

THE CHAIR *The Dean of Wakefield (Very Revd George Nairn-Briggs)* took the Chair at 2.30 p.m.

Diocesan Synod Motion

The Health of the Poor (GS Misc 647)

The Chairman: It is my pleasure to welcome Sir Donald Acheson, former Chief Medical Officer, chairman of the independent inquiry into inequalities in health and Chairman of the International Centre for Health and Security at UCL. He will address the Synod under SO 112.

Sir Donald Acheson: I really am most grateful for the opportunity to come and speak here on this topic. As I was coming up in the train, I was reading the sports supplement of *The Times* which, as you can imagine, was in a fairly gloomy and portentous mood. To my amazement, they quoted Marcel Proust. What he said – and I am so glad he said it, because it made a point for me today – was, ‘Issues only acquire meaning if one cares about them.’

There is a large and growing issue in England concerning inequalities in health. One can prove it by scientific examination of the facts but, unless one cares about it, it is the bare bones of scientific description. I hope that everybody here cares about it, because out of the care must come policies which will reduce inequalities in health.

When we published our report in 1998 the difference in expectation of life at birth between a person in the professional class in our society, such as everyone here is – clergymen, doctors, et cetera – and people who labour for their work was 4.5 years. As I stand here today, for men the figure is 9.5 years; that is to say, a boy born into the professional class will in future in this country, as matters are at the moment, live 9.5 years longer than a person born into a labouring family, whether in the city or in the country. For women there has also been an increase, but it is not quite so dramatic.

It is one thing to be alive, as compared with being dead – we must all, or most of us, be glad to be alive – but with this issue of mortality goes a much bigger in terms of numbers though slightly less important issue of morbidity. Whenever there is a socio-economic gradient in mortality there will also be a gradient in morbidity: people walking about suffering from *angina pectoris*, with chronic bronchitis, with problems with their dentistry, with their sight, with their back and hips – all these issues of disease and morbidity have the same gradient as does the gradient in mortality which I have described to you and which, at the extremes, is a difference of 9.5 years.

Inequality can be measured. Inequity is a philosophical and I suspect also a theological issue. It is a matter about caring and bringing groups, such as the group here, together

to help governments and others produce initiatives which will have the effect of reducing the inequalities that I have mentioned.

The second point I want to make at the outset is that the reduction of inequalities in health requires an effort right across Government. In our report published in 1998, 3 of the 39 areas which we identified for policy development which would reduce inequalities in health were to do with the NHS. When I was a young man, the introduction of the National Health Service was thought to be sufficient to reduce inequalities in health. It has improved health in many ways but in fact, during the period since the war, including the last two or three years, although health has improved on average, the difference between the top and the bottom of the spectrum has increased.

A final main point before I show my slides is that we are dealing with a gradient. There are two models of health and ill-health. One is the poverty model, which suggests that there is a group of people who are in poverty, who are unhealthy, and there is the rest of us. There is another model which shows that, as one goes down the social spectrum from social class I, to social class II, to social class III, to social class IV, to social class V, expectation of life decreases in a gradient. Some of the differences between the first three or four groups are greater than the differences between the bottom part of the spectrum. Inequalities in health affect the whole of society – all of us. Wherever we stand in society, other than at the top – those of us who are fortunate – there is a penalty which we have in relation to the position we are in as we go down the spectrum. Social policies to reduce inequalities in health, therefore, affect not just the Health Department and the National Health Service, but the Treasury, the Education Department, the Environment Department, including public transport, Social Security, including pensions, agriculture and food, just to indicate a few.

(Showing slides) This issue has a long history in England. I will not mention the nineteenth-century pioneers – Joseph Rowntree and various other people who were concerned about poverty and health – but in the present era it emerged again in a letter written to the previous minister for health in the previous Labour Government before the Conservative era with Mrs Thatcher. He wrote this letter – and David Ennals told me that it was the worst day in his life when he wrote it, particularly because it was not a private letter but a letter in a newspaper. He decided that something should be done and what he did was to set up the Black inquiry under the chairmanship of Sir Douglas Black. The Black inquiry did much of the work which we repeated later. It was concluded but, unfortunately for Douglas, as he was about to submit it to the Government there was a general election; another administration, which had not commissioned him, came into being and they did not like the report. They made a mistake, however, which made it famous. The health secretary published 25 copies – or it might have been 100. In other words, it was suppressed. Penguin immediately got hold of it, however, and the Black report is now on the shelves of all schools in this country and throughout the English-speaking world, and is of course a famous report.

I will not go through the various other inquiries that have subsequently taken place, but I jump to the report which bears my own name. I will not bore you with the names, but it was the result of an inquiry by a group of experts. I had the privilege of being the chair. Tessa Jowell, shortly after the general election, asked me to come and see her; she asked me to undertake this inquiry; I got together a clever group of people; we worked hard, and it was published in 1998.

What she forgot to do, which was very fortunate for us, was to tell the Prime Minister. She was very new in office in July 1997. She decided to tell the press that she had asked me to do this and forgot to tell the Prime Minister. Whether he was pleased or furious I do not know, but what he did have to do very quickly was to get one of the people on his own side to ask him a parliamentary question, to which he gave an answer. For us, before we even sat down to do any work, to have on the record the answer he gave was wonderful. Not only did he mention the relationship between health and wealth but, by a miracle – I have to be careful, forgive me! – by an extraordinary chance, he said that these inequalities do matter and that there is no doubt that the published statistics show a link between, not poverty and health but income inequality and health, which is the subtlety. Of course it is true that there is a link between poverty and health but, as I have said before, it is much more than that. The degree of inequality throughout the social spectrum is related to the health of that society, whether in this country or in the different states of the United States, for example. That was a tremendous bonus, for which we had not worked at all.

What were our terms of reference, agreed with the minister? The first was straightforward, brief and to the point. The next was a very long sentence and one which I can only read out, without having to take a breath, on a good day. The reason for that is that it went round Whitehall! We decided to leave out two parts of it in our work: first, affordability, which is nothing to do with scientists; it is to do with politicians, and that is why we elect people to Parliament. They decide what is affordable. We ignored that, therefore. Cost effectiveness would have required not one economist but two economists in our group; in other words, the two who disagree about cost effectiveness would have had to be on the group – or the two schools. It is a very difficult area. I went back to the minister and said, 'Do you want me to do this, because we will need to have some economists?' She immediately said, 'Oh, no! We don't want that. Your group is big enough. We won't worry about that.' So we did not. Affordability and cost effectiveness are therefore not in the report.

