to Covid-19 impacts, and that insight from

these communities informs evolving policy response on pandemic regulations.

2.3. In delivering the above contract, Between June and September 2020 we held weekly focus groups across 9 different faith groups (Christian, Jewish, Muslim, Hindu, Sikh, Buddhist, Zoroastrian, Jain and Baha'i). We also held a Women's Multifaith group made up of the former faith groups. The focus groups were supplemented by 9 regional roundtables, and subject-specific focus groups. We reported weekly to MHCLG officials, summarising focus group insights and also relayed insight gathered through other channels, including the National Task Force. Summary of these insights makes up the majority of this statement, and, where necessary, I exhibit our focus group summary reports to illustrate. Much of the insight below relating to the evolving impacts of the pandemic on worship practices is drawn from this focus group data.

2.4. We participated in the VCS Emergencies Partnership from March 2020, which received funding from the Department for Culture, Media and Sport (DCMS) to collate and share intelligence, emerging trends and best practice, and ensure targeted mobilisation to those in most vulnerable situations at local, regional and national levels.

2.5. From early 2020 through to April 2021 we offered informal guidance, support and national perspective to local authority areas, primarily adopters of the Faith Covenant. For example, we supported the Essex County Council (ECC) Excess Death Tactical Co-ordination Group through participation in a Faith & Communities Working Group, offering insight and best practice from our wider network to the work of ECC.

2.6. In our capacity as members of the VCSE Health and Wellbeing Alliance, we took part in rapid response work as the pandemic unfolded. This involved weekly meetings with the NHS England HW Alliance Operations team from late March to August 2020. This facilitated timely responses from the sector to emerging trends and concerns, and the rapid relaying of lived experience insights as the pandemic unfolded.

2.7. In early 2021 we were commissioned by NHS England to report on activities undertaken by faith-based organisations in support to NHS services, and the implications of this for pandemic recovery. We gathered

146 survey responses, alongside interviews and focus group data to identify any changes to faith-based delivery, and how this can be built upon. The report, *First in, Last Out*, was published in early 2022. (**DS/02** INQ000653986). The report revealed a notable increase in partnership working between faith-based organisations and NHS organisations like Integrated Care Systems (ICSs), acute hospital trusts, Clinical Commissioning Groups (CCGs), and GP surgeries, as well as with local authorities. We surveyed FaithAction members and discovered that 76% had carried out work in support to the NHS during the pandemic, however much of this work was not a change in direction for faith-based organisations, but an evolution of existing support. One third of our surveyed members, for example, were already providing transport to and from medical appointments prior to the pandemic. Our call to action was to ensure that these foundations for strong partnership working were built upon, in line with guidance for ICSs.

3. Online Services between June and August 2020:

3.1. Between June and August 2020, many faith communities adapted to lockdown by moving worship services online. Throughout June 2020, our focus group data found that all the faith representatives from 9 faiths which FaithAction were in contact with had halted in-person services at their places of worship and moved fully online.

3.2. FaithAction received mixed responses from different faiths in response to whether online services affected attendance and membership positively or negatively. The faith groups who were most pleased and reported positive uptake in attendance and membership were our Jain group, Women's Multifaith group, and Buddhist group. (See **DS/03** – INQ000653978)

3.3. The following positive opinions were general comments cited by most faith groups, but the three above mentioned faiths were the most vocal about the positive effect of online services. Our Jain group noted that due to increased accessibility of online services, some people who had never been involved with their services before had started attending online. (**DS/03** – INQ000653978) Our Women's Multifaith group, particularly those

who were Muslim, reported an increased attendance in women when services moved online because it made services more inclusive from a female perspective, increasing discretion and privacy. (**DS/04** – INQ000653980) Buddhist groups noted that online services allowed them to connect with others that they couldn't normally interact with, as well as build an international community. For example, online services enabled over 1.5 million people to watch teaching from the Dalai Lama. (**DS/05**– INQ000653982)

3.4. However, some faith group representatives reported concern over the move to online services in relation to attendance and membership. Across all faiths, concerns were reported over digital illiteracy and digital poverty isolating older people and the vulnerable, who often benefit the most from in-person faith community support. (**DS/05**– INQ000653982) One Muslim representative told us how some worshippers were not following lockdown rules and were coming to the mosque car park to pray, due to their desire to be closer to the mosque. (**DS/06** – INQ000653976). Buddhists also reported being unable to chant properly together due to lags and time delay (**DS/06** - INQ000653976).

