The House of Good: Health

Yours for good.

Full report and technical annex

October 2024

nationalchurchestrust.org/thehouseofgoodhealth

Welcoming The House of Good: Health

"Churches and other faith groups play an extremely important role in the health and wellbeing of their communities, and in our collective health. There is a church in every community, including the most deprived, and many have been serving their communities for generations. It is encouraging to see the value of their provision being recognised in this report, with inspiring case studies. The report helps to highlight the importance of faith group partnership, which will be vital in reducing health inequalities. Church buildings are important and rich assets in the delivery of this work, which we must look after, and for which we give thanks."

The Rt Revd and Rt Hon Dame Sarah Mullally DBE, Bishop of London

"Our churches are not just places in which we worship God but with which we do so. They are indeed places of Christian encounter, but also places of prayer, places of peace. They provide environments of space, hope and contemplation in our busy world. Following the re-opening of churches after the COVID 19 epidemic, so many people are grateful that once again these beautiful buildings can provide oases of calm pointing to the deeper realities of life and love. The importance of these sacred spaces cannot be over estimated. This significant report illustrates the extent to which church buildings and communities contribute to the health and well being of the wider communities they serve."

Most Revd George Stack, Chair of the Patrimony Committee,
Catholic Bishops' Conference of England and Wales

NATIONAL CHURCHES TRUST

Contents

About The House of Good: Health	**4**
Foreword	**5**
Introduction	**6**
Background	**7**
The numbers - our maths and methods	**10**
Conclusion	**14**
Case Studies	**16 – 28**
Technical Annex	**29**
References	**34**

About The House of Good: Health

In 2020, the National Churches Trust worked with the economists at State of Life on The House of Good, a pioneering study which for the first time quantified the wellbeing value of church buildings to the UK. Measuring the economic and social value of church buildings is a key to showing that they are very important to the UK.

In this new research study, The House of Good: Health, we asked State of Life to examine the economic value of the contribution the UK's churches, chapels and meeting houses make to improving the nation's mental and physical health, thereby reducing the cost burdens on the National Health Service.

The National Churches Trust is the charity that supports the UK's churches, chapels and meeting houses open for worship. This report therefore has a focus on church buildings. Buildings belonging to other faiths also play a key role in providing a range of wellbeing and health related benefits to worshippers and other members of the community.

Authors: Jasmine Kazantzis, Allan Little, Will Watt
Editor (for the National Churches Trust): Eddie Tulasiewicz
Design: GADS
Special thanks: Sarah MacLennan

About State of Life

State of Life use open data and economic analysis to help organisations demonstrate their value and social impact.

Find out more at stateoflife.org

About the National Churches Trust

The National Churches Trust is the UK charity keeping churches open and in use.

Find out more at nationalchurchestrust.org

Foreword

The UK's 38,500 church buildings are extremely important to society as they are places where an extensive range of social support services are provided to help local people in need.

What is less well known is that many of these support services relieve costs on the NHS. We estimate this cost relief to be worth £8.4 billion every year. This is equivalent to nearly 4% of UK health spending.

Our estimate accounts for only four activities provided by churches: youth clubs, drug and alcohol addiction support, mental health counselling, and food banks. Additionally, it includes the value to church volunteers, who experience a wellbeing boost from enabling these services.

It does not account for the myriad of other activities that occur in church buildings daily; the total value of cost relief to the NHS is therefore likely to be much higher.

Churches were providing health services long before the introduction of the NHS and continue to do so today. As healthcare costs rise, their role in preventative care becomes increasingly important. This is also true for buildings used by other faiths.

Despite their significant contribution to local people, an increasing number of churches face closure, risking a reduction in vital social and community healthcare.

There is a compelling case for investing in church buildings to keep them open, with support and funding especially needed in the inner-cities, coastal towns and rural areas with high levels of deprivation.

By investing in church buildings and integrating churches into local health service provision, we can alleviate pressures on healthcare budgets while delivering immense value to individuals and communities across the UK.

Claire Walker, Chief Executive
Sir Philip Rutnam, Chair

October 2024

Introduction

A building at the heart of every community is multiplying health and happiness across the UK, enriching lives and preventing illness and suffering before it has a chance to take root. The UK's 38,500 church buildings are that community asset - our local wellbeing workhorses that together make up the UK's National Help Service.

Through a vast, ready made network of community led support, they relieve immense pressure on our National Health Service in three ways:

- promoting positive mental and physical health that helps people thrive.
- preventing conditions that would otherwise send more patients through the GP or hospital doors.
- providing a location for health treatment.

An ounce of prevention is worth a pound of cure, as the saying goes. And churches may be the UK's most underappreciated preventative care providers. Moreover, they proactively seek to provide support services for those who are most disadvantaged and most vulnerable in society - those, in other words, who are often least able to pay for membership of a social or support group, private counselling, or even for food.

In the following sections, we'll explore:

1. the background of churches' role in community-centred, preventative health initiatives, following a tradition dating back centuries.
2. the analysis employed to calculate the £8.4 billion figure.
3. powerful case studies showing how church-run programmes in local communities are boosting wellbeing, demonstrating how this value is created.

The annexes detail our full methodology and analysis, allowing for technical scrutiny. But at its core, this report represents a wake-up call to recognise and reinforce the fact that the UK's churches are highly effective at supporting people and creating a healthier nation.

NATIONAL CHURCHES TRUST

Background

Beveridge 1.0 - the Church, the NHS and community health

Local churches have been pillars of community health for centuries. This pastoral role laid the very foundations for the modern healthcare system. Churches founded some of the first hospitals, funded universities to train medical professionals, and delivered hands-on patient care.

The church has also been a pioneer in health innovation, public health advocacy and health and social care provision. That can be seen by the foundation of The Samaritans in 1953 by Rev. Chad Varah, the first needle exchange for heroin and drug users set up in 1986 by the Kaleidoscope project in Kingston Minster in West London and the growing network of Parish Nursing services that complement the work of the local healthcare system.

While the 20th century saw the rise of the welfare state, this was never intended to stifle voluntary services and preventative community support. Quite the opposite, in fact.

William Beveridge - architect of Labour's monumental social security reforms in the 1940s - had a vision of charitable organisations functioning as a crucial buffer zone, before individuals required state aid.[1] The landmark Beveridge Report was followed by a lesser-known report, *Voluntary Action*, calling for close cooperation between the government and community groups.[2]

Voluntary Action was published in 1948, the very year that the NHS was founded; it stands as a reminder that communities were always intended to be at the vanguard of help and support, before the safety nets of the state are called into action.

Beveridge recognised the power of local communities to harness the best of us - our altruism, reciprocity and mutualism. Those values are at the heart of churches' approach to enriching wellbeing and playing a key role in improving mental and physical health.

Beveridge envisioned volunteers and community-based interventions playing an essential preventative role in cases where states and markets couldn't resolve complex social issues.

This is of course especially true for disadvantaged and vulnerable groups, with limited capacities and lacking financial resources to access help elsewhere.

1. The establishment of the National Health Service itself owed much to the insight and energy of Archbishop William Temple and other Christian thinkers and activists. The lifelong friendship and cooperation between Temple and William Beveridge is well documented. The vision which led to the creation of the National Health Service emerged in part from church-led consultations, such as the Malvern Conference of 1941, and Temple's own book, Christianity and Social Order (1942). See here for a discussion.
2. Beveridge (1948). Voluntary Action (Works of William H. Beveridge): A Report on Methods of Social Advance.

Beveridge was a member of the Liberal party. But his thinking on the importance of local communities transcends the left-right divide.

Today, strengthening local communities and organisations and devolving decision making away from Westminster is a key plank of the new Labour Government.

It also has parallels with the thinking of Edmund Burke, the philosophical founder of conservatism, and his support for "little platoons" of civilization, all those associations – e.g., family, church, town, civic group – that give people social identities and "the intermediary institutions that stood between the individual and the state." [3]

Beveridge 2.0 - the reboot

Harnessing the resources provided by churches and church buildings ties in with the need for what many leading thinkers at the London School or Economics (LSE) have described as Beveridge 2.0. This includes making "wellbeing the goal" of public policy reform, championed by leading economists, accepted in Treasury guidance, and increasingly important across the political divide.