One of the people we had to help us was Margaret Whitehead, a lady who has been working on inequalities in health and in society all her career – a most distinguished woman. The quotation on the slide comes from one of her books and it puts the point that I have made before: that if one wants to do anything about inequalities in health, all right, look at the NHS, but it will be one little corner of the whole. The National Health Service is only part of the spectrum. It depends on a number of other things and the general socio-economic, cultural and environmental conditions; social and community networks; individual lifestyle – such things as smoking, alcohol, and so on.

These are important, of course, but they are proximal causes. Why do people smoke? Why are people in bad housing? Why do people drink? Why do they not take exercise? These are not the root causes. The root causes are more indirect. To reduce inequalities in health, therefore, requires an effort of the whole Government right across the board – local government, the voluntary sector, private individuals, and so on.

The next slide is by my daughter Leah, who is ten. I asked her what she thought about the importance of education and health. She has written a very good sentence, all on her own. 'A good education means a good job. A good job means more money. More money means better food and houses, and better houses and food mean more health and strength and happiness. This is what Dennis' – the person who visited the school – 'wants for all the people in South Africa.' That puts it in a nutshell. Improving education is a fundamental part of reducing inequalities in health, particularly in the less well-off parts of our big cities. More money, more grants and smaller classes. We have it the wrong way round. In the poorer areas in this country the classes are bigger. It should be the opposite.

Inequalities go very deep. If, when I started, you had asked me where the crime mostly was, I would have said in places like Mayfair, where it is worth trying to steal the diamonds – the better part of town. Not at all. Whatever you look at in terms of crime, it hits the less well-off more than the better-off. Thefts of vehicles, vandalism, burglary, home vandalism, et cetera – the common crimes all hit the less well-off more than the better-off.

Where do we stand in the great premier league of countries to which we belong? The slide does not show a selective group of countries, except in the sense that these are the only countries in which you can calculate the genie coefficient, which is an algebraic index of inequality, taking into account principally, but not exclusively, the distribution of financial resources. We are in for relegation next season. Would you believe it? I knew that the Scandinavians and the Finns, with their tremendously long history of equitable policies, would beat us. But look at some of the countries in the middle. The only country in a worse place than we are is the United States of America.

The plan of our report had to go right across the board. You will be relieved to hear that I shall speak very briefly about it. We have chapters, each with their recommendations; but that does not deal with some very important personal issues, which do not easily fall into such groupings.

Mothers and families have their own problems, as do adults of working age and as do older people. There are problems between the two genders, and there are problems relating to ethnicity. I will say a word about gender. I had expected that all the problems relating to gender in respect of inequalities in health would be of women having worse health than men in many ways, and more stress in their lives. Of the three big areas, two relate to women: young, poor women with small children; elderly

women living alone. The third is unskilled young men, who today are in a dire state. They have nothing to offer and, we discovered, many of them – although they may have a child or two children – have no expectation of a settled family life, ever.

The next slide shows all causes of mortality by social class, in the 1970s up to the present time, in men aged 20 to 64. You can see that in social class I things have improved markedly; in social class V only slightly and, in between, there is an extraordinary gradient which has actually become steeper.

The next slide shows something even more striking, specifically related to coronary heart disease. Look at what has happened to mortality in social class I as compared with social class V. Again, look at the gradient. There was hardly any gradient in the 1970s; now there is a steep gradient. Inequalities have become steeper, but it is not exclusively to do with those at the bottom of the heap.

The next slide shows that a gradient has appeared in relation to suicide.

Some aspects of inequalities in health are particularly unromantic. If you live where I do, in Hackney, you will see all around you people who have lost all their teeth, and often walking with a stick, because they also have osteoarthritis.

As I said, we had 39 major areas for policy development. There were three which we thought were the most important. First of all, a rather academic-sounding problem: inequalities' impact assessment in terms of policies. What happens is that the policies that are addressed to us – like 'Don't smoke', 'Don't drink more than so many units of alcohol a week', 'Do this', 'Do that' – are taken up to a greater extent as you go up the social spectrum. That means that if you want to reduce inequalities in health you have to frame policies to favour the less well-off. Look at what happened in terms of lung cancer. Social class I, mortality halved; social class V, it did not budge, and in between it did not budge very much. All new policies, all new interventions, all new movements at the parish level, at the regional level, at the area level, must take into account that part of the county or parish where the less well-off are, and extra efforts must be made to get to them.

The second area was the health of families with children. The third area was further steps to reduce income inequalities and to improve the living standards of the least well-off. These were our three priorities.

The next slide shows the prevalence of cigarette-smoking by social class. Many in this room, and myself in particular, have been associated with anti-tobacco movements, trying to encourage people not to take up smoking or, if they do smoke, to reduce it or actually give it up. Look at social class I. You can take it from me that you will not find many doctors who smoke today – and I doubt if there are any clergymen. If you do, you should be ashamed of yourselves! You are showing a bad, lethal example to others less well-off than yourselves.

In the 1960s half of the males in social class I smoked; now it is 10 per cent. In social class V they have reduced from 60 per cent to 40 per cent. Smoking casts its shadow 20 years ahead. Lung cancer, coronary heart disease – long latent periods. This is today, so what will happen to inequalities in health? Look at the women. Poor women living in tower blocks have not yet been able to stop smoking. It has gone down from 45 per cent to 40 per cent in social class V. Again, posh women – from 45 per cent to 10 per cent. That is a social disaster.

That is why we have to do something special about inequalities' impact assessment for our policies. It is no good just advertising. We have to do things to help people stop smoking that are attractive to the less well-off.

The next of our three priorities are mothers with children and families. One of the best-evidenced things to do would be to provide generally, particularly for the less well-off, pre-school education starting at age four. Good, proper care at four, not five. That is very well-evidenced, mostly in Canada and the United States. It has a profound impact in later life.

Health visitors are our key shock troops, particularly in relation to visiting the less well-off regularly in the home for the baby's first two years of life. The mother coming to the clinic does not seem to work nearly so well.

Finally, we found to our amazement that only 40 per cent of pensioners pick up all of their benefits. I am happy to say that the Government has done something about that and has had a big publicity campaign. This is astonishing. It is self-induced poverty – except that you and I know it is not really self-induced. There are all sorts of reasons why people do not want to go to the Social Security office.