3.5. Concerns over online services were therefore shared across several faith communities, highlighting barriers to usual participation in rites, rituals and other faith practices (as detailed above). Buddhist participants, for example expressed dissatisfaction with online worship as it didn't allow communal chanting. (**DS/06** – INQ000653976) Among Sikh communities questions were asked about the safe performance of "Kirtan" within wedding ceremonies. In our focus group of 17th-23rd June, for example, it was suggested that permitting "small weddings" is "meaningless" without allowance for Kitran, as it is an integral part of Anand Karaj wedding ceremonies. (**DS/03**– INQ000653978) Within Christian traditions, differing understandings of the importance of the church building led to frustrations. Representatives of one Baptist community, for example, emphasized that opening buildings for private prayer is not a huge advantage to worship as "Church is the people, not the building". (**DS/03** – INQ000653978) In late July and August 2020 focus groups regularly reported frustrations about restrictions on singing, and Jewish groups in

particular reflected that this was a barrier for people attending synagogue and participating in communal worship (See **DS/07 INQ000653977).** Multiple participants expressed how they were impacted over being limited to online services by sharing concern and distress around their inability to practice their faith meaningfully in light of these restrictions. Notably these restrictions were not felt equally among age groups, with older people increasingly impacted due to the greater isolation felt from higher digital illiteracy rates. (15-21 July **DS/08** – INQ000656022)

4. Impact of gradual restriction-lifting between July and August 2020:

4.1. From July 4th 2020, the easing of lockdown restrictions enabled some places of worship to resume reduced and socially-distanced in-person services if they so wished. While the majority of places of worship across faiths decided not to resume in-person services of this nature, the focus groups received some valuable data on attendance and membership during this period. (See **DS/09** – INQ000653975)

4.2. Across the board, women and older people were the most adversely affected demographic in relation to a drop in attendance post-restriction lifting. Due to guidance on the vulnerable and immunocompromised taking extra care, some were unable to attend in-person services. For example, in July our Hindu representatives reported that many of the usual temple volunteers are older and therefore classed as vulnerable, thus temples were lacking the volunteers they needed. (**DS/09** – INQ000653975) Further, Hindu temples had not been allowing over-65s in the early weeks of lockdown restriction-lifting. (**DS/05** – INQ000653982) Hindu representatives did not mention any efforts being made to connect with those who could not, or did not wish to, connect online, other than occasional phone calls.

4.3. In both the Muslim focus group and the women's multifaith group, participants expressed concerns about women being unable to worship in mosques, either because the space they have been allocated is too small, or because children are not allowed to attend. (**DS/09** – INQ000653975)

4.4. By late July, many places of worship were reporting that, despite high attendance at first in the July 4th restriction lifting, attendance was now dropping. People were dissatisfied with the restrictions placed on their worship (lack of singing and childcare cited as reasons). (**DS/10** – INQ000653979) Faith representatives who were the most concerned over this included our Hindu, Jewish and Jain representatives. However, Christian representatives also reported that most said they do not wish to return to worshiping in person until the whole congregation is able to return safely. Some representatives raised concerns about how to keep services 'antiseptic' and 'sterile'. This is down to not being able to interact, no singing, no children, and other restrictions. (**DS/11** – INQ000653981)

4.5. By mid-August, Christian representatives reported that churches which had opened had seen approximately 50% of members attend. Most looked to reopen in September. Hindu representatives also confirmed that attendance was still low during that period compared to pre-Covid. (**DS/11** – INQ000653981)

4.6. Conversations with our members indicated that reduced attendance and participation across faith communities was felt keenly in a number of ways, including financially (reductions in charitable giving) and through a decline in formal volunteering. (**DS/05** – INQ000653982) Although many faith communities saw some increase in pandemic-related volunteering amongst certain demographics (for example, working-age and younger people), this did not continue once society began to reopen.

4.7. In February 2022, FaithAction worked with Professor Jim McManus and the Guild of Health and St Raphael to publish the paper, *Resilience, Trauma and Pastoral Recovery*. The research suggested that one reason for a lack of membership post restriction-lifting across faith groups was the grief felt by many who lost loved ones, leading to a reduced desire to engage with their faith community and to heal with immediate friends and family. This was particularly isolating for community members because traditional rites such as funerals or communal prayer were restricted. (**DS/12 - INQ000653987**)

4.8. Volunteers and ministry teams, who were often unpaid, were also reported to have reduced attendance and membership due to exhaustion (both

mental and physical), burnout, and moral injury, which affected their ability to continue serving. (DS/12 – INQ000653987)

