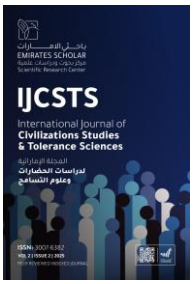

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Understanding and Harnessing Trust in Faith Spaces to Address Structural Inequalities

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ABSTRACT

Structural inequalities, the pervasive disparities in wealth, resources, and access to services, continue to produce negative outcomes for marginalized and minoritized communities. This article examines how faith spaces can be leveraged as inclusive dialogic environments to help address such inequalities. We build on the concept of *dialogic spatiality* to explore how trust in both the institutions and individuals facilitating community dialogue underpins engagement and outcomes in faith-based social action programs. The study draws on three case studies in the United Kingdom, where faith-based initiatives targeted what are often regarded as "hard to reach" groups to improve health outcomes or social integration. Findings indicate that participants' trust is fostered by shared values in faith settings, the hyper-local presence of faith institutions, and pre-existing social networks, leading to engagement in ways not achieved by secular or statutory approaches. However, trust does not automatically transfer to public agencies unless those agencies actively participate and build relationships. The paper offers an original contribution by applying interpersonal and organisational trust frameworks to faith-led interventions, demonstrating how trusted community spaces function as "safe spaces" for critical conversations and as bridges to formal services. Practical recommendations are provided for co-designing interventions with faith-based organisations, making public services more accessible, and ultimately advancing equity and social cohesion.

Keywords: *dialogic spatiality, faith-based dialogue, structural inequality, trust, community engagement*

1. Introduction

Despite ongoing policy efforts, structural inequalities in the UK and beyond continue to marginalize specific communities by limiting their access to healthcare, education, and other services. These groups are often, somewhat erroneously labelled as being "hard to reach" (Mullally, 2022) whilst these disparities, rooted in socioeconomic and racial inequities, lead to poorer outcomes for minoritized groups. Overcoming such exclusion requires not only reform but also new ways of engaging those who may distrust or disconnect from formal institutions.

In this context faith-based organisations and places of worship have become increasingly visible providers of social support (Shannahan, 2018). Long active in community welfare, the faith sector's role has expanded amid austerity and reductions in state services. Faith communities, including churches, mosques, gurdwaras and temples, have often been involved on the frontline of helping to plug gaps in public provision. Their deep local roots, cultural awareness, and volunteer capacity make them well-positioned to reach underserved groups, particularly when statutory services are overstretched or absent (All-Party Parliamentary Group on Faith & Society, 2014).

However, goodwill alone cannot resolve structural inequality. A key issue is trust. Many people who avoid or reject public services do so because they feel alienated or sceptical of institutional actors. Yet these same individuals may trust local community figures or faith organisations. This opens a critical question as to how public bodies can work with faith communities to leverage existing trust and create more inclusive forms of engagement. New strategies must either confront the reasons who people do not, or cannot, engage or offer viable alternatives. Drawing on Sretzer's ideas of linking capital (2002) it may be that faith-based dialogue offers a solution.

This paper investigates the under-explored relationship between trust, dialogue, and space in faith-led efforts to address inequality. We apply the concept of *dialogic spatiality*, the idea that certain physical settings become transformative through the dialogues they enable, to explore how trusted faith venues can function as platforms for open discussion and community-led change. These spaces often serve not only as places of worship but as "safe spaces" for critical conversations and collective action (Savin-Baden, 2008). When faith settings are familiar and trusted, they offer psychological safety that allows participants to speak freely, challenge ideas, and collaborate on solutions to shared problems. This, in turn, can improve health literacy, social cohesion, and civic engagement among excluded groups.

This research positions trust as a dynamic and layered factor in faith-based interventions. Although trust is frequently cited as important, it is rarely examined in detail within programme evaluations, especially in politically sensitive or grassroots contexts. By focusing on *who* or *what* participants trust, whether this be facilitators, institutions, or funders, the research examines how credibility and legitimacy are negotiated in practice. This contributes to wider debates on interpersonal and institutional trust, partnerships between the faith sector and the state, and the sociology of religion.

In doing so, we speak directly to three areas of UK research and policy relevance: (a) governance and public service delivery (through insights on faith-state collaboration), (b) local and community politics (via grassroots engagement), and (c) power and legitimacy (by examining how trust confers authority on interventions).

The research draws on three UK-based, faith-led initiatives aimed at improving health outcomes and social integration. Using a mixed-methods, multiple case study approach with deep community engagement, findings are presented that are both rigorous and contextually rich. The following sections review the relevant literature, outline the methodology, present thematic findings, and discuss their broader implications. The paper concludes with practical recommendations and reflections on how faith-based dialogic spaces can help to advance equity and cohesion.

2. Literature Review

Trust, Social Capital, and Safe Spaces in Communities

Trust is a foundational element of community engagement and social cooperation. It is typically defined as the willingness to accept vulnerability based on positive expectations of another's behaviour (Mayer et al., 1995; Rousseau et al., 1998). Trust manifests in differing contexts at both interpersonal (e.g. trust in a pastor or community member) and institutional levels (e.g. trust in the NHS or local council). Each requires different forms of evidence, such as perceived ability, integrity, and benevolence of the individual or institution, to be granted (Mayer et al., 1995; Zaheer et al., 2006; Pirson & Malhotra, 2011). Individuals tend to trust known others more readily than abstract institutions (Möllering et al., 2004), suggesting that local, personal relationships can act as conduits for institutional trust (Adler & Kwon, 2002; Fukuyama, 1995).

Trust is also central to the concept of social capital and the networks and norms that facilitate collective action (Coleman, 1990; Putnam, 2000). Putnam distinguishes between bonding social capital which is the strong ties within homogenous groups and bridging social capital which is the weaker ties between diverse groups. Faith communities often produce both: internal cohesion through shared identity and external connections via outreach and interfaith activities (Woolcock, 1998; Norris & Inglehart, 2004). Religious social capital can extend trust beyond congregational boundaries, especially when faith-based outreach engages across ethnic or cultural lines (Bonilla-Silva, 1997). This is particularly relevant in disadvantaged areas, where trust in formal institutions is often low, but local religious figures retain legitimacy and respect.