> *You know where we start – with the simple proposition that the true goal for a society should be the wellbeing of the people. That is how we should judge progress and that should be the goal of the government. It was a central proposal of the 18th Century Enlightenment; it inspired 19th century social reform; and it was the philosophy of the founders of LSE, Sidney and Beatrice Webb, and early director William Beveridge. It is probably the single greatest idea of modern times.*[4]

In his 2020 party leadership bid, Keir Starmer said it was key to "treat wellbeing equally to economic growth". In 2021, he told the Labour conference that "with every pound spent on your behalf, we would expect the Treasury to weigh not just its effect on national income, but also its effects on wellbeing".

More broadly, the benefits of community-based, preventative healthcare have already been accepted by leading healthcare experts. The Office for Health Improvement and Disparities, a government unit within the Department of Health and Social Care that leads national efforts to improve public health policy across England, gives the following advice to healthcare professionals:

> *Community-centred ways of working can be more effective than more traditional services in improving the health and wellbeing of marginalised groups and vulnerable individuals. For this reason, they are an essential way of reducing health inequalities within a local area or community.*[5]

3. Defending the "Little Platoons" Communitarianism in American Conservatism Thomas E. Woods, Jr. American Studies, Vol. 40, No. 3, Fall, 1999
4. https://blogs.lse.ac.uk/impactofsocialsciences/2023/03/27/a-new-science-of-wellbeing-will-change-policy-and-decision-making/.
5. Originally published by Public Health England, the predecessor to OHID.
https://www.gov.uk/government/publications/social-prescribing-applying-all-our-health/social-prescribing-applying-all-our-health#measuring-impact

The National Institute for Health and Care Excellence (NICE) also points to the importance of working in partnership with local communities to "plan, design, deliver and evaluate health and wellbeing initiatives" (NICE Guideline 44).

In Westminster, the Beyond Pills All Party Parliamentary Group has demonstrated the need for de-medicalised and community centred responses to emotional distress to improve outcomes and reduce health inequalities caused by over-medicalisation and unnecessary prescribing, showing consensus across the aisles.

As policymakers look to new and innovative solutions, particularly to improving mental health and boosting wellbeing, church buildings undoubtedly meet the Public Health England 's description of 'community health assets' shown below.

The numbers – our maths and methods

If the conceptual case for harnessing churches and buildings belonging to other faith groups in the provision of healthcare is clear above, the value for money argument must rest on an assessment of the economic impact of churches' on health spending.

Returning briefly to Beveridge, we note that he was a long-time Director of the London School of Economics (LSE). We like to think he'd approve of our economic methods, drawing as they do on the LSE's modern techniques for wellbeing valuation. Specifically, we adopt the LSE Centre for Economic Performance's suggested approach for linking changes in wellbeing to NHS costs, linked to wellbeing. Let's delve into these methods.

Wellbeing-years (WELLBYs)

It is widely accepted that social impact of community support services can be reliably measured in wellbeing-years (WELLBYs), as outlined in our pioneering House of Good reports.

WELLBYs are based on observable changes in people's responses to the Office for National Statistics' recommended measure of life satisfaction: "Overall, how satisfied are you with your life nowadays?" Answers are on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely." A wellbeing-year represents a one-point improvement on this scale for a period of one year, allowing us to capture changes in overall quality of life over time.

The Organisation for Economic Co-operation and Development (OECD) notes that "an extensive body of evidence has accumulated on the validity of measures of life evaluation." This stems from at least three different ways to test the reliability of any social impact measure:

Face validity: The question is accessible and straightforward to answer for most people, with high response rates and quick response times.

Convergent validity: It is highly correlated with many other measures of wellbeing, including judgments made by others (interviewers, family and friends) and biophysical markers.

Construct validity: Life satisfaction is a significant predictor of other objective outcomes that society cares about, including life events (such as becoming unemployed or disabled), life circumstances (for example, relationship and health status), and daily activities (including socialising and prayer).

In short, if we want to know how people are doing, what truly matters to them, and what works to change their lives, the answer is simple – ask them.

To analyse the relationship between attending church activities, volunteering, and life satisfaction, we needed large, nationally representative data that contained all of this information - the Understanding Society survey provides exactly that.

The survey, the largest longitudinal household panel study of its kind, is collected completely independently of the National Churches Trust and the church sector. State of Life's economic methods control for a range of other factors, were peer-reviewed, and are fully described in the House of Good technical report.

In the House of Good study, published in 2020 and revised in 2021, we placed a direct wellbeing value on the individuals benefiting from church activities. For this, HM Treasury (2021) recommends a value of £13,000 per WELLBY in 2019 prices, leading to our overall valuation of £55 billion for the economic and social value of church buildings to the UK and in particular the wellbeing value of food banks, mental health services, youth groups and drug and alcohol support provided either by the congregation itself or by an external organisation using the church building to host its activities or support services.

Based on the National Churches Trust survey of 2020, this value was determined by 29% of church buildings either providing or hosting mental health counselling; 10.4% providing or hosting drug or alcohol support services; 42.4% providing or hosting youth groups or activities and 58% providing or hosting food banks. We also included the volunteering that is needed to provide these services. It is worth noting that these services may have increased in provision since 2020.[6]

Our report did not, however, consider the indirect cost relief to the NHS. This provides a different perspective on the financial value of wellbeing. We stand by a £13,000 wellbeing value to individuals themselves and the importance of placing these at the centre of any social impact assessment. However, it is also true that for those involved in planning health service provision and in managing pressurised health and social care budgets, it is more important to account for direct balance sheet impacts.

It is crucial to understand that this is not an either/or valuation, as both the 'primary' value to individuals who come through the church doors, and the 'secondary' value to the health sector are valid and important ways to measure and understand public value. Since the personal wellbeing and the resulting NHS cost relief accrue to different members of society, there is no overlap (known as 'double counting') in these primary and secondary valuations.

Importantly, this means any NHS cost relief is additional to, rather than a part of, the £55bn value that we previously estimated in our first House of Good reports. Whilst in principle, the wellbeing values and fiscal savings could be added together, we have chosen not to do so.

Health economists would more typically report QALY-related utility and fiscal values separately, and so we follow suit in this report. We therefore treat NHS cost relief as a different method of valuation that brings a new and important perspective to the original wellbeing value.

6. https://commonslibrary.parliament.uk/research-briefings/cbp-8585/#:~:text=Download%20full%20report-,The%20Trussell%20Trust%2C%20an%20anti%2Dpoverty%20charity%20that%20operates%20a,increasing%20need%20for%20food%20parcels.

NHS cost relief per WELLBY

Our approach, grounded in the rigorous techniques of Frijters & Krekel (2021) and consistent with the UK Government's Green Book guidance, proceeds as follows:

Convert WELLBYs to the standard Quality-Adjusted Life Year (QALY) metric used in health economics. As per HM Treasury (2021) we assume one QALY equates to a 7-point increase in life satisfaction.

Adopt the Department of Health and Social Care's (DHSC) average NHS cost to deliver one QALY - £15,000 in today's prices.

Since one extra WELLBY is equivalent to one-seventh of a QALY, we estimate that this delivers £2,143 in NHS cost relief (= £15,000 / 7), rounded to £2,150.

Our Technical Annex unpacks this approach in detail, including the appropriate interpretation of these estimates. We note, for example, that while cost relief can be described as a fiscal benefit to the exchequer and the taxpayer, a separate issue is how "cashable" these fiscal impacts are to health commissioners.

In practice, no NHS commissioner or health board will claim, "I hear the local church saved us £50,000 this year, so let's hire another nurse." The cost relief would not be directly visible to commissioners in this way.