The next slide summarizes some of the recommendations that we made in the report. There was a total of 53 recommendations in the 39 areas. One that may strike a chord is the harmonization of concessionary fares to a higher level. We found that concessionary fares on buses and trains vary in different parts of England. In some parts of England, before this report, there were no concessions. Now the Government has decided that there is to be a floor of 50 per cent. There can be better than that in other places, but there will at least be a 50 per cent concession for everyone in all the parishes of England. Those in my group refused to become further involved with more pressure on people to reduce smoking, unless nicotine replacement therapy was recommended to be free on the NHS. I am happy to say that that has been implemented.

That is all I have to say, except to repeat that the reduction of inequalities in health requires the help of everybody in this room and all parts of Government, centrally and locally. The NHS can do its bit, but only a small bit.

The Archdeacon of Buckingham (Ven. David Goldie): I beg to move on behalf of the Oxford Diocesan Synod:

‘That this Synod

- (a) endorse the welcome given by the Oxford Diocesan Synod to the reports of the Acheson inquiry, the Family Budget Unit and the New Policy Unit, together with the theological response by Revd Professor Nicholas Sagovsky of the University of Newcastle on the consequences of health inequalities, poverty and social exclusion; and
- (b) encourage action by all members of the Church to support policies which will improve the health of the poor of the United Kingdom.’

I want to begin by taking you on a journey, a journey along the M40 from Oxford to High Wycombe: a journey by helicopter rather than by car or bus because, just before we get to Stokenchurch, we are going to fly off to the right and go down into the lovely Hambleton Valley. It is a journey you will have done often before, if you have ever watched the opening credits of *The Vicar of Dibley*. We call the village Turville, and the vicar of Dibley – the priest at Turville – was for many years Paul Nicolson, now Chairman of the Zacchaeus 2000 Trust. He is part of my support team this afternoon.

Before he left Turville two years ago, his parting shot was to knock all our heads together in the Oxford Diocesan Synod. He brought to our attention the four pieces of work mentioned in the first part of our motion. Their implications for us seemed so important that we wanted to bring the issues on to the floor of this Synod, and it is really good to be doing that today. We are very grateful to Sir Donald for coming to York this afternoon to present the findings of his inquiry to us. They clearly demonstrate the link between low incomes and ill health.

The report of the Family Budget Unit, with its robust approach to minimum budgets, helps us see in clear detail that if anyone’s income is below what we each need for our nutrition, health and social involvement, the problems just snowball – debt, anxiety, stress, family tension, child abuse, drugs, prostitution. Even if the gap has been closing for families in the last three years, it has not closed, and the needs of many single people and pensioners whose income falls below an acceptable minimum remain very acute.

The New Policy Institute report brought to our attention the four million children living in poverty and the wide geographical variations in health, with obesity, chronic sickness and mental illness all showing significant inequalities between the socio-economic groups. Our background paper *The Health of the Poor* gives some of the detail.

Nicholas Sagovsky’s theological response gathers together strongly the weight of the evidence. It helps us to hear the cry of the poor this afternoon, but it also helps us to

hear the prophetic voice of Jesus preaching good news to the poor and the demands of our righteous God that human needs are met as a matter of justice.

Our motion speaks about the consequences of health inequalities, poverty and social exclusion. These three factors interrelate in complex ways, but simple causal connections between poverty and physical health, as well as social exclusion and mental health, are obvious. Mental health patients say that they have to forego adequate food or decent clothes; they cannot pay bills or afford bus fares; social activities are out of the question. No wonder they feel depressed and degraded. If there is a snowball of despair, however, there can also be a snowball of hope. In parts of America where there have been successful living wage campaigns, the effects have been amazing.

The second part of our motion encourages action by all members of the Church. I would like to suggest four kinds of action. First of all, discover and uncover for others the facts of poverty in Britain today. Did you realize that Britain is considered the 'special case' of the European Union as far as poverty is concerned? Did you realize that our child poverty is the worst in Europe? Did you realize that we have the highest rate of underweight babies in Europe? Did you realize that limiting long-standing disease stood at 17 per cent for professional workers and 48 per cent for unskilled workers?

Second, believe in the poor and in their need for help. All political parties seem to view dependency as bad and responsibility as good; but many poor people are in fact trapped in their poverty and need help to get out of it. As we have seen, they are often too ill to help themselves. Maybe you feel there is room for debate on some of these points. Let us have that debate: here today, in diocesan and deanery synods, in PCCs. We want neither special pleading nor the sweeping of the truth under the carpet by clever defence mechanisms. Let the truth set us free from the poverty of ours which keeps others poor.

The third suggestion is that members of the Church should explore ways of breaking up the causal links between poverty and ill-health and social exclusion. Campaign for a living wage in your area; support your local school; drive an ambulance car; run a 'decent clothes' store; open a nutrition café; join the local housing group; really open your church doors in such a way that the Lord coming in the stranger's guise would feel at home.

The fourth suggestion is to go for the jugular and tackle the problem at its root. The poor suffer ill-health because they are poor, and they are poor because they do not have enough money. What is enough? What is acceptable? What is just? We really need work to be done on that. While there is no agreement about how you measure 'enough', there is a mounting consensus that present levels are significantly not enough. As recently as March of this year, the Social Security Select Committee recommended that the Government should establish a budget to fund research into

minimum income levels and set up a working party to devise publicly acceptable measures of such levels.

We welcome Wendy Kinson's amendment, which makes this key point explicit. We encourage people to sign the petition which is going to both Houses of Parliament in December, and we welcome the Bishop of Coventry's amendment in that regard. That is one way in which everyone can be supporting policies which will improve the health of the poor.

When Jesus preached good news to the poor at the beginning of his ministry he went on to say, 'Today this text has come true.' May that be able to be said of Christ's continuing ministry in his Church – today this text has come true.

The Dean of Newcastle (Very Revd Nicholas Coulton): On Saturday the Chairman welcomed the Provost of Newcastle to break an eleven-year silence. It is clearly not for me, as the newest of the deans, to congratulate the provost on a magnificent speech, but the Synod may want to know that the provost has already, like the Cheshire Cat, faded from this Synod, and that it was very probably the last speech by provosts in this body – the swan-song of the provosts. Some swan! However, I do not think that I can now claim that this is a maiden speech.

May I, as a voice from the north, welcome the initiative of the Oxford Diocesan Synod in bringing this subject on to our agenda? Newcastle University is the location both of Professor Nicholas Sagovsky – whose Low Cost but Just theological response we have – and also of Professor John Veit-Wilson, whose work is quoted both in Professor Sagovsky's response and in the background paper GS Misc 647.