The spatial and relational dimensions of trust also shape how people engage. Giddens (1990) argues that trust is context-dependent and that people are more open in settings perceived as safe and familiar. The concept of *dialogic spatiality* helps explain how physical places (e.g. faith venues) become transformative when they host inclusive, purpose-driven dialogue (Bakhtin, 1981; Massey, 2005; Su, 2018). In such spaces, diverse voices can interact and challenge ideas within a framework of mutual respect. Faith venues are particularly well-suited to become such spaces, given their emphasis on inclusion and their embeddedness in community life (Su, 2018). Many programs hosted by religious organisations intentionally frame their events, whether health workshops or community meetings, as "safe spaces" where all participants are welcomed and non-judgmental listening is expected.

The concept of third places (Oldenburg, 1989) with informal public gathering spaces distinct from home or work further illuminates the role of faith institutions. Churches, mosques, and other places of worship often act as third places. These are familiar, comfortable sites where social interaction fosters a sense of belonging. Their informality and cultural familiarity make them more approachable than government offices or clinics, encouraging participation among those who might otherwise feel excluded.

These dynamics, trust, social capital, and spatial familiarity, converge in spaces to create environments conducive to meaningful dialogue. Perceptions of shared values and moral teachings reinforce both interpersonal and institutional trust within these communities (Koenig et al., 2012; Weber, 2015). However, this trust is typically context-specific, and individuals may trust their faith leaders while remaining skeptical of state actors. This discrepancy presents both a challenge and an opportunity around how trust within faith spaces can be leveraged to promote engagement with broader systems. The literature suggests that trusted venues, coupled with inclusive dialogue, can empower participants to engage and collaboratively address structural challenges.

Faith-Based Initiatives and Structural Inequalities

Over the past two decades, there has been a marked return of faith to the public sphere in the UK, particularly as governments have sought to include religious groups in community regeneration and service delivery (Dinham, Furbey & Lowndes, 2009). Research highlights both the potential and complexity of faith-based social action in addressing structural inequalities

and that this trend has intensified during the austerity era, as faith-based organisations stepped in to deliver services where the state has withdrawn. Examples of this include running food banks, offering healthcare support, and engaging in community development (Beaumont & Cloke, 2012; Williams et al., 2016). Shannahan and Denning (2023) however draw a clear distinction between the "caring" and the "campaigning" work that faith-based organisations in the UK undertake.

Austerity, alongside the UK government's "hostile environment" immigration policies, has reshaped welfare provision, transferring significant responsibility to volunteers and community actors, including faith groups (Humphris, 2019). In many deprived areas, churches and mosques now act as key local institutions, delivering services, fostering resilience, and facilitating civic engagement. This involvement though has not been without critique, both historical and contemporary. Some argue that this form of service delivery represents collusion with austerity agendas. For instance, in 1984 in the Marks of Mission many Churches committed themselves to social action that 'transforms structural injustice' and actions which work with the state can be seen as counter to this.

Faith organisations often succeed in reaching communities, such as recently arrived migrants and those with limited English language skills, who are overlooked by statutory services. As Bishop Sarah Mullally observed, these are not inherently "hard to reach"; rather, public services often lack the deep embeddedness of faith groups in these communities (Mullally, 2022). Faith leaders often serve as trusted intermediaries and can relay both public messages and community concerns effectively. During the COVID-19 pandemic, for example, many faith organisations translated health guidance into community languages and contextualized advice in ways that resonated culturally and spiritually.

Faith-based organisations also act as cultural and linguistic translators, mediating between communities and public bodies. This translation, both literal and figurative, builds trust as individuals and communities feel understood, while authorities can trust that information is being conveyed meaningfully and respectfully. As a result, programs anchored in faith spaces often achieve higher levels of engagement and efficacy. For example, Farnell et al. (2003) documented increased participation in diabetes and cancer screenings when services were delivered through mosques and gurdwaras. Similarly, Patel (2007) highlighted how refugee integration programs that used religious networks for outreach achieved higher engagement rates.

Religious networks can also enhance civic participation and empowerment. Faith-based advocacy campaigns have played historic roles in advancing social justice, such as Black churches in the US civil rights movement or contemporary environmental activism driven by religious leaders (Subramanian & Kawachi, 2004; Zak, 2017). These examples illustrate how trust networks embedded in religious life can be mobilised to challenge systemic inequalities.

Yet leveraging trust within faith spaces brings ethical and political challenges. There is a risk that such interventions may inadvertently reinforce power hierarchies (Shannahan and Denning, 2023) or exclude marginalised groups within faith communities themselves (Pargament, 2013; Zald & Denton, 1963). Critics argue that faith-based charity work can mask the structural causes of inequality or become complicit in neoliberal retrenchment, allowing the state to offload its responsibilities (Bryant & Rafferty, 2018; Cameron, 2014). While food banks and pastoral care are vital, some theologians argue these services must be accompanied by advocacy for systemic reform to avoid complicity with unjust policies.

Inclusivity within faith spaces is another concern. Trust is not evenly distributed, and certain groups, such as women, LGBTQ+ individuals, or religious minorities, may not feel safe or respected in particular religious settings. Faith-based initiatives must therefore be attentive to internal hierarchies and intersectional dynamics (van Deth & Montero, 2018). Creating truly inclusive spaces requires an explicit commitment to recognising and addressing these barriers.

Moreover, trust in a faith organisation does not necessarily translate into trust in external institutions. Participants may engage fully with a church- or mosque-led program but remain wary of the government agencies that fund or support it. This trust transfer problem underscores the need for public institutions to be active and visible partners in such initiatives, rather than outsourcing engagement to faith intermediaries. While achieving institutional trust is a long-term process, co-locating services in trusted venues or co-branding efforts can help bridge the gap (Theos Think Tank, 2014).