5. Impact on faith-based community activities

5.1. In our focus groups held between June and July 2020, Buddhist and Jain faith representatives reported an increase in volunteer social community activities, such as delivering groceries, supplying food parcels, and providing PPE (DS/03 - INQ000653978, DS/05 - INQ000653982). One Jain representative had 30 organisations delivering food parcels and another Jain association provided more than 10 thousand meals to frontline workers. (DS/03 – INQ000653978). In early July 2020, Muslim representatives reported that some Muslim communities were running online classes for children to supplement their school education and make sure they weren't falling behind (DS/09 – INQ000653975). In mid-June 2020, Sikh communities distributed pre-packaged langar to maintain their commitment to food-giving (DS/06 – INQ000653976). (Langar stands for "community kitchen," and is a free meal service provided by Sikh Gurdwaras.) Similarly, in June 2020, Baha'i representatives shared that they played a large role in providing for local communities but did not expand on what exactly they provided. However they further shared that they did not like to showcase their community work and also did not expand. (DS/03 – INQ000653978)

5.2. In November 2020, the *Keeping the Faith* report was published by APPG for Faith and Society (of which FaithAction is the secretariat) and the Faiths & Civil Society Unit at Goldsmiths, University of London. The report consolidated our earlier findings from the focus groups that there was an increase in social action activity, and found that collaboration between local authorities and faith groups has dramatically increased during the COVID-19 pandemic. The vast majority of these relationships (91%) were positive. (DS/01 – INQ000653984) This new collaboration with local authorities opened up a 'new normal' in the relationships between them: a civic and policy space characterised by relationships of trust, collaboration and

innovation, a trend detailed more fully in the follow-up report, *Keeping the Faith 2.0* (2022). (**DS/13 - INQ000653983**)

5.3. During Covid-19, local faith groups actually outperformed local authorities and other statutory bodies in programmes established in the following areas: cooking and delivering meals (51% faith group involvement compared to 19% local authority involvement), new food banks (41% compared to 31%) and emergency breakfasts and/or clubs (18% compared to 13%). The most common areas of strategic partnership in delivering social support included a 12% increase in reducing food poverty initiatives, and a 5% increase in mental health and wellbeing initiatives. (**DS/01** – INQ000653984)

5.4. The *Keeping the Faith* report concludes that "the most diverse local authority areas were also the most likely to see their faith communities as open and inclusive, rather than closed and conditional", pointing to data which showed that local authorities in areas of high religious diversity were more likely to say that partnership working increased, and that experience of partnership was positive.. (**DS/01** – INQ000653984)

5.5. The *Keeping the Faith* report concluded that faith groups' abilities to continue to provide, and even increase, their community outreach and activities is due to their position as a stable and trustworthy presence in their respective community. They are also often key members and facilitator of pre-existing relationships and networks. They therefore claim a unique spot in the voluntary sector, which was revealed during the crisis of the pandemic and the break-down of more traditional service providers. (**DS/01** – INQ000653984)

5.6. Our 2022 *Resilience, Trauma, Recovery* report further underscored the above findings regarding an increase in faith-led social activities. This research evidenced that faith communities stepped into an expanded role during the pandemic, often functioning as "informal public health actors" in their community activities. They provided emotional support, practical and psychological aid, and a sense of belonging that helped mitigate effects of trauma. (**DS/12** – INQ000653987)

5.7. The report introduced the concept of a "social cure" which emerged as a powerful framework, showing how cohesive and inclusive communities can

foster healing and resilience. For example, churches were encouraged to adopt welcoming and trauma-informed practices, such as the Friendly Places framework, and to incorporate physical and social activities like gardening, yoga, and storytelling. These initiatives helped promote recovery and strengthen communal bonds, even in the absence of traditional outreach programs. (DS/12 – INQ000653987)

5.8. In addition to the above our *First In, Last Out* report (2022) found that a significant number (76%) of our network members surveyed provided additional support to the health and care system during the pandemic. (DS/02 – INQ000653986) This included activities such as supporting vaccine rollout, facilitating adherence to the test and trace programme, delivery of medications, transport to and from hospital, and supply of PPE. Furthermore faith-based communities were very active in relaying government and NHS messaging to communities throughout 2020, acting as a "trusted" link between systems and communities without which vaccination programmes would not have had the success they did. (DS/02 – INQ000653986) Numerous faith leaders played "community leadership" roles within their communities, examples being the vaccination campaign developed by Tower Hamlets Inter Faith Forum in Summer of 2021.