However the range of healthcare support and services provided in church buildings will in practice reduce what is already an excess demand for health services - but if budgets remain overstretched they will be difficult to cut. The cost relief from reduced healthcare demand is no less real, but we must always be cautious not to overstate cashability (see Annex).

Impact of churches on NHS costs

The House of Good (2021) estimated that churches across the UK delivered just over four million WELLBYs per year.[7] This would suggest a total NHS cost relief[8] of approximately £8.7 billion per year.[9]

These impacts are based on just four activities provided by churches: youth clubs, drug and alcohol support, mental health counselling, and food banks. It does not account for the myriad other activities that occur in church buildings daily, the impacts of which were not quantified.

Additionally, it includes the value to church volunteers, who experience a wellbeing boost from enabling these services. However, the total number of churches in the UK has dropped from an estimated 39,800 in our previous report to 38,500 based on the latest National Churches Trust data.[10] Assuming a proportionate decrease in value, we estimate that churches are currently delivering £8.4 billion in annual cost relief.[11]

7. £52,600,000,000 / £13,000 per WELLBY = 4,046,153 WELLBYs. We exclude the additional £2.41 billion in non-wellbeing values, which brought the total social value to just over £55 billion.
8. This can be considered 'relief' insofar as we assume that, in the absence of churches, the NHS would have produced these same WELLBYs. Prioritisation and budgets means this may not be the case.
9. 4,046,153 WELLBYs x £2,143 NHS cost per WELLBY = £8,673,699,879
10. Brierley Research estimate of the number of church buildings open for worship in the UK provided to the National Churches Trust November 2023 https://www.nationalchurchestrust.org/sites/default/files/2024-01/EveryChurchCounts.pdf
11. £8.7 billion x (38,500 / 39,800) = £8,387,127,947

NATIONAL CHURCHES TRUST

The implied cost relief per individual church is approximately £218,000.[12] On this basis, the 1,300 churches closed in recent years may have facilitated cost pressures on the NHS by £283 million.[13]

The £8.4 billion in annual cost relief is equivalent to 3.7% of the £225 billion that the UK spent on healthcare in 2022/23.[14] With an average salary of £36,300 for a Registered Nurse in the UK, this cost relief is equivalent to the wage bill of approximately 230,000 nurses.[15]

As is made clear almost every day in the media, the pressure on health budgets is increasing; but so could the role of churches in alleviating this pressure.

The Institute for Fiscal Studies (2024) reported an almost fourteen-fold real term increase in health spending over the past 70 years. The IFS is "almost certain" that funding will need to rise to deliver the same level of service in the face of both rising costs and an ageing, less healthy population.

Similarly, the Office for Budget Responsibility (OBR) projects that by 2071–72 the government will spend 14.8% of GDP on providing healthcare, compared with 8.2% in 2023–24. This is potentially unsustainable and so we have to think differently about how community healthcare can help, as the Beyond Pills All Party Parliamentary Group advocated.

It is important to note that our valuation of churches' role in alleviating cost pressures on the NHS is conservative. It quantifies the wellbeing impacts of just four key support activities and services: foodbanks, drug and alcohol support, mental health groups, and youth groups.

Churches, however, provide a much wider range of support – such as warm spaces, lunch clubs, meetings and activities to alleviate loneliness, choirs, and other musical and cultural activities – all of which can be expected to contribute to health and wellbeing, and thus provide further cost relief.

And yet, as the pressure on health budgets rises, the risk is that the care that churches can provide will diminish as many more face closure. If the church roof needs repair or a kitchen is needed, it is up to the church itself to find the funding - there is no provision from the local council, or state support to help churches provide their community care.

This is the double-bind facing our communities, driving an ever greater wedge between public value generated by the church and public costs in the health sector.

12. £8.4 billion / 38,500 = £218,045 per church per year

13. This assumes others have not stepped in to deliver the services previously offered by these churches - although even where they have, this in itself creates a significant resource cost.

14. Reported by the Institute for Fiscal Studies (2024). Health spending is broadly defined to include 'core' NHS services (e.g. hospitals and GP surgeries) as well as wider health services and medical equipment.

15. Note that average salaries vary by pay band. The average for a Registered Nurse falls towards the lower end of the pay band for nursing specialists and senior nurses (Band 6), ranging from 0-8+ years of experience.This relates to wages and not the wider 'on-costs' of nurses such as employer National Insurance Contributions, employer pension contributions and training costs.

Conclusion

The founders of the NHS always recognised the value of community partners, seeing the state as the last, not the first resort for the most vulnerable in society.

Through the direct provision of a range of health and wellbeing support services or a building for these to take place in, the logic behind the economic case for church buildings is clear and straightforward: it would cost the NHS an extra £8.4 billion per year to deliver health benefits and wellbeing impacts on the scale currently provided by churches.

This is, however, a conservative valuation. The value is understated for at least three reasons:

Our estimate of £2,100 NHS cost relief per WELLBY is more conservative than the £2,500 to £6,000 range suggested by the wider literature.

We do not value the full extent of church activities. Churches host and provide a large number of community activities and support groups beyond the four we assessed in House of Good.

We do not place a value on churches' role in providing spaces for the direct delivery of publicly-funded healthcare, including by the NHS.

However, more can be done to increase this already highly significant value by better integrating churches into the provision of health services.

This is already beginning to happen as churches become part of the NHS' social prescribing programmes aimed at promoting the health and well-being of local communities. Some of this work is being led by Church Works, which is enabling relationships between local churches and local social prescribing teams and conducting research about social prescribers' experience of working with churches.

'Every Church Counts', the National Churches Trust's six point plan to save church buildings, recommends that the UK Government asks all local authorities and public bodies, such as the NHS, to engage with faith groups, make more use of churches and church halls to host public and community services, and help upgrade facilities where needed.

One way to bring this about is through better relationships on the ground, such as faith officers employed by local councils or through including faith representatives on the boards of Town Centre Area Action Plans. This would also help to encourage dialogue between faiths.

The Faith Covenant, an initiative of the All Party Parliamentary Group on Faith and Society, provides a good framework to promote open, practical working and its use is growing. More local authorities should adopt the covenant.

But this public good is at increasing risk of being lost as increasing numbers of churches close, with 3,500 having closed their doors for good in the last 10 years.

Without regular financial support from Government, and more funding from heritage organisations, denominations and philanthropic trusts, more and more churches will close if they cannot pay for repairs. This will mean an uncertain future for precious buildings, symbols of hope and continuity, and the loss of the community support they provide.

And as always, it is the poorest and more isolated places that are the worst hit, and the places where the need is greatest.

By highlighting the significant yet conservative estimated NHS cost relief provided by churches, we aim to underscore the vital role these community institutions play in care and wellbeing.

Investing in their future and integrating them into local service provision could alleviate mounting pressures on healthcare budgets while delivering immense value to individuals and communities across the UK.

Case Studies

In this section we bring the numbers to life through six case studies, all exemplifying the causal links between what churches deliver and health outcomes for those in most need.

Our first four case studies are all considered part of the financial value we calculate in this report, since these four activities were included in The House of Good's estimated wellbeing impacts in 2021.

The other two case studies relate to wider activities that were not included in our social impact report, and therefore represent additional value that we have not captured in this report.

CASE STUDY

Drug and Alcohol Addiction Support

© Fr Irving Hamer

Interior of St Martin in Roath, Cardiff

St Martin in Roath, Cardiff, Wales

Alcohol is a major cause of death and poor health. In 2022, there were 10,048 deaths from alcohol-specific causes registered in the UK, the highest number on record.

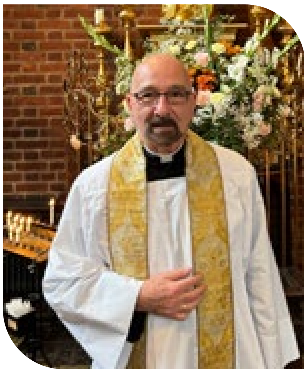
Alcoholics Anonymous is a fellowship of men and women who share their experience, strength and hope with each other so that they may solve their common problem and help others to recover from alcoholism. The only requirement for membership is a desire to stop drinking.