In summary, faith-based engagement offers valuable tools for addressing inequality and this centered around the triumvirate of trusted spaces, local legitimacy, and social capital. Faith institutions often act as accessible third places, capable of activating both bonding and bridging ties to mitigate isolation and exclusion. However, meaningful collaboration between faith groups and public bodies requires careful negotiation of power, values, and inclusivity. Trust must be built and sustained across all actors involved. This study influences the intellectual by examining how trust is negotiated, built, or lost in real-world faith-based programmes, and how it enables or limits responses to structural inequalities.

3. Methodology

This study employed a qualitative-driven mixed-methods approach, using a multiple case study design to examine trust dynamics in faith-based interventions addressing structural inequality. Three UK-based programs were selected for their thematic relevance and diversity of context. Each case involved partnerships between faith organisations and public or third-sector bodies, working with communities often labelled "hard to reach."

- **Case A: Faith Health Action Project (FHAP)** - A public health initiative in the London Borough of Tower Hamlets, delivered through churches and mosques, aiming to improve engagement with NHS services among ethnic minority communities. Activities included health screenings and workshops supported by a faith-based charity and local Public Health department.
- **Case B: Café Connect** - A community integration programme for Hong Kong British National (Overseas) status holders, delivered through church community centres. It provided English conversation sessions, cultural orientation, and social support to reduce isolation and aid resettlement.
- **Case C: Creative English for Health** - A language and health literacy project in Birmingham targeting migrant women with limited English. Delivered in partnership with mosques and gurdwaras by FaithAction, the programme used role-play and discussion to enhance communication skills and healthcare access.

Each programme ran between 2021 and 2023, allowing analysis in a post-pandemic context marked by heightened health and social inequalities. Data were collected over 18 months (2022-2023) through four primary methods:

- **Interviews:** 26 semi-structured interviews were conducted with programme leads and participants across the three cases. Interviews explored motivations, experiences of trust, perceived outcomes, and partnership dynamics. Interviews lasted 45-60 minutes, were recorded with consent, and transcribed.
- **Focus Groups:** Five focus groups were held, with 5 to 8 participants in each. Conducted in participants' preferred languages (interpreters were used for Bengali and Cantonese), discussions explored collective attitudes toward programme content, trust in facilitators, and comfort discussing sensitive topics.
- **Participant Observation:** Researchers attended over 40 hours of programme activities, observing facilitation styles, spatial dynamics, and interactions

indicative of trust. Detailed field notes captured how venues such as churches and mosques were transformed into dialogic spaces, promoting informal dialogue and openness. Informal conversations with participants during these sessions further enriched data.

- **Surveys and Documentation:** In Case A, 94 baseline entry surveys were analysed using an adapted OECD trust scale, capturing participants' trust in various public institutions. Additional materials including flyers, referral logs, and funding proposals—were reviewed to assess programme intent and reported outcomes.

Participation was voluntary, with informed consent and assurances of confidentiality. Culturally sensitive approaches, such as matching interviewers by background and conducting interviews in familiar settings, helped reduce power imbalances and facilitated open discussion.

Data were analysed thematically using NVivo. Codes were generated both inductively and deductively, with dual coding to enhance reliability. Four overarching themes emerged: **Trust**, **Locality**, **Reach**, and **Sustainability**. Quantitative data was analysed descriptively and triangulated with qualitative findings. Kroeger's (2017) concept of *facework* was employed to interpret how interpersonal trust in facilitators might transfer to institutional trust, particularly where familiar, trusted individuals acted as intermediaries for public bodies. Peer debriefing, negative case analysis, and cross-method triangulation were employed to enhance rigour and ensure a balanced interpretation of findings.

4. Findings

A. Trust: Interpersonal and Organisational Dimensions

Trust emerged as the foundation for participation across all three case studies. Participants consistently cited trust, either in specific individuals or in the hosting institution, as a decisive factor in their engagement. Two forms of trust were especially prominent. These were **interpersonal trust** in individuals known personally and **organisational trust** in the faith-based venues delivering the programmes.

Interpersonal trust in this context often centred on facilitators already embedded within the community. In Case A participants were invited by familiar figures, such as imams, priests, or volunteers, who had longstanding relationships with local residents. One participant explained, *"We come here because we know the people. If [Name] says this will be good for me, I give it a try."* Similarly, in Case C, many women joined Creative English classes on the recommendation of a friend or relative, or because they knew the facilitator through the mosque. These word-of-mouth referrals were seen by staff as the most effective recruitment method, helping overcome initial scepticism. As one project lead put it, "*We're trusted by them and the community*" (Case C).

Organisational trust was equally important. Many participants described their local faith centre be it a church, mosque, or gurdwara, as a safe and welcoming space. Comments such as *"we've been coming here for years"* or *"it's part of our community"* were common. In contrast, trust in statutory institutions such as the NHS or local councils was notably weaker. One Case A participant remarked: *"They [mosques] are often more trusted than government institutions… I don't know my GP—if I get an appointment, it's never the same person."* These sentiments reflected a broader mistrust of impersonal, bureaucratic systems. By contrast, faith spaces were perceived as communal, values-driven, and attentive. Shared religious or cultural identity reinforced this: *"Because we're all Sikh here, I feel they have our best interest at heart,"* said one Case C participant. Even non-religious attendees expressed confidence in the care and non-judgemental ethos of the setting. As one volunteer explained, *"People can ask for things here that they can't ask for elsewhere."*

These two dimensions of trust reinforced one another. Trusted individuals "loaned" their credibility to the programme, while trusted venues offered a familiar and reassuring context. This aligns with *facework* theory (Giddens, 1990; Kroeger, 2017), in which face-to-face relationships

foster broader trust in the intervention itself. Participants often conflated the programme with the person or place delivering it. In Case A, Bangladeshi men described how they would never have discussed mental health issues in formal settings but opened up in the mosque after a session led by a trusted facilitator. *"It's okay to talk here, because we're among people who understand us,"* one said thus highlighting how trust in the immediate social environment enabled vulnerability and dialogue.