6. Impact on inter-faith trends and religious response; spiritual activities such as prayer, chanting and singing:

6.1. Regarding spiritual activities, our faith representatives became divided over the extent to which they felt lockdown restrictions catered to their faith's spiritual activities. Such spiritual activities serve an important role in the community to bring people together and function as a social event in their own right.

6.2. The introduction of private prayer, as part of the lockdown restrictions easing, benefited Anglo-Christian communities and Jain communities as per their reports in our June 17-23rd focus group (DS/03 - INQ000653978). By June 17th-23rd 2020, our Christian representatives stated that all Anglican cathedrals in the country had been opened for private prayer, highlighting how Anglican communities felt they could continue prayer

service. (DS/03 - INQ000653978). Meanwhile, other minority Christian denominations such as Pentecostal or BAME majority churches in our June 17th-23rd focus group agreed that they have decided not to open for private prayer and instead await further reopening of places of worship on July 4th (DS/03 - INQ000653978). Our Sikh representatives in the 10th-16th June focus group stated that the government's emphasis on private prayer led to them feeling like the government does not understand their faith, as private prayer is not a large aspect of Sikhism (DS/06 - INQ000653976). In that week, Buddhist representatives stated that private prayer "made little difference" to them (DS/06 - INQ000653976).

6.3. Jain representatives also reported that private prayer made a big, positive difference to activity-resumption as private prayer at their place of worship is important. However, guidelines affected their main religious week from 15th August which would normally be a mass event. There is no further available data to clarify this comment, as it was taken directly from our focus group reports. (DS/03 - INQ000653978). They also explained that they missed out on the Guru festival in April, again with no further clarification as to how this impacted them or their wider community (DS/03 - INQ000653978).

6.4. However, Sikh and BAME-majority church representatives were particularly concerned about a lack of representation in official circles and guidelines and concluded that the government prioritised the Anglo-Christian tradition when it came to setting guidelines. For example, in our 17th-23rd June focus groups, Sikh representatives felt that the government ed understanding of practices outside the white, Christian tradition because they did not receive guidance regarding the Sikh practices of darshan (the act of seeing or experiencing the divine or a significant spiritual figure), parshard (a sacred food offering made from equal parts of wheat flour, clarified butter, and sugar), and langar (community kitchen) (DS/03 - INQ000653978).

6.5. Another example of faith representatives perceiving an Anglo-Christian bias is that the government decided to open places of worship for 'individual prayer' before allowing full resuming of worship services. Individual prayer, as defined by the Catholic Church, refers to personal prayer offered by a

single person that does not necessarily have to be spoken aloud. However, BAME-majority church, Buddhist, Sikh and Jewish representatives all reported that they consider this practice of attending a place of worship for the purpose of individual prayer to apply only to Anglican and Catholic communities. Buddhist representatives specifically suggested that simple changing of terminology would have been more inclusive for all faiths, such as 'prayer, meditation and contemplation'. (**DS/03** - INQ000653978). African diaspora understandings of prayer (spoken out loud with lots of energy) are also different to majority white churches (silent prayer, kneeling, and such). This diversity of expression was not accounted for in the emerging legislation and led some ethnic minority Christian faith representatives to feel discriminated against as guidance seemed to favour white Christian praying traditions over their own (**DS/03** - INQ000653978). Further, in the 17th-23rd June focus group report, Muslim representatives stated that the guidance on allowing individual prayer did not meet the needs of mosques as individual prayer is not a reason people attend mosques. The report does not expand on this particular point but was corroborated by anecdotal evidence by those of Muslim faith that Islamic worship is a community-based activity, and that being unable to meet physically at a mosque was having negative effects on the mental health of Muslim communities across London (**DS/03** - INQ000653978).

6.6. A large number of non-established churches decided not to open for private prayer and instead await further reopening of places of worship on July 4th. Meanwhile, some Christian representatives, in particular, found the government's June 12th guidelines vague and ineffective. For example, free, Pentecostal, and BAME-majority churches felt that the guidance at the time did little to inform them about worship practices which mattered to them (thus attempts at activity rearrangements for prayer are were less meaningful). (**DS/03** – INQ000653978)

6.7. Nevertheless, some churches (typically large, inner-city churches) and denominations that do not customarily practice private prayer decided to do so under the new guidelines as an opportunity to allow people to move from digital to physical worship, even if alone. Larger, community-centred churches were still weighing up the benefits of having a massively reduced,

socially distanced service as opposed to continuing online. (DS/03 – INQ000653978)

6.8. Buddhist representatives also reported that private prayer made little difference to them, because most Buddhist places of worship are small so would not be able to facilitate socially distanced meetings. Most did not consider opening their building until September at the earliest. (DS/06 – INQ000653976)