There are over 4,000 AA groups in the United Kingdom. Many of them meet in church buildings. In Cardiff five churches provide a space for AA groups to meet. These include St Martin's church in Roath, where a regular AA group of around 15 – 20 people meets every Friday.

People from different communities

During the 19th Century, the Port of Cardiff grew rapidly as coal from the mines in the South Wales valleys was exported across the world. The port and associated industries needed workers and Cardiff saw a huge inward migration of people from many different communities. Housing was built to accommodate these workers and new churches were built to meet their spiritual needs.

The first church building on this site was opened in 1886 to accommodate the growing Anglican population in the Parish of Roath. In February 1941, the church was hit by German incendiary bombs. The intense fire destroyed one of the most elaborate church interiors in South Wales. The present St Martin's church rose from the charred ruins in 1951.


© Fr Irving Hamer

Fr Irving Hamer

Non judgemental

One of the people who attends the AA Group at St Martin's church, who wishes to remain anonymous, said:

"I left Rehab filled with anxiety about attending an AA Meeting. I started attending a meeting at the local church. I came to realise the people there were non-judgmental and prayed for people like myself, in need. Having the AA Meetings in this church has helped me and others as well."

"The Vicar is familiar with the 12 Step Programme we follow and has been a great help, although he is not himself a member of AA. He greets and welcomes us, then leaves us. After the Meeting he is around and chats with those who remain behind."

"If I had not found this particular AA group at the church I believe that I would have been still suffering fear and soul sickness. A wonderful light is falling upon me now and a sense of relief that is indescribable."

KEY FACT

From 2021 to 2022, in the UK there were 342,795 hospital admissions that were wholly due to alcohol. Alcohol misuse is the biggest risk factor for death, ill-health and disability among 15-49 year-olds in the UK, and the fifth biggest risk factor across all ages. It can lead to mental health problems, liver disease and cancer.[16]

© Adrian Sherratt / Alamy Stock Photo

A "Quiet Please" sign at a rehabilitation centre for alcohol and drugs addiction UK

Welcome and hospitality

The Vicar of St Martin in Roath, Fr Irving Hamer, explains: "The AA Group use the Music Room which has easy access to the toilet, and basic kitchen facilities at their disposal. Many of the people comment on how much they appreciate the stillness, silence and beauty of the church – perhaps it helps calm and focus them for the AA Session or when they leave to return to their lives, work, family and other commitments. A person who regularly worships here bakes cakes for the group; it's a sign of our welcome and hospitality to all who come to St Martin in Roath."

More information

Alcoholics Anonymous – www.alcoholics-anonymous.org.uk
St Martin in Roath – www.stmartininroath.co.uk

16. https://rehabsuk.com/blog/alcohol-addiction-statistics-uk/

CASE STUDY

Mental Health Counselling

© Mark-Anderson

Cullercoats Methodist Fishermen's Mission

North Shields Methodist Church and Fishermen's Mission

Parish Nurses promote health through health education, advice and spiritual care, to people of all faiths or none. They are supported by Parish Nursing Ministries UK which enables Registered Nurses to attain certification in Parish Nursing. Every Parish Nurse is a Registered Nurse, employed through a local church or Christian organisation.

In the mid-2000s, a member of a church on the Northeast coast of England attended a Parish Nurse training week in Birmingham. A parish nursing service was subsequently established at the church. Several years after this service was set up, Jackie Lincoln, a registered nurse from North Shields Methodist Church, who had trained as a parish nurse in 2016, partnered with them to help provide a comprehensive whole-person health and wellbeing service.

Fishermen's Mission

Fishing is one of the significant local industries at North Shields, which is the biggest prawn port in England and Wales with up to 60 boats in the harbour throughout the seasons.

In January 2023, the leader of the local Fishermen's Mission got in touch with Jackie. He wanted blood pressure checks along with health advice for his retired fishermen, but he also expected some interest from the current fishing community. The Mission leader explained that fishermen often had chest issues as they used to smoke and drink in enclosed small spaces.

The first Parish Nursing health event for fishermen took place in February 2023. One of those attending was a working skipper, and he asked the team if they could help him with his mental health. He said he was not going out to sea because he was scared of what he might do. He said he used to have medication but had it run out a long time ago.

Jackie contacted the local surgery and asked for him to be seen that day. The receptionist said she would get the duty doctor to call him. She arranged for him to borrow a phone, since he didn't have one of his own and a face-to-face appointment was made that day.

KEY FACT

In 2023, in England and Wales 6,069 suicides were registered in the two nations the highest rate since 1999, with the North East of England registering the second highest suicide rate.[17]

© Carol Stevens / Alamy Stock Photo

Fishing Boats at Amble Harbour, Northumberland, Spring 2022

Back to sea

The fisherman found her just before he left and said to her, *"If it wasn't for you, I don't know what would have happened."* A second session was held in April 2023 and the fisherman with mental health problems returned, saying that he now felt very well and was back out at sea.

"The fishermen are just the most lovely people ever," Jackie said. "They are very proud and admit to being 'very stubborn'. But allowing time and patience for them means they open up and feel secure when divulging personal information."

The Fishermen's Mission clinic now runs on the third Tuesday of every other month.

More information

Fishermen's Mission – www.fishermensmission.org.uk/team-north-shields/
Parish Nursing Ministries UK – www.parishnursing.org.uk

17. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/suicidesintheunitedkingdom/2023

CASE STUDY

Youth Groups

© Angus Design Associates

The Madoch Centre, St Madoes, Perthshire

The Madoch Centre, Perthshire, Scotland

Many church buildings are venues for youth clubs and other activities that bring young people together for social activities and sport. Often these help improve mental health as well as physical health and can particularly help those from underserved communities, equipping them with the tools they need to thrive.

Organised activities such as those that take place in church buildings are also a way of providing real alternatives to the virtual world of mobile phones and social media which, if used to excess, can cause mental health problems.

The Madoch Centre in Perthshire is run by St Madoes and Kinfauns Parish Church, a local Church of Scotland congregation. The vision for a new Centre, which opened in 2017, developed as the church tried to find a way to accommodate the needs of both church and community for varied activities and 7-day a week use by local people of all ages. In 2021 it opened a new outdoors multi-purpose sports pitch.

Sport and Exercise

One of the most well used areas of the centre is the indoor Games Hall which provides a wide range of social sport and fitness sessions through the church's Sport and Exercise Programme (SMASH).

Already, a wide range of sport is provided by the centre, and this includes a variety of sports and coaching for local primary school children. The centre will be extending sports awards and training opportunities to teenagers and young adults next year. Activities are open to all whether they are interested in faith or not but the opportunities enable connections to be built.

The sport activities are run by volunteers with young people and adults supporting all aspects of the sports programme and completing a wide range of coaching and leadership qualifications. One of the these has been a young man who had a stroke when he was three years old. When looking for employment, he was involved in supporting after school sports which boosted his confidence. He has now gone on to further training in youth work.

Social opportunities are also provided for young people and teens. In 2023 'Cook-it' courses have been run for older teens; this has given another social outlet and increased confidence. Meanwhile primary age children help out at Maddoch Meet Up, a dementia support group.

KEY FACT

The number of people in Scotland who say they have a mental health condition has doubled over the past decade - with young people most likely to be affected. Among 16 to 24 year olds the figure was 15.4% - with females (20.4%) twice as likely as males to report a mental health condition.[18]

© Peter Devlin / Alamy Stock Photo

Young people participating in sport

Anthea Bircham, Community Development Coordinator, who has been involved with St Madoes church for over 20 years, said: *"Serving a semi-rural community, we can offer sport and other activities for young people in an inclusive environment which helps them through providing good role models and building good relationships with people from our congregation."*

"Our activities increase physical activity in an age group who have barriers to taking part. Over the past seven years we have offered many opportunities for young people to volunteer and gain work experience and leadership awards. We are now looking to employ a Youth and Sports Assistant to further increase the opportunities for young people in our area and to build even stronger links between the congregation and community."