Baseline survey data from Case A reinforced this pattern. Participants rated their trust in "people you know personally" at around 7.2/10, higher than for local councils or the NHS (6.3-6.5/10). Interviews confirmed that many respected public services in principle but had poor direct experiences, often citing long waits, inconsistent personnel, and language barriers. Delivering programmes through trusted community channels effectively bypassed these points of friction. As one project lead observed, *"Employing the faith sector to engage people… works because it bridges that gap."*

In sum, trust was both an entry point and an outcome. Pre-existing trust drew people in, while participation reinforced trust in those delivering the intervention. Programmes gained legitimacy by association with trusted messengers and venues. However, this trust was largely confined to the faith context. While effective for immediate engagement, it raises challenges for building wider institutional trust and this is a necessary step if faith-based approaches are to contribute to addressing structural inequalities more broadly.

B. Locality: The Power of Place-Based Engagement

Locality and proximity played a critical role in participation across all three case studies. Each programme was embedded within the communities it served, usually just minutes from participants' homes. This hyper-local delivery model was a deliberate design feature, intended to reduce both practical and psychological barriers to engagement. The data affirms this approach in that local delivery was not simply convenient but essential to uptake and sustained participation.

Proximity and Access: Many participants reported they would not have attended if the sessions were held outside their neighbourhood. As one Case A organiser explained, *"If it wasn't in this area, they just wouldn't go."* Participants typically walked or took short bus rides to the venue, and attendance dropped when activities were relocated. For individuals with limited income or caring responsibilities, even modest travel costs or logistical demands could be prohibitive. A mother in Case C remarked, *"I can come after dropping my kids at school. It's only ten minutes from my house."* Women in that case reported they would not have travelled to a college in the city centre for a comparable class. Similarly, in Case B, participants valued that the programme was hosted in a church already used informally by many Hong Kong families. In each case, venues integrated seamlessly into local routines, enabling participation with minimal disruption.

Cultural Comfort and Familiarity: Local faith settings also functioned as culturally familiar and emotionally safe spaces. Participants described feeling *"at home"* or *"in my element"* in these venues. One young woman from Case A commented, *"I'd feel lost going to some office or clinic out of my area. Here, it's my community."* These venues embodied the characteristics of "third places" (Oldenburg, 1989) as social hubs distinct from home or work that offer familiarity, belonging, and informality. For many, this familiarity reduced anxiety and encouraged regular attendance. One Case C participant noted the sessions were *"not like a class, more like a gathering of friends,"* reflecting the social and communal tone of the space. The flexibility of local venues also suited participants with unpredictable schedules, who may not have engaged with more formalised or bureaucratic services.

Trust and Local Roots: Locality reinforced trust. Participants expressed confidence in venues their families had frequented for years. In Case A, a partner organisation established in 1984 was credited with accessing groups the statutory sector could not reach. As one leader explained, *"We can reach people… because we've been here since 1984 and are trusted."* Local faith venues were often associated with prior positive

experiences, such as food support, youth clubs, or social gatherings, which gave new initiatives a degree of inherited legitimacy. This contrasted sharply with external, short-term programmes that lacked established reputations. The physical rootedness and historical presence of local venues served as trust-building assets in their own rights.

Contextual Responsiveness: Local delivery also enabled content to be tailored effectively. Facilitators gained nuanced insights into participants' needs by being embedded in the community. In Case B, organisers learned that many newcomers were clustered in specific neighbourhoods and unfamiliar with local services. Rather than directing participants to those services, they brought representatives (e.g. librarians, council officers) into the church setting. In Case C, facilitators discovered that many women had highly restricted geographic mobility. As a result, lessons incorporated basic but vital content, like reading bus timetables or identifying nearby health clinics. Such fine-tuned adaptations were possible because staff had close proximity to participants lived realities.

One volunteer in Case A summed up the combined impact of locality and trust: *"The mosque is very central… Once you enjoy a session here, you'll come back. They feel safe here in their comfort zone."* This reflects the social and spatial familiarity that these settings offered. In contrast, statutory services often operate from a position of distance and expect users to navigate unfamiliar systems and locations. Faith-based programmes inverted that logic as the service came to the community, integrating into local rhythms and meeting people on their own terms.

These findings suggest that place matters. Embedding initiatives in trusted, hyper-local venues enhanced accessibility, reinforced trust, and fostered sustained engagement. This created a virtuous cycle: local presence improved attendance and continuity, which in turn strengthened programme legitimacy and community ownership. For policy efforts aiming to address structural inequalities, decentralised, place-based approaches appear crucial. This is meeting people not only where they are geographically, but also where they are socially and culturally. However, there are challenges associated with this approach. In some instances faith-based providers and the spaces that they use could be perceived as partners of the very government that imposes and reinforces structural inequalities in the first place.

C. Reach: Engaging the "Hard to Reach" through Faith Networks

The notion of "hard-to-reach" groups was both challenged and reframed by our findings. Rather than being disengaged, many individuals traditionally labelled as "hard to reach" were in fact highly reachable but just not through conventional institutional channels. Faith-based networks proved highly effective in reaching these populations precisely because of their deep-rooted presence in everyday community life.

All three case studies focused on groups with historically low engagement in formal services, including older ethnic minority residents, newly arrived migrants, and socially isolated women. Standard outreach techniques, such as leaflets, public meetings, or advertising, were largely ineffective. By contrast, faith-based organisations drew on relational networks including family ties, friendship groups, and congregational communities.

In Case B, the church hosting Café Connect spread the word through its congregation. One participant noted, *"I heard about it from a friend at church. She brought me along. Then I told two other families I met at the Chinese church."* This form of peer-to-peer recruitment exemplifies bridging social capital (Putnam, 2000; Woolcock, 1998), where trust within one relationship extends to others. In Case C, similar dynamics occurred as Somali women invited neighbours and relatives. Even those outside the active faith community were reached: one participant explained, *"I'm not very religious, but I know this temple does a lot for people, so I came for the class."* Faith-based reputation thus extended beyond regular worshippers, functioning as a trusted brand in the community.