6.9. Some faiths, particularly non-Ango-Christian faiths, reported additional issues with resuming community and spiritual activities. For example, for Muslims it is customary to take one's shoes off before going to pray. Questions were raised over how to sterilise the shoes effectively. (DS/03 – INQ000653978) Meanwhile, Sikhs were concerned that the 'small wedding' guideline was meaningless to them, citing the importance of Kirtan performances and the listening of a large congregation as an integral part of Anand Karaj wedding ceremony, and that screens would isolate the Kirtan singers. (DS/03 – INQ000653978)

6.10. Singing and chanting was a very popular concern throughout our focus groups, particularly when initial guidance for places of worship allowed organs to be played but did not allow singing. This led some minority faith groups, particularly BAME-majority churches, to perceive themselves to be sidelined with an Anglo-Christian tradition prioritised. (DS/03 – INQ000653978)

6.11. Therefore, many desired additional guidance or explanations for singing, and our focus group reports describe mounting frustration at the lack of it. (See DS/10 – INQ000653979) As a central practice to many faiths, many sought further explanation as to why they cannot sing at all, particularly if singers were socially distanced and equipment sterilised accordingly. (DS/04 – INQ000653980)

6.12. The issue became increasingly tense when the government allowed professional singers to begin recording and performing under guidelines, with still no update on worship-based singing. (DS/11 – INQ000653981)

6.13. The matter was so important that some places of worship did not consider opening until they received relevant guidance on singing, or until they knew that they could sing or chant safely. (DS/11 – INQ000653981) In one focus

group (DS/10 – INQ000653979) Jewish participants cited the absence of singing, alongside restrictions on children attending synagogue, as one reason for declining synagogue attendance in late July 2020. Absence of singing was also cited as a reason for lower church attendance by Christians in a focus group in Mid-August 2020 (DS/07 – INQ000653977)

7. Life-cycle events: weddings, funerals:

7.1. Generally, our Focus Group faith representatives reported increasing isolation due to the cessation of life-cycle events which are important spiritual and community events for many faiths. Weddings and funerals were paused and were not held, or held with small congregations socially-distanced, following the government's '30 participant' limit on weddings. There were particular concerns raised over negative impacts on mental health due to this, particularly regarding funerals, as people were unable to have the closure of a proper 'send-off' for their loved ones. (DS/06 – INQ000653976)

7.2. Nevertheless, our faith representatives displayed flexibility in their desire to continue to host weddings. Christian representatives stated that congregants were happy to have wedding ceremonies "before God", postponing legal marriage ceremonies to later. However, they raised concerns over the cultural breadth of the Christian faith. BAME Christian weddings are large affairs, and these groups would feel a more acute negative impact on such community events, with some representatives suggesting it may be discriminatory. (DS/06 – INQ000653976) Meanwhile, Muslim representatives shared how some of their members moved their wedding ceremonies to the homes of the wedded individuals, rather than at the mosque, in order control invitees and to reduce cleaning and sterilisation the mosque afterwards. (DS/14 – INQ000653974)

7.3. Funerals were similarly regarded across the board. Christian representatives noted cultural differences in Black Caribbean funerals and cited how minority cultural practices were not considered in guidance, thus impacting the delivery of such events more negatively within those communities. (See DS/06 – INQ000653976)

7.4. Jewish communities found no consistency from funeral directors as to what was allowed. For example, the Rabbinic body we spoke to said only deceased and Rabbi to be in the room, but some were wondering whether family households could be present at the funeral too. More coordination with funeral homes and crematoriums needed. In some cases they attempted to hold Zoom meetings after funerals with the benefit that family from all over the world can join. (**DS/06** – INQ000653976)

7.5. Baha' communities expressed finding it very hard not to support others, during bereavement, recognising that they normally cook for, feed, and offer emotional support. They expressed concerns about potential large mental health problems going forward in light of this. (**DS/03** – INQ000653978)

8. Muslim response to timings of local lockdowns in July 2020:

8.1. Overall, faith group representatives were happy about local lockdowns in July 2020 as it was clear that the R-rate was rising at the time. However, the Muslim community were very unhappy about the timing of the local lockdowns in the North. (**DS/10** – INQ000653979)