More information

The Madoch Centre - www.madochcentre.com

18. https://www.scotlandscensus.gov.uk/news-and-events/scotland-s-census-health-disability-and-unpaid-care/

CASE STUDY

Food banks

© LFT Charitable Trust

South Belfast Food Bank

Trussell in Northern Ireland – churches and food banks

Rising food insecurity is increasing the prevalence of physical and mental health conditions caused by hunger and unhealthy diets, according to a recent study by the NHS Confederation.[19]

Unhealthy diets increase the risk of chronic illnesses such as diabetes, cardiovascular disease, certain cancers and the likelihood of obesity. Health conditions resulting from poor diets are more common in lower-income groups and are associated with 'considerable, unacceptable costs to the NHS and UK economy.'[20]

Food banks are one way that people experiencing food insecurity can be helped. Trussell, a charity based on, shaped, and guided by Christian principles, supports a network of over 1,200 food bank centres. Many other food banks and other food support services, such as food pantries, are provided independently by individual churches.

In Northern Ireland there are 23 food banks in the Trussell, distributing parcels at 50 locations across all six counties. Northern Ireland is the smallest region in the Trussell community, but between 1 April 2023 and 31 March 2024 these food banks distributed 90,375 emergency parcels, including 60,831 for children.

This represents an 11% increase from last year and a 143% increase compared to the same period five years ago. In the same period, 23,700 people in Northern Ireland were forced to turn to a food bank in the Trussell community for the first time.

In the UK as a whole the total number of emergency food parcels issued last year is estimated to be close to six million.

19. www.nhsconfed.org/long-reads/why-preventing-food-insecurity-will-support-nhs-and-save-lives
20. Select Committee on Food, Poverty, Health and the Environment. Hungry for change: fixing the failures in food 2022 https://publications.parliament.uk/pa/ld5801/ldselect/ldfphe/85/8506.htm

Providing a warm welcome

Church buildings are vitally important for the work of Trussell as Jonny Currie, the network lead for Trussell in Northern Ireland, explains.

"20 out of our 23 food banks in Northern Ireland sit under the governance of a church of Christian faith-based charity, with most of their distribution centres based in church buildings."

"Food bank operations are usually carried out in church halls or other buildings within church grounds. Our food banks are committed to providing a warm welcome for people in crisis and the surroundings of a church building are vital to this."

KEY FACT

Malnutrition is estimated to cost the NHS in England £19.6 billion per year, and the cost of treating a malnourished patient is two to three times more than a non-malnourished patient.[21]

One of the churches that works with Trussell is Portstewart Baptist Church, originally established in 1944 and now based in a new building. By obtaining a voucher from Citizens Advice Bureau, a social worker, a doctor or other support agencies, people can obtain three days' emergency food supply. As well as distributing food within its own building, the church also collects and distributes food to other locations.

Trussell food banks support people of all faiths and none. "In Northern Ireland our food banks are open to all sections of the community and all religious traditions" says Jonny Currie. "One of the biggest referral agencies to our food banks is the Society of Saint Vincent de Paul – a voluntary support organisation of the Catholic church."

© LFT Charitable Trust

South Belfast Food Bank

Food for those in need

Detailing the nature of their parish outreach and support programmes, St Brigid's Parish in Belfast highlights: "Each year, thanks to the generosity of parishioners, St Brigid's (SVP) Conference is able to distribute around £50,000 to provide financial assistance, food, clothing, furniture, electrical items, fuel and education for those in need."

"St Brigid's Parish is part of the South Belfast Foodbank. It provides a minimum of three days nutritionally balanced emergency food and support to local people in crisis. Fifteen other churches are partnered with St Brigid's in this project. There are families struggling to put food on the table. For people on low incomes, a sudden crisis - redundancy, benefit delay or even an unexpected bill - can mean going hungry."

More information

Trussell – www.trussell.org.uk/our-work/northern-ireland
St Vincent de Paul – www.svp.ie/northern-ireland
Portstewart Baptist Church – www.portstewartbaptist.com
St Brigid's Parish – www.stbrigidsparishbelfast.org

21. www.bapen.org.uk/pdfs/reports/mag/managing-malnutrition.pdf

CASE STUDY

NHS Services

© Chris Harris / Alamy Stock Photo

St Marylebone Parish Church, near Regent's Park, London

St Marylebone Parish Church, London

Marylebone Health Centre, located in the crypt of Grade I listed St Marylebone parish church in central London, is an innovative and modern NHS GP Practice.

Part of the West End and Marylebone Primary Care Network, the GP Practice is able to provide a range of innovative services and is running various pilot projects including out of hospital services and extended hours.

The church is also home to a counselling service. As well as helping the NHS, hosting these services has helped their church and community to thrive.

"A previous rector called Christopher Hamill Smith... had this vision that the church should be mind, body and spirit. So that's when he started the link with the NHS. The NHS practice in the crypt sees about 20,000 patients," shares Suzanne, who leads the counselling service at St Marylebone.

Everything they need

"We have a permanent NHS GP surgery," says Ashley, who works at St Marylebone and helps to manage the building.

"Although we're working alongside each other day by day, they're very much run independently. So, they rent the room from us and the space from us and we provide a team here that look after the building and make sure that they have everything they need."

The church has clear signposting throughout the building, so that people coming to use the GP surgery or the counselling services are able to find their way easily. There's a reception desk by the entrance too.

Working from a building that is a community hub has its benefits for the counselling services and GP surgery – but also for the congregation and church too.

KEY FACT

Churches and church halls make up a significant proportion of the 1,700 places used by the NHS Blood and Transplant Service for blood and plasma donations. The Church of Jesus Christ of Latter Day Saints estimates that almost four per cent of the blood donated in England comes through donations made in its premises each year which can benefit up to 60,000 patients a year.[22]

The NHS Surgery in St Marylebone Parish Church

Mental health group

The church runs a drop-in mental health group, provided by qualified therapists.

There is first a consultation, to see if the counselling is appropriate for the person. If this is the right next step, they can offer two years of support. While this does limit the number of clients each therapist can take on, providing this long-term care is important – especially as other counselling centres are now having to cut down to six months or only a year of support.

There is also a sliding scale of payment available – so that everyone can benefit from this support. No matter what someone is earning, or even if they are receiving benefits, the team works with the individual to come up with a payment plan that is affordable.

More information

Marylebone Health Centre - www.marylebonehealthcentre.co.uk
St Marylebone Parish Church – www.stmarylebone.org/

22. https://uk.churchofjesuschrist.org/blood-donation-in-the-uk-the-church-is-doing-something-amazing

CASE STUDY

Social Prescribing

Saint Mary's Meeting Place Wellbeing Programme, Southampton

St Mary's Church, Southampton

© imageBROKER.com GmbH & Co. KG / Alamy Stock Photo

Social prescribing, also sometimes known as community referral, is a means of enabling health professionals to refer people to a range of local, non-clinical services. The referrals generally, but not exclusively, come from professionals working in primary care settings, for example, GPs or practice nurses.

Saints in the City is the community action ministry of St Mary's Church. Established in 2020, it aims to serve the needs of the local community through a range of weekly projects and regular events including a community fun day and a coaching programme, and a wellbeing initiative called the Meeting Place.

Access to primary care is an increasing challenge for local people, with a high level of individuals with complex needs. Saint Mary's established connections with the Social Prescribing Link Worker at their local GP surgery, taking referrals from the local area. Initially this included supporting the community with food parcels. The church connected with Southampton City Mission to create the 'Marketplace' as a social supermarket offering fresh foods at just £5 a visit. There was a clear need for the Marketplace, with referrals coming from the Social Prescribing Link Worker. However, they soon discovered that the community's needs were far greater than food poverty. They needed an integrated approach.

The Marketplace is now one part of the Meeting Place initiative designed to support local people's wellbeing. It also includes a pay what you can café, activities such as a seated exercise class, a digital skills course and a chaplaincy service. A social prescriber is on hand to have one to one conversations with anyone who needs additional support or signposting to specialised services.