Language and cultural familiarity were key enabling factors. Many facilitators and volunteers were bilingual and shared cultural backgrounds

with participants, helping bridge gaps that commonly alienate service users from statutory provision. In Case C, Punjabi-speaking assistants helped older women understand health concepts. In Case A, mosque-based sessions alternated between English and Sylheti, ensuring accessibility for older Bangladeshi participants. This contrasted with mainstream services where lack of interpretation often leads to disengagement or frustration. These language bridges, even when temporary, helped participants feel welcomed and respected from the outset.

Participants also cited the alignment of cultural and/or religious values as central to their comfort. They believed that programme facilitators understood their lives, beliefs, and priorities. One Christian volunteer in Case B said, *"It's not really a 'faith-based service' in content. I think the relationship is the biggest part. They know we care and have their best interest at heart, because we're Christian but also because it is well known and safe."* This statement illustrates how the perceived ethos of care, rooted in both religious identity and community familiarity, was as important as the setting itself. Faith groups offered a more accessible, relational, and trustworthy alternative to unfamiliar or bureaucratic institutions.

A notable outcome across the cases was the shift from isolation to active participation. Many individuals who previously engaged only with their home or place of worship began attending classes, social events, and linked activities. In Case C, women who had never been to a library or gym took part in a group visit. In Case A, mosque participants attended a health fair at a church. This would have been unlikely without the trust established through earlier engagement. These examples highlight how faith-based interventions can create bridges to broader community life, opening up new networks and experiences.

For public agencies, the reach achieved through faith partnerships was significant. A council officer involved in Case A noted that they encountered residents *"we had literally never heard from before in any consultation or service."* Faith organisations served as **intermediaries**—or "*interlocutors*"—between the state and communities typically invisible to it. These organisations not only disseminated public health information but also channelled back community concerns. They acted as **cultural brokers**, tailoring services to be more acceptable and feeding back issues that needed adjustment. For instance, programme leads regularly refined delivery based on participant feedback, ensuring responsiveness to local needs.

These findings underscore a critical shift: communities labelled "hard to reach" are often simply **reached differently**. As the Bishop of London has noted, the issue lies not in community disengagement but in institutional blind spots. A report by the Health Inequalities Action Group (Mullally, 2022) echoes this*: "In these so-called hard-to-reach communities, there are leaders who understand and can talk to the community. A faith group can translate information to a community and translate back to government what the community is saying."* All three cases show that faith leaders and volunteers acted as trusted translators and advocates for marginalised communities and built mutual understanding between institutions and individuals who would otherwise remain disengaged.

To summarise, the faith-based programmes were highly effective at reaching marginalised groups by leveraging existing, trusted social networks. Trust, cultural fluency, and relationship-based outreach enabled engagement with those underserved by mainstream services. The term "hard to reach" was effectively inverted revealing instead a challenge of institutional approach. By partnering with faith communities, statutory services gained access to communities and insights that would otherwise remain out of reach. At the same time, participants became more visible, confident, and engaged in public life. Faith partnerships therefore offer not only a practical strategy for increasing reach but a principled one that is grounded reciprocity and the recognition of community strengths.

D. Sustainability: From One-Off Engagement to Lasting Change

A key theme emerging from the case studies is the sustainability of engagement achieved through

faith-based programmes. While one-off outreach may yield short-term results, these initiatives fostered lasting involvement and longer-term community benefits. The data suggest that faith settings create conditions not only for initial engagement but also for sustained and deepening participation over time.

Retention and Continuity:

All projects reported high retention. In Case C, nearly all participants completed the 10-week Creative English for Health course, and attendance grew as participants brought friends. This contrasts with secular programmes, where drop-off is common. Participants described developing a routine: *"Every Wednesday at the church hall, we all meet and I look forward to it."*

Participants also reported increased confidence in accessing services, engaging in health-promoting behaviours, and communicating without interpreters. For example, women in Case C described feeling more able to speak with doctors or teachers independently. In Case A, new habits such as walking groups continued after the programme ended. Some participants, previously sceptical of formal health services, began engaging with them anecdotal evidence suggests increased clinic registrations following the intervention. These behavioural shifts indicate deeper transformations in trust, autonomy, and inclusion as the programmes became woven into participants' weekly lives, aided by their location in familiar, local venues. This integration into existing routines reduced psychological and logistical barriers, reinforcing regular attendance.

Progression to Active Roles:

Participants also moved beyond passive involvement, taking on volunteer and leadership roles. In Case A, some who had attended early health sessions trained as peer health champions. In Case C, confident learners supported later cohorts. One woman, after improving her English, began helping others at her community centre. Such progression reflects capacity-building and empowerment, suggesting that the programmes nurtured not just service users but future leaders. The familiar and largely non-hierarchical nature of the faith settings encouraged this transition as participants felt ownership and ease in stepping up within their own community context.

Cascade and Multiplier Effects:

Word-of-mouth referrals contributed to expanding the reach of each programme. In Case A, participants invited family members who had never engaged with local services before. Several programmes saw former participants helping others to register with GPs or attend their first clinic appointments. As one project lead noted, *"Once in the system, other interventions are opened up."* Faith-based organisations acted as informal navigators, using their local knowledge and trust to guide participants towards formal services. This "*gateway*" role extended the impact of initial interventions, helping participants access ongoing support and resources.

Structural Barriers to Sustainability:

Despite these successes, the sustainability of such initiatives remains vulnerable to structural constraints, particularly funding. All three programmes were time-limited and reliant on short-term grants. Project staff and community leaders highlighted the inefficiency of start-stop models. Participants shared concerns about continuity: *"Will this café keep going? We really need this place,"* asked one attendee in Case B. While the church managed to sustain a scaled-down version post-funding through local donations, this depended on exceptional community effort. All cases pointed to the need for multi-year funding and strategic partnership to build on initial gains.

One interviewee put it plainly: "*The council couldn't run these [programmes]. They don't have the grassroots contacts or local expertise.*" Rather than duplicating effort, it was argued, public agencies should invest in community and faith-based partners who already possess the trust, access, and knowledge needed for effective delivery. These organisations. if adequately resourced, are better placed to implement and sustain local interventions. It is vital though that faith groups are able to maintain their independence and preserve the high social capital that they whilst in receipt of government funding. The benefits and strengths of this model could all

be undermined if these groups and spaces are seen as acting in political ways or colluding with government agendas.