When I was installed in Newcastle eleven years ago, I became ex officio a trustee of the William Moulton non-ecclesiastical charity and, in succession to the previous provost, have been its chair ever since, with a trusteeship of city councillors and others. The Moulton charity arises from the bequest and forethought of William Moulton in the mid-nineteenth century for the poor people of the city of Newcastle upon Tyne. These days it disperses some £35,000 per year. Each month we consider some 25 specific applications, by Social Services, Victim Support, probation, debt counsellors, health visitors, and voluntary agencies like YMCA and Barnardo's. Normally we find ourselves giving £150 for a cooker or a washing machine; £100 for carpets, for school clothing, for the replacement of broken beds or soiled and rotting bedding. Behind those blunt figures, however, lie the detailed stories of the individual cases put forward by the agencies on behalf of their clients. We have to rely on Social Services and the other agencies to have investigated their stories and to take responsibility in seeing that the money is well spent. The 25 or so stories which we read each month are often harrowing in their detail. They starkly confirm the assertion in these reports before Synod. We were receiving nearly 40 cases a month, until we decided that 25 was about the limit that we could sensibly handle, and so it is the first 25 to come in. Many of the applicants have already received the Social Fund loan and

now have to struggle to pay it back. Levels of debt disclosed on our application forms can be considerable. Arrears of rent, electricity, clothing clubs, loans from moneylenders, often reach £1,000 or £2,000. For someone being rehoused in a council flat after a period of homelessness or of living in a council refuge – perhaps because they are escaping a violent partner or because the partner has absconded with most of the furniture – the Social Fund package of £100 or £200 does little to furnish the new flat. Frequently we find a long list of requests, totalling many hundreds of pounds, including the major items of cooker, washing machine, fridge, beds and carpets.

The telephone can be very expensive. Most of us take for granted quick and easy communication on our mobiles. For a young single mother with several young children, trailing them out to a public phone box is no easy option, assuming the phone box is working. If the breakdown of her marriage or partnership has involved violence, she may have had to move some distance from the parental support which used to be just along the street.

Carpets sound like a luxury. Frequently we have cases of little children with eczema. For them to be crawling round on bare boards or lino is undesirable, with dirt getting into the open sores.

The £150 we give for a cooker or washing machine does not go far. When did you last buy one of these and what did a new one cost you? Our £150 is towards a secondhand purchase. In most parts of Newcastle that will just about buy one. You can get them for less, but a bad-quality renovation will only break down quickly. The money will have been wasted and the applicant will be back to square one.

Perhaps you think a washing machine a luxury? Launderettes round the corner can be expensive. So can disposable nappies, especially if there are two or three tiny children in a family. For people coping with huge amounts of washing, perhaps of terry nappies or of soiled bed linen from enuretic children, incontinent old people, or sometimes older children with learning difficulties, washing by hand on a regular basis is not the answer, especially if you are yourself undernourished, have poor hands, are not very well, or perhaps suffer from back strain. Combinations of all these factors are not infrequent.

On page 17 of *Low Cost but Just* Professor Sagovsky inserts a quotation from *Unemployment and the Future of Work* about how much ingenuity it takes to survive the dreariness of life on social security, and the difficulty of meeting all the family's needs – adequate diet, warmth, decent appearance. It is heart-rending to send youngsters off to school without proper uniform or in clothes which smell. It exposes them to ridicule, to embarrassment, sometimes to bullying. It begins a fresh cycle of deprivation. If they are from an ethnic minority family, it will add to the racial harassment which they may already experience.

Many of our applicants are themselves people who have little ingenuity; many have

learning difficulties; poor literacy and numeracy make it difficult to work with official notices and forms; learning to budget is a problem. Large numbers suffer from depression, and no wonder.

The Moulton charity's £35,000 per year does not go far. Because of our limited funds, we have had to set criteria. We say we cannot help with training, or with fridges, except where diabetics need fridges to store their insulin; but most of us take fridges for granted. If you have no fridge, it is less easy to buy and keep good food in quantities that are economical because it will go off, particularly if you live on a housing estate with poor transport at some distance from supermarkets. My trustees would pay tribute to the various social workers and the care most of them take in investigating and completing application forms. When they have so much to do, it must be frustrating for them to be endlessly chasing charities to pay a little for this or for that.

The major charities in Newcastle have collaborated in producing a common application form to meet the criteria of our various schemes, because very often social workers have to send the same application to three or four trusts in order to get all that an applicant needs. By the time each of the trusts has met, the emergency may have advanced some way beyond what the client first presented. That kind of chasing round is nowhere near the meeting of human needs, which Cardinal Hume, in his preface to *The Common Good*, said was required for human dignity. It cannot be said to be acceptable. It is nowhere near just. The whole process prejudices poor health by adding further stress. I urge the Synod overwhelmingly to support the Oxford diocesan motion.

The Bishop of Bath and Wells (Rt Revd Jim Thompson): I am very grateful to the Oxford Diocesan Synod and Nick Sagovsky for stimulating this debate, and for the address we were given at the start of this afternoon.

Looking back on my ministry, I have some very vivid memories. When I see my own grandchildren living in such relative privilege, love and security, all sorts of pictures come back into my mind. I think of receiving Bangladeshi families, evicted in Tower Hamlets for being intentionally homeless, and to see the children come into the church where we were putting them up, with all the marks of a lack of health on them. Or the family who lived on the same floor as we did in Thamesmead, whose children were friends of our children. Their dad was a violent man, in and out of prison; mum just about coped with real poverty. The children were growing up into a distortion of themselves, leading to exclusion from school, to trouble with the law and to an apparently unstoppable, slippery slope. So many children suffer what the Children's Society calls the domino effect. It is the children and young people at risk of multi-deprivation from poverty that the Children's Society tackles with its many projects, on behalf of the Church of England and the Church in Wales.

We are identified as a Christian, social justice, child and young people-centred

organization. I could not help but think, as I read all these papers, that here is an arm of our Church which has been doing these things for years and continues to do them. Projects on failure to thrive; family and parental support; school exclusion; runaways; children in prostitution; children and young people in prison; young people isolated and alienated, and sometimes suicidal; children deprived of support and choice, harmed not only, as we have heard, in health but in education, and in spiritual and physical damage.

The Archdeacon gave us a list of the things we could do when we went home from this debate. One of the things we could do is increase the support for our own Society, which is taking many risks in order to work for a more just society. What happened was that we realized that the ambulance care offered, quite rightly and well, for many years, was not enough. It is not enough to give hand-outs or to be all the time tackling the impossibilities that arise. The important thing is to change the situation and to prevent. Prevention became a key strategy, to work at the social injustice which plays such a devastating part in the breakdown, stress and undernourishment of body, mind and spirit, that poor people put up with.