8.2. In Huddersfield, the announcement for a local lockdown was made at 10pm the night before Eid. There was widespread unhappiness with the timing of the local lockdown around Eid, and the feeling that Muslims were being blamed for the rise in cases. There was a lot of scepticism about the reasons for the lockdown in North England. Many in the Muslim community felt that it was targeted towards Muslims, and that the government was attempting to reduce the amount of socialising which would have taken place during full Eid celebrations. This was particularly painful in light of the government later allowing reduced lockdown restrictions around Christmas, while Muslim communities were not given the same opportunity. Our focus groups suggested this led to serious reduced trust in official authorities from Muslim communities, and a general feeling of being marginalized. (**DS/14** – INQ000653974)

8.3. Eid celebrations across the country were therefore muted, even in unaffected areas like the South-East of England. (**DS/14** – INQ000653974)

9. General impact on worshipping practices across faiths, from Zoom polls conducted June to September 2020:

9.1. Among all the faith groups we surveyed, Christians and Hindus initially reported the highest levels of severity to limitations on worshipping practices in June. This suggests that the restrictions had a sustained and significant impact on Christian worship practices, likely due to the central role of communal services, singing, and large congregational gatherings in many denominations. (**DS/04** – INQ000653980)

9.2. The least affected groups, initially, were Jewish, Sikh and Baha'i/Jain/Zoroastrian representatives, evidencing minor disruptions to worshipping practices. (See **DS/03** – INQ000653978 and **DS/04** – INQ000653980)

9.3. Notable trends across the months were that there was a gradual decrease in perceived severity for Christian and Hindu participants, who felt more accommodated by guidelines to maintain worshipping practices by September. Christians had the largest drop in perceived impact to worshipping practices in the period.

9.4. Conversely, Buddhist and Jewish representatives reported increasing disruption to practices as time went on, with a high point of disruption to normal worship practices by September 2020. (**DS/11** – INQ000653981) Whilst the nature of the live poll didn't allow for elaboration on the experiences that contributed to this impact, the content of the discussion that followed focused on disruption to the provision of pastoral support, making for a "sterile environment", the inability of volunteer chaplains to visit faith community members in hospital, and restrictions on chanting. (**DS/11** – INQ000653981)This data provides evidence for the concern which minority faiths (such as Buddhists and Sikhs) had about how government regulations favoured an Anglo-Christian worldview.

10. Impact on mental health and wellbeing; Overview:

10.1. Mental health and wellbeing emerged as central concerns throughout the pandemic, drawing from focus group data, our *Resilience, Trauma and Pastoral Recovery Report* (2022), and countless anecdotal reports and conversations. The "Resilience" report described COVID-19 not merely as a pandemic but as a "syndemic", a convergence of multiple stressors including loss, isolation, and financial hardship. These compounded impacts created widespread psychological distress, with demand for mental health services far exceeding available capacity. (**DS/12** – INQ000653987)

10.2. Faith leaders and ministry teams faced unique challenges, including moral injury, compassion fatigue, and burnout. *Resilience, Trauma and Pastoral Recovery* emphasised the importance of self-care and organisational support, recommending tools such as Psychological First Aid and Mental Health First Aid to equip communities with practical strategies for early intervention and sustained wellbeing. (**DS/12** – INQ000653987)

10.3. Places of worship in many cases undertook a shift in emphasis to care specifically for those carers, volunteers, and faith leaders who had been on the front-line of pandemic response, as well as to embed mental health awareness into their culture and operations. (**DS/12** – INQ000653987)

11. Impact of disruption of faith-based activities and life-cycle events:

11.1. Most concerns about impacts to mental health and wellbeing arose out of the inability for faith organisations or places of worship to carry out large life-cycle events like weddings and funerals. Many cited a lack of closure due to improper 'send-offs' for their friends and family. Many experienced a lack of closure from inadequate farewells, with Christian representatives highlighting post-COVID trauma among BAME groups, who were disproportionately affected and in need of therapeutic support. (**DS/06** – INQ000653976)

11.2. This became a growing concern for BAME groups due to the disproportionate impact of COVID on this demographic group, and the on-going pressures faced by faith leaders. (**DS/06** – INQ000653976)

11.3. Meanwhile, lack of communality around prayer was said to affect people negatively: Jewish representatives said that not being able to sit with others to pray had a profound, traumatic impact on many in the community (**DS/06** – INQ000653976), while one Sikh representative expressed that not having communal prayer was "painful". (**DS/06** – INQ000653976) Muslims, meanwhile, stressed the importance of a mosque as a social space for a community to meet, in addition to its primary function as a place of worship. (**DS/03** – INQ000653978)

11.4. One Buddhist chaplain of The Buddhist Society, London and the Royal Free London Hospital, noted he witnessed an uptick in suicides, and that his last two funeral services were for suicides upon speaking to him between 17th-23rd June 2020. (**DS/03** – INQ000653978)