Challenges in Measuring Long-Term Impact: A key limitation was the difficulty in tracking long-term outcomes, largely due to the short duration of most pilot funding. For example, Case A lacked follow-up data on changes in institutional trust, despite anecdotal evidence of improvement. Project evaluators and staff emphasised the need for longitudinal studies to fully capture sustained impact, including whether gains in confidence and engagement translate into long-term empowerment. This is addressed further in the Conclusion as a future research priority.

Institutional Learning and Faith-State Collaboration:

Another dimension of sustainability is the institutional learning prompted by these collaborations. In Case A, engagement with faith groups led the local public health team to embed faith settings into their broader strategy. A formal Faith Sector Forum was established to maintain dialogue, recognising the sector's value as a partner in public health delivery. This shift represents more than programme continuity as it signals a move toward embedding community collaboration in governance structures.

Such developments illustrate a growing recognition that sustainable community development requires durable relationships and shared leadership. Faith organisations, when treated not merely as delivery vehicles but as co-designers of policy and service strategies, contribute more deeply and durably to social change.

Conclusion:

The faith-based programmes studied sustained engagement through routine, relevance, and relationships. Participation became habitual, trust deepened, and individuals often grew into active contributors. The ripple effects extended beyond the immediate interventions thus linking participants to services, fostering leadership, and influencing local policy. However, the durability of these outcomes depends on structural support. With secure funding, strategic partnerships, and ongoing evaluation, faith-centred models can evolve from short-term fixes into lasting pillars of community resilience and social inclusion.

E. Challenges in Leveraging Faith Spaces

While the use of faith settings proved highly effective in fostering engagement and inclusion, several limitations and challenges warrant consideration.

Not a Panacea:

Faith-based delivery is impactful but not universally applicable. Concerns around perceived exclusivity occasionally deterred participation, particularly when faith organisations were seen as closely aligned with a particular denomination. For instance, some non-Christian Hong Kongers initially hesitated to attend the church-hosted programme in Case B, fearing religious pressure. These concerns were dispelled once involved but serves to underscore the importance of explicitly communicating that such programmes are inclusive of all faiths and none.

Similarly, this approach only works when faith spaces and faith-based organisations are regarded as independent, benevolent actors. If they are seen as agents of the state or colluding and furthering state agendas which reinforce inequalities, then trust and subsequent leverage will likely be lost.

Variable Capacity and Consistency:

Quality and reliability varied across settings depending on the capacity and experience of individual faith groups. Some smaller organisations struggled with project administration, monitoring, or volunteer reliability. Frequent cancellations or lack of follow-up were noted in a few instances and risk undermining trust if recurring. Scaling these approaches would require support for faith groups in project management, resourcing, and training to meet accountability standards. As one stakeholder noted that faith organisations, like any other delivery partner, must be appropriately equipped.

Attribution and Visibility:

Another challenge was the invisibility, real or perceived, of public sector partners. Participants often viewed the programmes as wholly community-led, unaware of institutional support behind the scenes. While this enhanced trust and participation, it left funders with limited visibility, potentially affecting future investment. Some case staff suggested subtle co-branding or the physical presence of council or NHS staff in non-authoritative roles, which, where trialled, helped build rapport. Balancing visibility with community trust remains a delicate but necessary task for sustainability.

This links to the limits of trust transfer in this context. While participants readily trusted faith-based facilitators, this did not always extend to wider institutions. The "borrowed trust" model proved effective for programme-level engagement, but less so in shifting systemic trust in health or government services. Where long-term institutional trust is a goal, direct presence and sustained engagement by statutory bodies are essential. Trust cannot be outsourced entirely; it must be co-produced.

Navigating Religious Boundaries:

Despite careful attention to inclusivity, some participants reported discomfort attending sessions in venues associated with unfamiliar faiths. For example, some Muslim women hesitated to enter church spaces, and vice versa. In Case A, parallel events across different venues mitigated this, but in diverse areas, a neutral or interfaith space may be preferable. Some secular stakeholders also raised concerns about the perceived "*capture*" of public messages by religious groups. No such issues were observed in these projects, where content remained secular and evidence based. Nonetheless, written agreements and adherence to frameworks such as the Faith Covenant (APPG, 2014) which helped maintain clarity and boundaries between places of worship and local authorities.

Scalability and Equity:

Faith-based engagement works best in areas with strong, organised faith communities. In places lacking this infrastructure, or among secular or unaffiliated populations, the model may not be replicable. Policymakers must avoid a one-size-fits-all approach and ensure equity by identifying alternative trusted spaces, such as cultural associations or neighbourhood groups. The underlying principle is trust-based engagement, which faith groups exemplify but do not monopolise.

While these challenges did not outweigh the benefits in the cases studied, acknowledging them is essential to refining future practice and ensuring faith-based approaches remain inclusive, ethical, and effective across varied contexts.

5. Discussion

This study set out to understand how trust operates in faith-based interventions and how it can be harnessed to tackle structural inequalities. Through an interdisciplinary analysis of three UK-based case studies it examined the role of trust as both a foundation and an outcome of community engagement. The findings reveal that trust is not a static precondition for participation, but a dynamic process cultivated through dialogue, place, and relationships. This section discusses how the research contributes to the academic literature, what it offers to policy and practice, and how it informs wider debates on participation and social inclusion.

Contributions to Theory and Knowledge

One of the key theoretical contributions of this study lies in its treatment of trust as both situated and relational. While much of the trust literature distinguishes between interpersonal and institutional trust, findings here illuminate the fragile boundary between the two. Participants readily trusted individuals, particularly faith leaders or facilitators embedded in the community, but were more hesitant to trust abstract institutions unless those institutions became visibly and relationally present. This underscores the importance of trust referents and suggests that trust in public systems must be actively earned through embedded practice.