I believe that we should support a search for a minimum income standard, to support families so that they do not fall below the threshold where good health, social integration and satisfactory standards of child development are at risk. When I look at this work and these children, I always think of that lovely saying that, 'underneath are the everlasting arms'. We should not allow our children to fall so low that there is nothing to help them and when they have only their own little resources to cope with a frightening and desperate world. It is far better, I believe, to develop policies which prevent children and young people being swept along by the flood of multi-deprivation. We have to do that, but it is so important to change society.

The Church, above all, to be true to our Lord should work to influence society in a humane, civilized and Christian way. I do not look now at children and young people as being helpless because, if they are given the encouragement, with their families, they can share and participate in tackling the troubles they are facing. I think that is a very important part of our new work – trying to help children and their parents to see that there is a way through, if they get the right sort of support. It is not only a matter of money, although that is very important; it is a matter of self-confidence and self-belief, which gives people the energy to tackle what needs to be tackled.

In these last few months of my time as Chairman of the Children's Society I make a plea that our Church would love that Society and would see that it is doing a great deal of very important work for us as a Church, and that in one sense we have an arm there which is attempting to be prophetic in its care for those who fall beneath the everlasting arms.

The Chairman imposed a speech limit of five minutes.

Mrs Bridget Langstaff (Birmingham): I speak as a member of the Board for Social Responsibility and as a community nurse with many years' experience of working among poor and deprived people, mostly in inner-city Birmingham, and I currently work with homeless people. I would applaud the contributions of the speakers we have heard so far, especially the first speaker, who gave us a clear picture of the reality of what it is to be poor.

It is a shocking fact that the inequalities in health between the richest and the poorest in this country have grown. Health and life expectancy for the country overall has improved, but the health of the rich has improved much more quickly than that of the poor, thus widening the gap. We are looking at health this afternoon. There is no time here for long definitions, but we need to remember that health has physical, mental, social and spiritual components. What we loosely refer to as 'health' is a combination of objective measurement, mortality and morbidity, and individual perception: how healthy you feel you are. The lower down the socio-economic ladder you are, the more unhealthy you are, and the more unhealthy you feel.

Some of the major factors which affect health and illness, as we have already heard from Sir Donald, are housing, nutrition, education, smoking, drinking, access to health care, and psychological factors like stress and self-esteem. It does not take a very clever person to work out why poor people are unhealthy. Poor people are found in the worst-quality accommodation, which they cannot always afford to keep clean, warm and dry. Poor people's diets seldom live up to the pretty pictures that you see on health promotion leaflets. These are usually a riot of grapes, celery, raw carrots and lentils. While this may be in small part because they do not know or do not like what is healthy, it is in far larger part because buying the ingredients for a healthy diet, with its recommended five portions of fresh fruit and vegetables a day, is not possible when you get only £52 a week income support to keep you going. Nutrition is vital – pre-conceptually, during pregnancy, in childhood and beyond. If you are hungry, however, you go for carbohydrates and fat, a combination usually known as chips!

Smoking directly damages health but it is, as Sir Donald reminded us, the most affluent who have stopped smoking over the past few decades. Over 95 per cent of my patients smoke, and they are aware of the dangers; but they, and many other disadvantaged people, use it as a coping behaviour: something to stop them hitting the kids, something to keep them sane. It is one of the few comforts they can afford. It is very difficult – and I very seldom do it – to say to someone who has nothing in their life, 'You really ought to give up smoking.' On a slightly more optimistic note, nicotine replacement is now available on the NHS and can even be prescribed by nurses like me.

Access to health care is important. The Acheson inquiry found that the inverse care law still applies. This term was first coined in 1971 by a Welsh GP, Dr Tudor-Hart, and in essence says that affluent middle-class people have better access to better health care and use services correspondingly more than the poor people with the greatest need.

Inner-city health services in our country are still insufficient for the needs of that population.

Psycho-social factors are much more difficult to measure than deaths from lung cancer or immunization; but factors such as stress and self-esteem have a profound influence on health. If you have some element of control over your own life, if you believe you are worth something to somebody, and you have something to live for, then you are more likely to be healthy and to take steps to look after yourself. What can we do? I am aware of those wise words we heard earlier – that decisions taken at a great height may have little or no material effect on the people out there. Any debate is good, however. We have a lifelong commitment as a Church to the poor, and Christians are involved. They are involved in housing, in education, in health, in Government, in the media, in business – and in the Church. We influence policy; we make decisions; we can be innovators. There is therefore a lot we can do. In small ways and big, we can make a difference – we must.

Revd Hugh Davidson (Ecumenical Representatives, Church of Scotland): Hailing as I do from the country which gave the world the deep-fried Mars bar, you may doubt the propriety of my speaking at all in a debate on the health of anyone! I was particularly interested, however, in the paper on the health of the poor because in Scotland we have pockets of poverty which, by some accounts, are amongst the worst in Europe, and we certainly have categories of ill-health which are *the* worst in Europe, if not in the world.

Against that background, the General Assembly of my Church last year received a report on the subject of minimum income, which included data from the Family Budget Unit very similar to that in the paper produced for this report. As part of the consequences of that debate, the General Assembly urged the Government to take account of the minimum level of income necessary for the maintenance of good health and to cover essential needs, including the need to participate fully in society in determining levels of pensions and benefits and of the national minimum wage. The General Assembly also called on parishes throughout Scotland to study and reflect on that report and I know that that, in many cases, has been a real eye-opener to people on the conditions faced by those who are unemployed and those who are employed on very low wages.

I was particularly interested to see that GS Misc 647 included a reference to a social inclusion partnership in Lanarkshire, because at this year's General Assembly we had a fairly detailed report on the working of SIPs, containing a sample of three which had been examined quite closely. While the authors of the report were not slow to commend the energy, imagination and commitment of many of the people involved in these partnerships, they were distinctly disappointed by the short-term nature of the funding provided for them and the limited budgets on which they have to try to operate.

Underlying the clear misgivings about the long-term efficacy of ventures like those,

there is a real, and I think growing, anxiety that in Government circles, both in London and in Edinburgh, the dominant vision emerging of the country's future seems to be one which includes acquiescence in the widening gap between the rich and the poor in our country, albeit with a safety net for the worst casualties, and a growing sense that a society like that cannot really be reckoned anything other than a sick society. I myself find it quite impossible to escape the conviction that ultimately the only way in which we can safeguard the personal health of the poor is to make the society in which we all live a significantly healthier social organism than it currently is, or that it seems set to become.