The impact

As one of the Meeting Place guests explained: *"This is my safe space. It's the main place I come weekly because I know all the team cares about me. When I tell you my problems you listen and help me, not many other people do."*

The Meeting Place supports around 200 people a year, with social prescribers averaging about three to four individual conversations per session. Key areas of discussion and support include employment, mental health, housing support, physical health, family support and advice for refugees. Social prescribers refer individuals to outside agencies, including debt advice services.

KEY FACT

In the NHS Long Term Plan, NHS England committed to building the infrastructure for social prescribing in primary care and embed social prescribing and community-based approaches across the NHS.[23]

The Meeting Place, St Mary's Church, Southampton

One example of their work in practice was supporting someone new to the community who did not know much about accessing NHS services. They helped to break down the barriers by explaining how to register with their GP surgery, how to submit an e-consult form online, and how to use the NHS app.

The meeting place is a good example of partnership working to support the local community, bringing together St Mary's Church, Southampton City Mission, and the GP surgery, and making connections with other support services across the community.

Our thanks to the Good Faith Partnership for providing this case study. www.goodfaith.org.uk

More information

National Academy of Social Prescribing - www.socialprescribingacademy.org.uk
St Mary's Church, Southampton - www.stmarys.church

23. www.england.nhs.uk/personalisedcare/social-prescribing

Technical Annex

NHS production cost

The £15,000 production cost value underpinning our estimate is in widespread use by the Department for Health and Social Care (DHSC) and economists across the health sector.

One alternative would be to use NICE's approval threshold, which has historically ranged from £20,000 to £30,000 per QALY. However as Angelis et al. (2023) and others have noted, these approval thresholds are not evidence-based and fail to represent the benefits forgone from displaced care elsewhere in the healthcare system, known as opportunity cost. The most robust and extensively peer-reviewed estimate of healthcare system opportunity costs is approximately £15,000 per QALY, significantly lower than NICE's current approval threshold.

Claxton et al. (2015) estimated that in the NHS, widely available operations bought a QALY at a price of around £12,936.[24] This estimate remains instrumental in the DHSC estimate that the NHS can 'produce' a QALY for £15,000. The DHSC has conducted periodic reviews since the research by Claxton et al to consider the latest evidence, corroborating that the £15,000 stands as the Government's best estimate.

QALY to WELLBY conversion

The Handbook for Wellbeing Policy-Making detailed several methods to place a monetary value on wellbeing (see Chapter 4).[25] Its co-author, Professor Paul Frijters, peer reviewed our original House of Good report.

They derive a value per WELLBY from the £15,000 production cost per QALY above. The resulting value is £2,500 per WELLBY, on the assumption that one QALY corresponds to a six-point change in life satisfaction.

The underlying evidence for this assumption is that a person with self-declared 'excellent' health - a proxy for a QALY score of one - has an average score of around 8 out of 10 on the Office for National Statistics life satisfaction scale. Perfect health does not correspond with perfect life satisfaction (a score of 10), since factors beyond health-related quality of life contribute to wellbeing.

24. See Claxton et al. (2015).

25. https://www.amazon.co.uk/Handbook-Wellbeing-Policy-Making-Measurement-Implementation/dp/0192896806

Further, Frijters and his co-author Christian Krekel assume that zero on the QALY scale equates to a life satisfaction score of 2. Since zero on the QALY is equivalent to being dead, this effectively equates scores below 2 in life satisfaction as worse than death.

However, there is a relevant debate over the treatment of life satisfaction scores between 0-2. HM Treasury (2021) assumes that zero on the QALY scale equates to 1 point on the life satisfaction scale for valuation purposes. The HM Treasury stance is that one QALY equates to seven WELLBYs. By extension, one would need to divide the NHS production cost of £15,000 by seven (= £2,143 cost per WELLBY) and not six as Frijters and Krekel recommend.

Since the treatment of 0-2 scores remains an open question, we cannot claim that the choice above is clear-cut. One could still legitimately adopt Frijters and Krekel's higher £2,500 value. However, faced with an uncertain choice, we prefer the HM Treasury conversion factor for two pragmatic reasons:

It offers greater consistency with Government appraisal guidance.

It is generally advisable to adopt a more conservative valuation. Understating the level of cost relief that churches provided is more credible than overstating this value.

Frijters and Krekel also discuss the wider evidence that might be used to estimate NHS production costs and conclude that this value may lie between £2,500 and £6,000 per WELLBY. Again, this suggests our valuation is conservative.

This method has significant potential to support the 'read across' from subjective wellbeing research and the value of health.

Double counting and alternative WELLBY/QALY values

An alternative method derives the value using the same QALY-WELLBY correspondence, but instead of using an estimate of the NHS production costs of a QALY, it uses an estimate of individual willingness to pay for a QALY. The Green Book currently recommends a value of £70,000 per QALY. The resulting value would be £10,000 per WELLBY if we again assume seven WELLBYs per QALY.

When we consider the benefits of the NHS, it should not be surprising that the full social value of a QALY is 4.7 times higher than the cost of producing that change.

However, this social value of a QALY overlaps considerably with the monetary value we place on WELLBYs, at £13,000. In fact, the derivation of the £13,000 was partially anchored to the QALY value. There would be serious concerns over 'double counting' health and wellbeing benefits if we applied both in our analysis.

Therefore, our preference is to capture 'primary' wellbeing values to the individual using the £13,000 estimate from the main House of Good report. In this report, our sole focus is on 'secondary' fiscal benefits, where there is no substantive risk of overlap.

Value uncertainty

Frijters and Krekel (2021) review the broader evidence linking WELLBYs and QALYs, as well as the associated production costs. There is some debate over two factors that might change the value: first, health-related quality of life as a fraction of overall well-being; second, the variation in costs of improving length of life versus quality of life. Based on this, they estimate that the minimum social production cost of well-being is between £2,500 and £6,000, with the conservative figure used throughout their text being £2,500.

We are being more conservative still, adopting a value of £2,100. Therefore, taking a rounded view of the evidence, we are confident that the cost of production is not overstated and could legitimately be two or three times higher under alternative assumptions.

A broader uncertainty is whether the types of health conditions associated with wellbeing improvements delivered by the church differ from this average marginal cost. An alternative 'bottom-up' method would be to evaluate the specific impacts that churches have on health - the full range of conditions, their prevalence in the population using church activities, the risk reduction specifically associated with church interventions, and the unit costs associated with each of these conditions.

As one can imagine, the sheer volume of evidence required and the number of assumptions needed to fill gaps in that evidence would be vast. Such an extensive evaluation would be unaffordable for most care providers and the likely outcome of this would be an unreliable estimate. This is why it is standard practice across the health sector to instead measure QALY effects and adopt the agreed-upon marginal production cost for valuation purposes.

The wellbeing impacts associated with churches arise from both health-related and non-health-related quality of life. The WELLBY-QALY conversion method used here ensures valuation is only placed on health-related changes. Depending on the causal mechanisms for improved subjective wellbeing, different interventions might have varying health-related components. It's challenging to decompose wellbeing impacts from House of Good into these components, but significant health-related impacts are expected from mental health support, drug and alcohol support, and food banks. Youth clubs and volunteering may improve social connections, with potential health benefits. We acknowledge the uncertainty and do not claim all wellbeing impacts are health-related.

Cashability

As part of their cost-benefit framework, Greater Manchester Combined Authority provide a detailed discussion paper on Cashability (GMCA, 2023) to support those involved in public service reform. They define cashability as the extent to which a change in an outcome results in a reduction in fiscal expenditure, such that the expenditure released from that change can be reallocated elsewhere.

Some fiscal savings are more straightforward to cash than others. It depends on the strategic financial approach each organisation takes, as to whether and how savings might be cashed. It also depends on the time period, since it can prove more difficult to cash savings in the short term when a smaller share of costs are considered 'variable' (e.g. prescription drugs) and more are 'fixed' (e.g., hospital wards). And it depends on how stretched budgets are relative to demand pressures - in the NHS especially, we might expect 'backfilling', e.g., one less operation or freed bed space may simply be filled by another patient, such that budgets cannot be reduced.