Existing scholarship is extended by integrating theories around the use of third places and of dialogic spatiality and facework into empirical analysis. Faith spaces, church halls, mosques,

temples, emerged not just as backdrops for service delivery but as active enablers of dialogue and safety. These settings allowed for sensitive, trust-building conversations that would have been unlikely in more formal or state-associated venues. Building on Giddens (1990) and Kroeger (2017), we demonstrate that facework alone is not sufficient for institutional trust to develop. The institution must enter the space, participate in dialogue, and be experienced as part of the trusted environment. In doing so, it is suggested that a more nuanced approach than the existing models of trust transfer is required and the research offers new insight into the relational conditions required for civic legitimacy.

This research also challenges dominant narratives around "hard-to-reach" populations. The data strongly implies that the problem is not the communities' reachability, but the relational and spatial design of mainstream interventions. Participants engaged fully when services were delivered through familiar, culturally fluent, and geographically close settings. This reframing has implications for public administration and inclusive governance. It is not that certain groups are disengaged, but that engagement strategies are often misaligned with their realities.

Implications for Policy and Governance

The findings hold substantial relevance for public agencies seeking to address inequalities in health, integration, and service access. Faith-based partnerships were shown to enhance reach, uptake, and retention, especially among groups who might otherwise be wary of statutory services. Yet these outcomes depended on more than delivery location; they required trust-based relationships, culturally competent facilitation, and visible collaboration between state and community actors.

Policy design must move beyond top-down delivery models to relational, co-produced strategies. This includes involving faith groups not only as service providers but as co-designers of programmes, recognising their embedded knowledge and convening power. It also involves ensuring a sustained presence of public agencies within community spaces. This, importantly, is not to monitor or control, but to build familiarity and relational capital. Trust cannot be outsourced instead it must be enacted in place.

Funding structures must also reflect the time horizons required to build and maintain trust. Short-term pilots, while useful for testing ideas, are unlikely to generate sustainable outcomes. Multi-year investments in faith-based partnerships, accompanied by capacity-building support (e.g., project management training, data systems), would enable continuity and scale. In the case studies, this proved vital to programme sustainability, cascading effects, and long-term behaviour change.

The implications here align with broader discussions on developmental governance and collaborative models of service delivery. Trust-building is not a "soft" add-on, it is a measurable component of effective, inclusive policymaking. Future strategies should treat trust itself as an outcome, with tools to assess whether initiatives are increasing citizens' confidence in engaging with public institutions.

Practice and Local Delivery

For practitioners, this research highlights the centrality of relationships, place, and routine. Successful engagement was not driven by the content of the intervention alone, but by where and how it was delivered. Participants responded positively when programmes were embedded in venues they already frequented and facilitated by people they already trusted or came to trust quickly. These settings reduced the social and psychological risks of participation, making engagement feel familiar and routine rather than exceptional or alienating.

Effective delivery also required cultural competence and linguistic fluency. Facilitators who spoke participants' languages, understood community norms, and could adapt content to local realities were crucial to uptake and retention. Similarly, the relational model of peer outreach, like inviting a friend or attending in groups, proved far more effective than formal recruitment drives.

Some elements of the programmes also fostered internal leadership, with participants progressing

to become volunteers or community health champions. This peer-led model enhanced participant agency, reduced their dependency and extended the programme's reach whilst embedding its impacts more deeply in the community. Trust, once established, became a resource that was shared, replicated, and diffused.

However, challenges remain. Faith-based delivery must be inclusive and non-proselytising, with safeguards to ensure participation across religious lines and for those of no faith. The model also relies on the existence of strong community anchors, which may not be present in all contexts. Policymakers must therefore be careful not to over-generalise this approach but to consider how similar principles of trust and relational practice could be adapted for other community settings.

Wider Societal Relevance

At a societal level, this research speaks to the need for new approaches to building cohesion and legitimacy. Trust in government is declining, and inequalities in access to services remain stubborn. Faith settings, often overlooked in policy discourse, offer a model for rebuilding civic relationships from the ground up. They provide spaces where people feel known, heard, and safe and thus where dialogue is possible across difference; and where small interventions can spark wider changes in confidence, connection, and belonging.

Findings here suggest that faith-based approaches are not a silver bullet, but they offer valuable lessons in how trust is earned, how inclusion is practised, and how marginalised voices can be brought into policy conversations. By embedding public services within trusted community networks, institutions can begin to repair relationships with those they have historically excluded.

6. Conclusion

Across three UK case studies, this research has found that faith-based venues play a vital role in engaging marginalised groups by offering trusted, dialogic settings where participants feel safe to express needs and contribute to community action. These spaces enabled participation from individuals who often remain disconnected from formal services. This implies that how trust operates in faith spaces can be harnessed to address structural inequalities.

Rather than acting as mere delivery points, faith settings supported relational engagement that contributed to improved health behaviours, civic involvement, and social connection. Crucially, the research has identified that trust in these environments depends not only on who delivers a service, but also on how and where it is delivered. The presence of familiar figures, cultural alignment, and the use of spaces people already feel comfortable in all played a central role in enabling uptake and retention.

These findings underline that public bodies can expand reach and effectiveness by building sustained, collaborative relationships with trusted community actors. This requires more than transactional partnerships with meaningful engagement involving co-design, presence, and long-term investment in relationship-building. Where institutions engage with care and consistency, trust can grow but where they remain distant, even well-designed services may fail to connect.

Faith-based initiatives must, however, uphold inclusivity and ethical boundaries. Unless overly disruptive programmes should remain open to all, regardless of faith identity, and avoid any form of coercion or exclusion. Frameworks like the Faith Covenant can help structure these collaborations and ensure alignment with rights-based standards.

Outcomes from this also raise new avenues for inquiry. Future research might examine whether similar forms of trust and dialogue can be cultivated in other community spaces, or how trust built within one initiative might evolve into broader confidence in public institutions. In the faith arena, further research should explore the perceptions of faith leaders around their roles as delivery agents and any conflicts that this may cause them with regards to being associated with the implementation of governmental policies.