Miss Prudence Dailey (Oxford): Members of Synod may wonder whether, in proposing an amendment to a motion from my own diocese, I am living up to the name of Prudence, which my parents so rashly gave me. I should say that I was not a member of the Oxford Diocesan Synod at the time that this motion went through.

Sir Donald Acheson has explained very eloquently this morning the links between poverty and ill-health. I think that the point is well made, that in order to tackle the health of the poor we have to address the issue of poverty itself. I am not happy, however, with the implication that the primary way to deal with poverty is through increasing social security benefits, and that implication does come across very strongly in the report *Low Cost but Just*, and also in the background report GS Misc 647, to which I now turn.

On page 9 of the report, the paragraph headed 'The debate about dependency' equates dependency on social security benefits with the Christian understanding of interdependence between people. In reality, however, sometimes social security and welfare benefits can undermine that sense of personal interdependence by creating a culture where people believe that they no longer have to take total responsibility for their families and neighbours, because the State will take that responsibility for them. A clear example of this is in our attitude to elderly people. Where once people would automatically have looked after their elderly relations personally, there is now a growing expectation that the Social Services department will do it for them.

The other problem, as I see it, with the background report is that it tends to lump poor people together, as a problem which can be solved through a State hand-out. In so doing, it fails to address the underlying causes of poverty. The reality is that poor people are individuals, who generally find themselves in poverty because something has gone tragically wrong in their lives. It may, for example, be the loss of a job, or family breakdown, or educational problems, or single parenthood.

I do not believe that any Government policy can ever entirely abolish poverty. The poor will indeed always be with us. Nonetheless, there is much that the statutory authorities can do and those are policies that I would wish most wholeheartedly to endorse. A very good example of this is some pioneering work that is being carried out by Kent County Council. That is outlined in the pamphlet, *The Kent Agreement*, which

is helpfully subtitled 'Reducing dependency; increasing employment and fulfilment'. They are aiming, through a multi-agency approach, to work intensively with vulnerable people, to try to help them avoid getting into poverty in the first place and to help them out of their poverty, with the aim of enabling them to lead happier and more fulfilled lives. They are hoping to achieve a measurable reduction in the cost of welfare benefits in Kent by reducing the need for those benefits.

As the leader of Kent County Council said, 'It is far easier for powerful people to give the poor money than to give them real help to get out of their poverty.' That is the thrust of my amendment, and I hope that this Synod will support it.

Dr John Beal (Ripon and Leeds): As an NHS public health dentist and as treasurer of the UK Public Health Association, I would first of all thank the Diocese of Oxford for bringing this very important matter to General Synod, and Sir Donald for his presentation. He has shown very clearly how the gap between rich and poor has been widening over the years.

In relation to my own field of oral health, he has already shown one slide illustrating the gap between the rich and the poor. Five-year-old children in Manchester have four times as much tooth decay as those in Essex. That is not just a matter of rotten teeth, because children are attached to those teeth. It means more toothache; it means more visits to the dentist to have those teeth extracted, often under a general anaesthetic with the attendant risks.

My amendment does not negate the motion in any way. Rather, it seeks to build on it in the way outlined in the briefing paper GS Misc 647 and also as outlined by Sir Donald. First, I think it is worth recognizing that the present Government has set out its intentions to address inequalities in health. It did not just publish 25 copies of the White Paper, *Saving Lives: Our Healthier Nation*. The Government published an action plan, not only to improve health generally but also specifically to improve the health of the most disadvantaged sections of the community.

In a recent editorial in the *British Medical Journal* it was pointed out that Britain has three million children living in poverty: a higher proportion than any other developed country apart from the United States of America. When the Government came to power, the editorial states, there were four million children living in poverty. You may, as I do, feel that the Government has not done enough and has not acted quickly enough; but we should welcome its commitment to address the problems of poverty and health, and press it to do more.

Ensuring that everyone in our society has enough to live on is important. Indeed, it is essential to improve health and there I support the thrust of the main motion. As Sir Donald has said, however, we need to address the other health determinants, such as poor education, poor housing, poor public transport, high unemployment – all of which link poverty to poor health. Putting money into people's pockets is not

sufficient by itself. We need to address these structural factors. That first means the Government putting into practice what it has promised, namely joined-up thinking. It means Government departments working together and producing health inequalities' impact statements, so that they produce policies which do reduce inequalities.

Taking an example from my own specialty, two of Sir Donald's slides referred to water fluoridation. It really is a scandal that there are now over 50 health authorities which have been through a period of public consultation on water fluoridation, have asked the water companies to implement it and yet that has been vetoed by the boards of private companies, meeting behind closed doors. The Government needs to take some action and work with the water industry to ensure that they do not block public health policy.

It is not just the Government, however, which needs to take action. It needs to develop partnerships with other sectors; it needs to encourage inter-sectoral working. On pages 9 and 10 of GS Misc 647, as we have just heard, the importance of social inclusion partnerships is recognized. My amendment specifies the need for the Government not only to take action itself to improve health, but to work with local authorities; to work with the National Health Service in the form of primary care trusts, and to work with others such as the voluntary sector and commercial organizations in order to address these other determinants of health. It is only through a broad, co-ordinated and cohesive programme that we will truly be able to improve the health of the poorest sections of our community.

Mrs Wendy Kinson (Lichfield): My amendment points towards what could be called financial ill-health – or debt. We have already heard quite a lot about debt in this session. However, this is not debt owing to the World Bank or to the IMF from the Third World that I want to talk about, but personal debts owed by poor families in this country. Debts to credit companies, to banks and to utility companies. This was touched on in the ethical investments debate on Friday. These are debts that already exist, which are making the poor in our society even poorer. In fact, we heard this morning that the clergy are also affected by debt: that 32 per cent of the clergy have had debt problems. Perhaps, therefore, I can hope for 32 per cent support from at least one house here, or perhaps even two houses!

The wording of my amendment is from Nicholas Sagovsky's *Low Cost but Just* report. It is on page 21, paragraph 6.6. It advocates the minimum income standard, about which we have already heard this afternoon: a minimum income standard that would help eradicate the scourge of debt.

For some years I have been involved with the Citizens' Advice Bureau. I can all too easily translate the figures and statistics given in our background papers into real people, sitting in front of me, usually clutching a Tesco bag full of brown envelopes that they are afraid to open. 'Will you open them for me?', they quite often say.