Following the Green Book's benefit categories, NHS cost relief can legitimately be classified as a "cash-releasing" public sector benefit for economic analysis. In practice, however, NHS cost relief may not be directly cashable at a local level. The scale of impact is nonetheless real, but 'cashability' is always to some extent an argument made in principle rather than in real-world accounting.

Indicatively, the GMCA (2023) suggests the following levels of cashability associated with health savings, based on whether these are small- or large-scale impacts, and considered over the short- or long-term. Again though, we stress that the estimated level of NHS cost relief in this paper is no less genuine as a fiscal saving, despite practical constraints on cashabilty by public health commissioners:

Outcome	Short-term / small scale cashability %	Long-term / large scale cashability %
Reduced adult mental health problems	22	53
Reduced drug dependency	22	52
Reduced alcohol dependency	20	50
Reduced hospital admissions	20	50
Reduced residential care admissions	50	90

Additionality

This is always the key question for economists. In any estimate of social value, we must ask ourselves: would these benefits have occurred anyway?

While churches genuinely reduce burdens on the NHS, we cannot play out a counterfactual scenario to evaluate their true impacts - a world where churches don't exist.

The House of Good report, therefore, takes the full value offered by churches without adjustment for 'deadweight' i.e. levels of provision that might be provided without church support. We follow the same approach in this analysis, and so careful interpretation is required as a gross rather than net valuation.

We do, however, note that - while church activities could in principle 'crowd out' services that the public, private, or charitable sectors might otherwise provide - they also 'crowd in'

provision, by offering space for these services. Churches often step in as a last resort (e.g., to provide food banks) where there was no support on offer, which is relevant in the assessment of additionality. We recognise, however, that additionality is uncertain.

Price year

Care must be taken to account for inflation's erosive effects over time. Importantly, the Green Book requires stating all values in 'real' terms, removing generalised price level changes. The base year is usually the first year of the proposal at hand. We, therefore, treat the current year 2024 as our 'base year'. Although, for this analysis, the choice of base year is largely unimportant because the £15,000 figure has been invariant in DHSC's estimation for some years now.

DHSC appraisal guidance changes infrequently, so the best way to monitor health-based valuations in use today is through Regulatory Impact Assessments, required for all legislative changes to health and social care policy and published on legislation.gov.uk.

The latest DHSC Impact Assessment, published in April 2024 on Pharmacy Technicians, uses the £15,000 production cost estimate, confirming that DHSC still considers this their preferred valuation. DHSC states that the £15,000 is in 2019 prices in this IA, which raises the question of whether values should be inflated to today's prices. Given high general inflation over the last five years—possibly even higher for health production—we might expect costs to have risen by perhaps 20%.

However, other recent DHSC Impact Assessments, such as those on Hormone Replacement Therapy and Branded Medicines Pricing, also state the £15,000 in 2022/23 prices. This reflects that it is not DHSC practice to apply routine inflation adjustments to this value but rather to periodically review whether this estimate should be adjusted considering inflationary pressure and other evolving factors.

Monitoring future DHSC appraisal guidance and impact assessments for uprated values will ensure these estimates retain their relevance.

Discounting

In simple terms, £100 today is worth more to society than £100 will be in five years. Social impacts ought to be stated in present values, especially to be HM Treasury compliant.

The values in our report are treated as being in the 'present year' and thus relate to 2024. Since we only consider the social value over a one-year period, discounting is not required.

However, if we were to extrapolate from our analysis to consider cost relief provided by churches over a longer period, say ten years, discounting would be necessary. Here we note that the discount rate for health and wellbeing values is 1.5%, below the standard Green Book rate of 3.5%.

References

Angelis, Aris, James Lomas, Beth Woods, and Huseyin Naci (2023). 'Promoting Population Health through Pharmaceutical Policy', LSE.

Beyond Pills APPG, 'Website of the Beyond Pills All Party Parliamentary Group'. Accessed 5 July 2024. https://beyondpillsappg.org/.

Booth, Robert, and Robert Booth (2023). 'Labour Should Make UK Leader in Wellbeing-Informed Policy, Says Peer'. The Guardian, 31 December 2023, sec. Life and style. https://www.theguardian.com/lifeandstyle/2023/dec/31/labour-should-make-uk-world-leader-in-wellbeing-informed-policy-says-peer-richard-layard

Chappell, Elliot (2020). 'Starmer Vows to Prioritise Wellbeing and Economic Growth Equally'. Labour List, 5 February 2020. https://labourlist.org/2020/02/i-would-prioritise-wellbeing-equally-with-economic-growth-says-starmer/.

Claxton, K., Martin, S., Soares, M., Rice, N., Spackman, E., Hinde, S., and Sculpher, M. (2015). 'Methods for the estimation of the National Health and Care Excellence cost-effectiveness threshold. Health Technology Assessment. Winchester, England, 19(14), 1.

Frijters, Paul, and Christian Krekel, 'Wellbeing Cost-effectiveness Analysis and Existing Approaches', A Handbook for Wellbeing Policy-Making: History, Theory, Measurement, Implementation, and Examples (Oxford, 2021; online edn, Oxford Academic, 17 June 2021)

H.M. Treasury (2021). Wellbeing Guidance for Appraisal: Supplementary Green Book Guidance https://www.gov.uk/government/publications/green-book-supplementary-guidance-wellbeing

H.M. Treasury (2022). 'The Green Book: Central Government Guidance on Appraisal and Evaluation'. https://www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-government/the-green-book-2020

Institute for Fiscal Studies. 'The Past and Future of UK Health Spending', 14 May 2024. https://ifs.org.uk/publications/past-and-future-uk-health-spending.

London School of Economics and Political Science (2018). 'Beveridge and Voluntary Action for the 21st Century'. Event. 20 February 2018 https://www.lse.ac.uk/Events/LSE-Festival/Beveridge/Events/20180220/beveridge-and-voluntary-action

London School of Economics and Political Science (2022).. 'Wellbeing as a Goal of Public Policy'. London School of Economics and Political Science. Event. 18 January 2022 https://www.lse.ac.uk/Events/2022/01/202201181830/wellbeing.aspx.

London School of Economics and Political Science (2024). 'The LSE Public Policy Review'. Accessed 5 July 2024. https://www.lse.ac.uk/school-of-public-policy/events/2023-24/Beveridge-2.0-changing-labour-markets-and-the-future-of-social-protection

National Churches Trust (2024). 'Every Church Counts'. Accessed 5 July 2024. https://www.nationalchurchestrust.org/everychurchcounts.

National Churches Trust (2024).'The Six Point Plan to Save Church Buildings (and Why Each Ask Is Important).' https://www.nationalchurchestrust.org/six-point-plan-save-church-buildings-and-why-each-ask-important

National Churches Trust and State of Life (2021). 'House of Good: The economic and social value of church buildings to the UK: Key Findings and Technical Report'. https://www.houseofgood.nationalchurchestrust.org/

Nurses Group. 'What Is the Average Salary of a Nurse in UK? - NHS Pay Bands'. Accessed 5 July 2024. https://nursesgroup.co.uk/nhs-pay-bands-salaries.

Organisation for Economic Co-operation and Development (2013). 'OECD Guidelines on Measuring Subjective Well-Being', 20 March 2013. https://www.oecd.org/en/publications/oecd-guidelines-on-measuring-subjective-well-being_9789264191655-en.html

National Institute of Care Excellence (2016). 'Community Engagement: Improving Health and Wellbeing and Reducing Health Inequalities' NICE guidelines [NG44], 4 March 2016. https://www.nice.org.uk/guidance/NG44.

Office for National Statistics (2018). 'Personal Well-Being User Guidance'. Release date: 26 September 2018 https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingsurveyuserguide

UK Government (2024) 'Social Prescribing: Applying All Our Health'. GOV.UK. Accessed 5 July 2024. https://www.gov.uk/government/publications/social-prescribing-applying-all-our-health/social-prescribing-applying-all-our-health

NATIONAL CHURCHES TRUST

Yours for good.