Ultimately, trust is not, and should noy be viewed as, an incidental feature of social programmes.

Rather it is a necessary condition for their success. Faith spaces, when engaged with care and mutual respect, provide a powerful platform for connection, belonging, and equity. If institutions wish to reach those furthest from services, they must be willing to meet people where trust already lives.

References

Adler, P. S., & Kwon, S. W. (2002). Social capital: Prospects for a new concept. *Academy of Management Review, 27*(1), 17-40.

All-Party Parliamentary Group on Faith and Society. (2014). *Faith Covenant*. London: APPG on Faith and Society. (Principles for strengthening trust and cooperation between local authorities and faith groups)

Bakhtin, M. M. (1981). *The Dialogic Imagination: Four Essays*. University of Texas Press.

Beaumont, J., & Cloke, P. (Eds.). (2012). *Faith-Based Organisations and Exclusion in European Cities*. Policy Press.

Bonilla-Silva, E. (1997). Rethinking racism: Toward a structural interpretation. *American Sociological Review, 62*(3), 465-480.

Bourdieu, P. (1986). The forms of capital. In J. G. Richardson (Ed.), *Handbook of Theory and Research for the Sociology of Education* (pp. 241-258). Greenwood Press.

Bretherton, L. (2015). *Resurrecting Democracy: Faith, Citizenship, and the Politics of a Common Life*. Cambridge University Press.

Coleman, J. S. (1990). *Foundations of Social Theory*. Harvard University Press.

Dinham, A., Furbey, R., & Lowndes, V. (Eds.). (2009). *Faith in the Public Realm: Controversies, Policies and Practices*. Policy Press.

Farnell, R., Furbey, R., Hills, S., Macey, M., & Smith, G. (2003). *'Faith' in Urban Regeneration? Engaging Faith Communities in Urban Regeneration*. Bristol: Policy Press.

Fukuyama, F. (1995). *Trust: The Social Virtues and the Creation of Prosperity. Free Press.*

Giddens, A. (1990). *The Consequences of Modernity*. Stanford University Press.

Habermas, J. (2006). Religion in the public sphere. *European Journal of Philosophy, 14*(1), 1-25.

Humphris, R. (2019). Mutating faces of the state? Austerity, migration and faith-based volunteers in a UK downscaled urban context. *The Sociological Review, 67*(1), 95-110.

Koenig, H. G., King, D. E., & Carson, V. B. (2012). Handbook of Religion and Health (2nd ed.). Oxford University Press.

Kroeger, F. (2017). Facework: Creating trust in systems, institutions and organisations. Cambridge Journal of Economics, 41(2), 487-514.

Levin, J. S. (Ed.). (2017). Religion and Medicine: A History of the Encounter Between Humanity's Two Greatest Institutions. Oxford University Press.

Massey, D. (2005). For Space. SAGE Publications.

Mayer, R. C., Davis, J. H., & Schoorman, F. D. (1995). An integrative model of organizational trust.

Academy of Management Review, 20(3), 709-734.

Mullally, S. (Bishop of London). (2022). The power of faith groups to tackle health inequalities. Health Foundation. Retrieved from https://www.health.org.uk/features-and-opinion/features/the-power-of- faith-groups-to-tackle-health-inequalities

Norris, P., & Inglehart, R. (2004). Sacred and Secular: Religion and Politics Worldwide. Cambridge University Press.

Oldenburg, R. (1989). The Great Good Place. Marlowe & Company.

Pargament, K. I. (2013). Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred. Guilford Press.

Patel, E. (2007). Acts of Faith: The Story of an American Muslim in the Struggle for the Soul of a Generation. Beacon Press.

Putnam, R. D. (2000). Bowling Alone: The Collapse and Revival of American Community. Simon & Schuster.

Range, D. (2021). *Does participant trust in the organisation supporting intergroup contact have an effect on the outcomes of the contact?* Coventry University

Rousseau, D. M., Sitkin, S. B., Burt, R. S., & Camerer, C. (1998). Not so different after all: A cross-discipline view of trust. Academy of Management Review, 23(3), 393-404.

Savin-Baden, M. (2008). Learning Spaces: Creating Opportunities for Knowledge Creation in Academic Life. McGraw-Hill.

Shannahan, C. (2018). The Violence of Poverty: Theology and Activism in an "Age of Austerity." *Political Theology*, *20*(3), 243-261

Shannahan, C., & Denning, S. (2023). Politics, Poverty and the Church in an 'Age of Austerity'. *Religions*, *14*(1), 59. https://doi.org/10.3390/rel14010059

Szreter S. Rethinking McKeown: the relationship between public health and social change. Am J Public Health. 2002 May;92(5):722-5.

Stiglitz, J. E. (2012). The Price of Inequality: How Today's Divided Society Endangers Our Future. W. W. Norton & Company.

Su, B. (2018). Dialogic spatiality: Theorizing space in dialogue. Journal of Dialogue Studies, 6(1), 9-28.

Theos Think Tank. (2014, November 21). Will faith fill the gaps in the welfare system? (Commentary). Retrieved from https://www.theosthinktank.co.uk/

van Deth, J. W., & Montero, J. R. (Eds.). (2018). Citizenship and Involvement in European Democracies: A Comparative Analysis. Routledge.

Williams, A., Cloke, P., & Sutherland, C. (2016). Faith-based Social Action in the UK - A Study. (Unpublished manuscript, Durham University).

Woolcock, M. (1998). Social capital and economic development: Toward a theoretical synthesis and policy framework. Theory and Society, 27(2), 151-208.

Wuthnow, R. (1998). Loose Connections: Joining Together in America's Fragmented Communities. Harvard University Press.

Zaheer, S., & Zaheer, A. (2006). Trust across borders. Journal of International Business Studies, 37(1), 21-29.

Zald, M. N., & Denton, P. (1963). From evangelism to general service: The transformation of the YMCA. Administrative Science Quarterly, 8(2), 214-234.

Zuckerman, P., & Galen, L. W. (Eds.). (2010). Atheism and Secularity. ABC-CLI