All too often poor health and debt are linked. A spell of health problems can lead to

loss of earnings for the self-employed, and the subsequent worry can lead to depression or stress-related illnesses. For those who already have delicately balanced finances, the strain of finding money for extra child care, or even taxi fares to go to hospital appointments or hospital treatment, can tip a family into the downward spiral of debt.

Debt is caused by people not having enough money to live on; outgoings are more than incomings. It is very easy to get into debt and a long, painful process to claw your way out of it. You will remember Mr Micawber – I shall not quote it because it is too long, but look it up in *David Copperfield*. The figures have gone up a bit since Dickens's time. There is now £3 million worth of debt in this country and the Government report on debt still has not surfaced, despite being promised last autumn.

We already have a minimum wage, and that is due to increase in October to £4.10 an hour to those over 21. However, even if it were to go up to the £6.30 an hour that the FBU feels would be realistic to relieve poverty, a minimum wage is no use to the poorest in society: the unwaged, those who are totally reliant on benefits. The minimum income standard proposed in my amendment would include income from benefits. At the moment there is no link at all between the minimum wage and benefit levels. The levels are meagre enough but, remember, they can be further reduced by deduction at source. The Dean of Newcastle has already referred to this. If there has been a loan from the Social Fund, then that has to be repaid. The Social Fund used to give grants; now it gives loans, and those loans need to be repaid.

I hope that we will welcome this motion and I trust that we will all support policies which will improve the health of the poor. My amendment seeks to broaden the original motion a little and hopefully also sharpen it up. I want to ask the Government to do something as well as our doing something. At least if we carry this motion, a copy will go to the relevant Government departments and I would hope that, if this is the case, it will not only go to the Health Department but also to the Department of Social Security. It will give the signal that the eradication of poverty and debt in this country is a concern of the General Synod.

In the debates on globalization and Third World debt we heard a lot about means and ends. You could say that my amendment is having the means to make ends meet. I end by quoting something Robert Runcie said at the General Synod in 1975. I found it in the globalization booklet, which at least shows that I have read it!

If we are to act effectively, we must show our concern practically, not only by personal sacrifice and giving ... but by encouraging the Government to work for change which we believe to be right.

I hope that what I am proposing will encourage the Government to work for change, a change for the better in the lives of the poor, and therefore I ask you to support my amendment.

The Bishop of Coventry (Rt Revd Colin Bennetts): I detect within myself a certain ambivalence towards petitions. When I am accosted in the street and asked to put my signature to something, I tend to think that it is either a very trivial cause that I am being asked to support or, if it is not trivial, that my signature will have very little effect in the outcome of this particular campaign.

On the other hand, when I receive a petition I am often very moved by it. I have received two in recent months. One was from a group of parishioners asking for the canonization of their vicar. The second was from another group of parishioners asking for the removal of their cantankerous vicar. I have to confess that I had sympathy with both because both knew what they were talking about.

The effect of my amendment is to ask General Synod not simply to agree in broad terms to the motion before us today – in other words, not simply to nod wisely and say, ‘Yes, it’s a good idea’ – but to be prepared to take it just that one stage further. I believe that, in asking you to be involved in this petition, it is taking the debate out of this chamber and into the mainstream life of our Churches, in a way which I believe could have a significant impact upon the action of Her Majesty’s Government.

This is not something that I am inviting you to do in isolation. I have before me a list of 39 national organizations and bodies, all of which have indicated their support for the general drift of the motion before us today. They include bodies like Barnardo’s, the British Medical Association, Help the Aged, the National Pensioners Convention, the NSPCC, the Trades Union Congress, the United Kingdom Public Health Association, and many others. If you add to that the more specific religious bodies that have also given their support to this motion, or something very similar to it, we have the General Assembly of the Church of Scotland, the Social Welfare Committee of the Catholic Bishops Conference, Church Action on Poverty, and the Methodist Conference which, just two weeks ago, agreed to distribute some 7,000 copies of the petition drawn up by the Zacchaeus 2000 Trust. We are not alone in this, therefore.

If petitions are to work, they obviously need a huge number of signatories. I believe there comes a point in a campaign where a critical mass is reached and, when that critical mass is reached, something does then happen. I do not claim that my amendment adds any real substance to the motion before us today, but I do trust that it might give wings to that motion and take it beyond the confines of this debate.

Professor Raman Bedi (St Albans): I support this motion and wish to add a further dimension to the background papers and to what the speakers have said. That is the issue of tobacco advertising.

Like many speakers, I am not sure what I will do on Wednesday morning but my wish, after this talk, is to encourage our members who sit in the House of Lords to do some very specific activity later this week. I suppose it could only be a member of the House

of Laity who could encourage our bishops to do a specific action, without jeopardizing career prospects!

Smoking is the largest contributor to health inequality, by some distance. The average American state spends about £2.25 per capita on tobacco control. In England we spend approximately 29 pence per capita on our education programme. I speak as a director of a WHO collaborating centre. I have authored two national training manuals on tobacco control for disadvantaged and minority ethnic communities. According to my eleven-year-old son, within the past five weeks alone I have travelled over 40,000 miles, visited five countries and three continents, to help incorporate tobacco control policies for rural and disadvantaged children. In all of this, however, far more would be achieved if we implemented a tobacco advertising ban in this country and elsewhere.

The Tobacco Advertising and Promotion Bill has popular support. It has already passed key stages in both Houses in the life of the last Parliament. However, I, like many others, cannot understand why, in the Queen's Speech, the present Government failed to highlight this as a priority for this next term of Parliament. Already there is anger as to why this should have occurred, since it was in the Government manifesto of 1997 and that of 2001. By the Government's own estimates, banning all tobacco advertising reduces consumption by 2.5 per cent and prevents premature death of approximately 3,000 lives per year. In the four countries that have banned tobacco advertising – Norway, Finland, New Zealand and France – per capita consumption of cigarettes has dropped between 14 to 37 per cent. Tobacco advertising encourages people both to start and to continue smoking. It is hardly surprising that children do not buy the cheapest brands but buy the trendiest or the most heavily advertised brands.

In conclusion, there is already an early-day motion in the Houses of Parliament, signed by 54 MPs, to reintroduce this Bill. This week we may well see activity in the Upper House to reintroduce it. Can I commend our members in the House of Lords to support these activities, as an appropriate response to item (b) of this Synod motion?