11.5. Many faiths reported that faith leaders themselves were suffering negatively, mentally, with Jewish people for example citing a heavy demand on Rabbis who were witnessing many deaths. (**DS/09** – INQ000653975)

11.6. Some participants describe suffering "moral injury" as a result of wanting to comfort and support their communities but being unable to under the current guidelines (particularly with regard to funerals and supporting grieving families). (**DS/05** – INQ000653982)

11.7. The absence of communal prayer also had a deep emotional toll—Jewish and Sikh representatives described it as traumatic and painful, while Muslims emphasised the mosque's role as a vital social hub. (**DS/03** – INQ000653978)

12. Impact of perceived prioritisation of the economy over the wellbeing and safety of communities

12.1. Across the board, faith groups were disappointed by what they perceived to be the government's prioritisation of the economy over the wellbeing and safety of people. This was felt because pubs, bars, shops and restaurants had more relaxed guidelines than places of worship. (**DS/04** – INQ000653980 and **DS/14** – INQ000653974) For example, one Sikh representative in a June focus group expressed difficulty understanding

scientifically why langar wasn't allowed if restaurants and shops could be open. (**DS/03** – INQ000653978)

12.2. It was felt this trend was reflective of a de-prioritisation of the wellbeing impacts of participation in religious worship, as compared to the operation of entertainment or hospitality sectors. This itself led to frustration and wellbeing impacts as religious people felt that a significant part of their identity and lived practice was being overlooked. (See **DS/14** – INQ000653974 and **DS/07** – INQ000653977)

12.3. As restrictions continued to be lifted, frustration mounted when the rowdy behaviour in pubs, bars and restaurants was seemingly dismissed while places of worship remained overly cautious over protecting individuals from potential infection, particularly since faith communities include some of the most vulnerable in society, such as older people. (See **DS/10** – INQ000653979 and **DS/14** – INQ000653974)

12.4. Generally, focus group participants desired for places of worship to be trusted more by official authorities. They felt that they were following rules, but that these rules did not meet their needs as communities. It was felt that other venues like pubs, restaurants and bars were seemingly trusted more by the government as they were able to make some autonomous decisions about their own social distancing rules, opening times, and such. Meanwhile, places of worship were not given such an opportunity and were disappointed that they could not make decisions on what was and wasn't appropriate for their own practice within the confines of what is scientifically advisable – "We want the government to work with faith communities rather than as a community that needs to be controlled". (**DS/03** – INQ000653978)

13. Innovations and lessons to be learned; increase in collaboration and changes in relationship

13.1. In November 2020, *Keeping the Faith* was published by the All-Party Parliamentary Group for Faith and Society (of which FaithAction is the secretariat) and the Faiths & Civil Society Unit at Goldsmiths, University of London. The report found that collaboration between local authorities and

faith groups dramatically increased during the COVID-19 pandemic. (DS/01 – INQ000653984)

13.2. This opened up a 'new normal' in the relationships between them: a civic and policy space characterised by relationships of trust, collaboration and innovation in which local authorities function more as enablers towards faith communities, rather than commissioners, funders or regulators. (See DS/13 – INQ000653983)

13.3. Notably, 67% of local authorities reported an increase in partnership working with faith groups since the start of the pandemic, relating primarily to issues around food poverty, and mental health and wellbeing. 93% of local authorities surveyed considered their experience of partnership working with faith groups as "very positive" or "positive", with the most diverse local authority areas are also the most likely to see their faith communities as open and inclusive, rather than closed and conditional. (DS/01 – INQ000653984)

13.4. The report found that the biggest involvement in new partnerships with faith groups was at the more traditional, non-technical end of the partnership spectrum (i.e., whose job it is to mediate resources between clients and providers through activities like signposting and outreach to the vulnerable). However, some countervailing data such as the strong growth in referrals from the council to faith-based services does suggest progress in fostering engagement at the more strategic end of the partnership spectrum. Here partnership is engaged not around the mediation of another's services, but around the active co-production of goods, services and innovation. (DS/01 – INQ000653984)

13.5. Notably, few local authorities (3%) had concerns around proselytism by faith groups in doing this work, which had been a long-standing concern found by the APPG for Faith and Society in previous research and engagement. This suggests a general change in mood regarding the statutory sector towards faith-based partners, owing to the pandemic. (DS/01 – INQ000653984)