Last year our Friends helped us save 251 churches

St Mildred's, Whippingham
Photo: Brian Woodruffe

More churches are at risk than ever before. Join us to stop the UK's looming heritage crisis.

There are more than 900 churches on Historic England's Heritage at Risk Register. Across the UK, churches are closing as they cannot fund the urgent repairs they need to remain safe and open. We risk losing these beautiful buildings for good.

Just **£40 a year – less than £3.50 a month** – will help ensure church buildings remain at the heart of communities for generations to come. Please join us today.

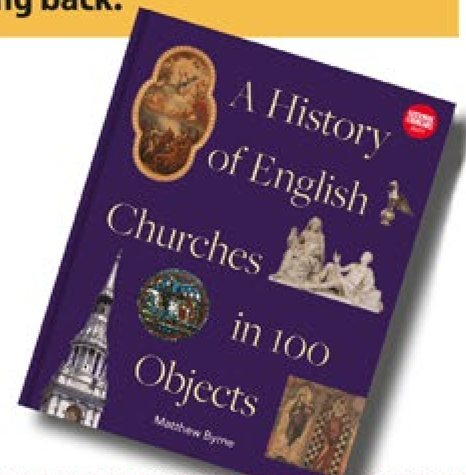
Become a Friend now. If lost, these buildings are never coming back.

Sign up today by visiting:

nationalchurchestrust.org/friends and join for **£40** per year by Direct Debit or send a cheque for **£45** with the completed coupon below to National Churches Trust, 7 Tufton Street, London SW1P 3QB.

Every new Friend gets a free book:

A copy of **A History of English Churches in 100 Objects** (RRP £18.99). This delightful and luxuriously illustrated hardback book is a must for everyone who appreciates churches, art and heritage.



In signing up to become a Friend, you'll receive postal updates including : our magazine, our annual review, invitations to events, and appeals.

Tick here ☐ to opt out of **postal** communications.

Tick here ☐ **to receive this information by email.**

Title ________ Forename ____________________ Surname ____________________

Address ____

____ Postcode ____________

Email ____

Your information will be treated as private and kept securely. We will never make public, swap or sell your details. Read more at nationalchurchestrust.org/privacy-policy

nationalchurchestrust.org/friends

HoGH

Registered with FUNDRAISING REGULATOR

Return coupon with your cheque to:
National Churches Trust, 7 Tufton Street, London SW1P 3QB
Tel: 020 7222 0605 hello@nationalchurchestrust.org Registered Charity Number: 1119845
@NatChurchTrust nationalchurchestrust @nationalchurchestrust national-churches-trust
*All prices include VAT. VAT number 450 7487 80

Children's activity at St Stephen's church, Bowling, Bradford

Help keep the UK's churches open and in use

In 2024, there are over 900 places of worsip on the Historic England Heritage at Risk Register. In Wales, about a quarter of historic churches and chapels have closed in the last decade, and just as many are now at risk. The Church of Scotland – guardian of many of the country's most important buildings – is actively planning the closure of as many as 40% of its churches.

Today there is a desperate shortage of money to look after these buildings. Roofs leak, towers crumble and floors collapse. In the coming years, many more churches that are otherwise viable are going to close for want of funds to repair the roof or tower or stonework.

Of course some churches lack up to date facilities such as loos and kitchens. Often these are buildings in deprived areas such as those represented by the Estates Church Network.

Investment to improve the infrastructure of church buildings by the NHS and other public bodies can enable more to host more community services and activities which can benefit the health of local people.

Although many congregations raise much of the money needed to pay for repairs themselves, it is not realistic for the cost of major work to rest solely on local shoulders. The UK Government, unlike its European counterparts, does not provide any regular funding for repairs to church buildings.

State aid for historic churches was introduced in 1977. These grants made a major impact: by 2004 they were worth about £50 million a year (in today's money). Ringfenced grants for churches continued in various forms for the next 40 years until 2017.

At present, many churches can benefit from being able to claim back the VAT incurred on repairs under the Listed Places of Worship Grants Scheme, which at present is only guaranteed until March 2025. This refund of tax is not available to unlisted churches.

The National Churches Trust, through its grants schemes and other support, has helped many hundreds of church buildings stay open and offer modern community facilities so that they can provide essential community services for local people. In 2023 it awarded 251 grants worth £2.27 million.

For centuries, our churches have supported the state by safeguarding the health and wellbeing of their communities.

Repairs to St Julietta, Lanteglos by Camelford, Cornwall

Now they need our support. So please:

BECOME A FRIEND

As a Friend of the National Churches Trust, you'll help us protect even more church buildings. Choose from individual, joint or lifetime membership.

nationalchurchestrust.org/membership

© Andy Sillett

MAKE A DONATION

A one-off or monthly gift will fund community facilities and essential maintenance – and ensure more church buildings remain at the heart of their local communities.

nationalchurchestrust.org/donate

STAY CONNECTED

Sign up for our e-newsletter and find us on social media to see more about how we're saving the UK's church buildings.

nationalchurchestrust.org/enews

Welcoming The House of Good: Health

"Addiction, food poverty and the mental health of young people are some of the most pressing public health problems facing the UK. Early intervention and accessible and affordable support are essential if we are to stop the relentless rise in mental and physical ill health. As pointed out by Lord Darzi in his recent report on the NHS, ill health, as well as putting a huge strain on hospitals and GP services, also affects employment and economic growth. It is therefore timely that The House of Good: Health report shows that the UK's churches are important providers of and also host a range of health support activities and services such drug and alcohol counselling and mental health support. Social prescribing is one very promising way in which other activities provided by churches, such as healthy eating groups, group learning, and even sports and gym facilities, can help improve health and wellbeing and boost the welfare of local people."

Professor Dame Carol Black GBE,
Chair of the British Library and Chair of the Centre for Ageing Better,
Principal of Newnham College, Cambridge (2011 – 2019)

"This report is important both for what it records and for the potential it suggests as we work together to improve our health and social care futures. The pages here record the huge contribution to mental health, well-being and physical health that churches make but also, with the right support, the potential they have to increase that contribution and the care and empowerment they offer disabled people and some of our most vulnerable fellow citizens. It may sound counter-intuitive but without churches the NHS and social care system would be even more stretched. Investing in their work would in fact be an investment to save on cost on the part of government."

Baroness Hollins of Wimbledon,
Emeritus Professor of Psychiatry of Learning Disability at St George's,
University of London, President of the British Medical Association (2012 – 2013)
and President of the Royal College of Psychiatrists (2005 – 2008)

The House of Good: Health

- Churches are the UK's National Help Service, providing vital support for communities across the country. Food banks, addiction and mental health support, combating loneliness – these and many other essential activities take place in church buildings every single day.
- And in the process, churches are relieving immense cost pressures on our National Health Service, worth an estimated £8.4 billion each year. That's equivalent to the cost of employing 230,000 nurses.
- This is how much it would cost the NHS to 'produce' the same level of health improvements provided by churches, equivalent to around 4% of total UK public health spending.
- These impacts are based on just four activities provided by churches: youth clubs, drug and alcohol support, mental health counselling, and food banks. It does not account for the myriad other activities that occur in church buildings daily, the impacts of which were not quantified.
- The UK's 38,500 church buildings are community spaces, a location for activities and services that improve wellbeing and physical and mental health, and a deep reservoir of volunteers walking the walk of service and compassion. Often, they are the first point of human contact for those whose daily struggles risk becoming diagnosable conditions.
- Churches are the natural innovators and social entrepreneurs in cost-effective preventative healthcare. But an increasing number of churches are under threat of closure, with congregations themselves unable to pay for urgent repairs. Keeping this social good in place requires a range of innovative solutions including funding from Government, denominations and private philanthropy.

Further information

nationalchurchestrust.org/thehouseofgoodhealth