13.6. In 2022, new research led to the publication of *Keeping The Faith 2.0*, which built upon on the first, incorporating qualitative data from interviews with faith and local authority representatives. The report covered the 12

months of experience of working in partnership to tackle COVID-19 since the time of the previous publication. (DS/13 – INQ000653983)

13.7. As well as the ongoing need for emergency food relief and food distribution, faith groups and local authorities also found themselves collaborating closely in areas of mental health, public health, domestic violence, the care and integration of refugees and migrants, mentoring highly vulnerable families and individuals, being the conduits for other clinical and public health interventions in their recovery, as well as providing emergency childcare services via fostering and adoption services. (DS/13 – INQ000653983)

13.8. It was identified that the growing use of worship and other faith-based centers in the delivery of statutory mental health and public health as likely to be a permanent feature of health and social care provision going forward. (DS/13 – INQ000653983)

13.9. Significant areas of growth in the relationships between local authorities and faith groups were attributed to the pandemic included an enhanced sense of confidence and power for faith groups, deeper relationships forged out of the experience of the pandemic and greater innovation enabled by the experience of the pandemic. (DS/13 – INQ000653983)

13.10. It was identified that the development of good partnerships beyond the pandemic required the development of trust across statutory/faith sectors, the embracing of new mindsets, including reimagining structures of governance and finance, and a commitment to talking honestly about conflict and misunderstanding, as well as celebrating achievements. (DS/13 – INQ000'653983)

13.11. This was backed up by numerous conversations we had with wider statutory sector representatives, including Directors of Public Health and colleagues in Integrated Care Systems, who reflected that long-term friendship and trust trumped procedural ways of working during the pandemic, and that any attempt to embed this change needed to account for these principles of relationship.

13.12. Some of this insight is detailed in our report *Challenge, Innovation, Friendship* (2023) which drew from these conversations. One faith based leader remarked that "We probably achieved more in terms of addressing

health inequalities, partnership working and trust-building between the faith and BAME sectors, and the public sector ... in the last three years than we have in the last ten." (DS/15 – INQ000653985)

13.13. It was identified partnership working was particularly effective where statutory and faith partners mobilised existing networks (such as Faith Covenant networks) rather than initiate new ones. (DS/15 – INQ000653985) However, in some cases, new groups were formed, such as the Barts Health Faith Leaders Forum, which has continued to thrive post pandemic, and remains a key channel of communication across sectors in North-East London.

13.14. One key recommendations included the need to proactively recognise the faith sector in structures and forums going forward. A small step toward this is the adoption of the "F" of "Faith" within the "VCSE" acronym to produce "VCFSE" (Voluntary, Community, Faith, and Social Enterprise) acronym, a practice which some Integrated Care Boards (ICBs) have taken up post pandemic.

13.15. It was also recognised that there is a need for informal, as well as formal, channels for engagement and representation. For example, involvement in statutory forums might work for some grassroots organisations, but not for others, whilst channels such as Facebook and WhatsApp remain effective for reaching many smaller faith communities. There was successful mobilisation of social media groups on platforms such as these during the pandemic. (DS/15 – INQ000653985)

13.16. It is recognised that if these partnership practices are to continue, there needs to be a prioritisation of relationship building, trust and understanding on both sides. There is a place, for example, for informal approaches to networking and engagement, and a recognition of one another's shared "humanity" over and above official functions. This "levelling" effect came to the fore for many during the pandemic. (DS/15 – INQ000653985)

13.17. Finally, financial and non-financial investment is needed in grassroots and faith communities. Approaches to grant funding should be flexible, equitable and build on principles of trust, rather than competition. Monitoring should be proportionate, and there should be flexible approaches to data sharing across sectors.

14. Innovations within the faith sector

14.1. The pandemic prompted a wave of innovation and reflection within faith communities. Work on *Resilience, Trauma and Pastoral Recovery* identified that frameworks for post-traumatic growth, such as those developed by Kaufman and Slade et al., are of help in guiding recovery efforts. (DS/12 – INQ000653987)

14.2. Self-care was reframed as a theological imperative within faith groups. Organisational resilience was addressed through models like the Thriving at Work framework, which offered standards for mental health support in faith-based workplaces. Storytelling was recognised as a powerful tool for healing, provided it was facilitated with care and respect for emotional boundaries. (DS/12 – INQ000653987)

14.3. There was also learning on what not to do in trauma response, underscoring the importance of avoiding practices that could inadvertently cause harm. These lessons offer a blueprint for faith communities to navigate future crises with greater compassion, preparedness, and resilience. (DS/12 – INQ000653987)

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: Personal Data

Dated: 15th October 2025