Mrs Jane Pitts (Liverpool): I too have, until recently, been a CAB adviser. In support of this motion, I would draw the Synod's attention to a report published last week by the National Association of Citizens' Advice Bureaux, known to its friends as NACAB, called *Unhealthy Charges*. NACAB is homing in on helping people in the short term. This is a small window in life on low incomes or benefits.

The report is the result of evidence collected from all over the country between February 1999 and April 2001, and also the result of a survey carried out in November 2000. It details how prescription charges at £6.10 each, dental charges at 80 per cent of the total cost, the high price of glasses, and the complexity of reimbursement for travel costs to hospitals, bears very heavily on those near the bottom of the pile in our society, who earn sometimes just a few pence above income support level, which is inadequate anyway, where these charges are remitted.

What about this for a true story from West Yorkshire? A CAB reported a client who had been in receipt of income-based job seekers' allowance, and therefore exempt from prescription charges. However, he then became ill and transferred on to incapacity benefit, thus losing his entitlement to free prescriptions. He suffered from breathing difficulties and had been given a prescription for four urgent items. As his weekly income was £50.90, he was unable to afford the £24 required and commented to a CAB adviser that he saw fraud as his only option.

NACAB recommends a fundamental review of charges and thinks that there is a strong case for abolishing all of them. If they remain, however, help should be extended to people above the exempt level. This could be accomplished by pricing the little-known prepayment certificate on a sliding scale, which certificate costs £87.60 per year up-front and could be much better promoted and sold in monthly instalments, like a TV licence. There should be significant reduction in the maximum dental charge. Glasses should be obtainable within the value of NHS vouchers. This is not the case at present, of course, where there is a considerable shortfall. The hospital travel scheme should be extended and simplified.

My other example of outright injustice which these NACAB recommendations would put right is from a CAB in Northumberland. A client with severe mental problems required three prescription items per month to control his condition, but his incapacity benefit left him with the princely sum of 5p per week above the level at which he could be entitled to free prescriptions. He could not afford the £18 per month bill and therefore went without his drugs.

We are still a long way from the stated aim of the *NHS Plan* in July 2000, of providing a universal service based on clinical need and not ability to pay. 'Ha, ha', we say cynically in *Bridget Jones* mode.

The General Synod must keep urging the Government to deliver on its latest undertaking, uttered by Alan Milburn in a speech on 28 February this year, to make 'the biggest assault our country has ever seen on health disadvantage; to tackle health inequalities by improving the health of our nation overall, and deliberately and determinedly raising the health of the poorest fastest'.

The Bishop of Aston (Rt Revd John Austin): I too welcome the initiative of the Oxford Diocese in sharing its thinking with us and bringing forward their experience, and particularly calling attention to the various reports. I also wish to thank Sir Donald Acheson for laying bare the inequalities in health and the range of what that really means.

What I really wanted to do, however, was to itemize three things of which we need to be aware in thinking about the political environment in which our debate is now taking place. The first is that raising benefit levels to that suggested by the Family Budget Unit, to the low cost but acceptable level which would enable basic needs to be

met, requires policies that are unequivocally redistributive, and such policies are contrary to the prevailing ideologies of the two major parties. Redistribution is not really on our political agenda, and we need to make it so.

Second, and here I was very grateful for the presentation from Sir Donald Acheson, addressing inequalities in health clearly cannot be separated from the powerful generating inequalities within society as a whole. As our debate on *Development Matters* drew out, globalization and consumer capitalism generate enormous inequalities everywhere, including here in Britain and indeed all the more developed and wealthier nations.

We shall not address health inequalities successfully unless we are addressing inequality in our society as a whole. Social inclusion, equality of opportunity, education for playing our part in the market place, are not enough by themselves. Being serious about inequality, however, is not on the political agenda of either of the two major political parties at the moment. We need to be serious and recognize the context of our debate, and the struggle that will be involved if we are to have an impact.

Third, addressing these two issues – that is, redistribution and inequality – cannot be addressed without committing ourselves to raising income tax. We have to counter the prevailing view that income tax is a limitation of my freedom, but we need to encourage the view that it is an important way in which I acknowledge the bonds of solidarity with my fellow citizens. We are therefore setting our face against the prevailing economic orthodoxies of the Government and of the major Opposition party.

In supporting this motion, as I hope we all will, we need to be clear that we are asking for policies that are unequivocally redistributive, serious about addressing the issue of inequality, and requiring raising income tax. Such policies go against the prevailing wisdoms, but are all of a piece with our commitment to the common good and to a just and sustainable world order, that we voted on in *Development Matters*.

Revd David Griffiths (Manchester): One of the nuggets of John Barton's excellent exposition on Saturday morning was the temptation to think that by talking about the problems we have somehow solved them. I therefore want to focus particularly on ways in which we can encourage action and policies by all members of the Church to improve the health of the poor.

My wife was a health visitor, now a public health practitioner, working on a council housing estate in Bolton. One of the things that she tells me is that among the developed countries it is not the richest societies that have the best health but those that have the smallest income differences between rich and poor. That links with the situation of the estate on which she works, the Johnson Fold estate, which is sandwiched between my rather affluent parish, which struggles to pay a parish share of £90,000 a year, and the parish of which it is a part which pays a parish share of

£124,000; that is to help to support the church on the Johnson Fold estate, St Andrew's.

Johnson Fold estate is recognized as an area of deprivation. Seventy-six per cent of houses fall within the worst 30 per cent of all English districts. It was started in the 1930s and now has a population of about 3,000. It is too small, however, to qualify for Government *Sure Start* money. Unemployment is 26 per cent. That is more than twice the Bolton average. There is a higher rate of chronic heart disease, breast cancer and other forms of cancer, and mental illness than certainly exists in my parish. Domestic violence, drug abuse and crime are high, but meanwhile the primary school has the lowest SATs rates in the borough. There is no child health clinic or doctor on the estate. Elderly patients who need routine health checks have difficulty in getting to the medical centres for their appointments. So far we have seen nothing of the race conflicts of other northern towns but, with a high Asian population in Bolton, I wonder how long it will be before the BNP will be on Johnson Fold estate?

There has been a recognition over some time of the part played in health improvement by social fabric and cohesion. One of the things that has been happening in the St Andrew's parish – which lacks the money urgently needed for redevelopment there – along with the Roman Catholic Church, is work to support the local residents' association, which was one of the first in Bolton, as was the food co-op and the credit union. (Inadequate incomes, as we have heard, are the direct cause of debt.) In both of these the local Church was and is instrumental. The Church supports a full-time community worker who, like the parson, lives on the estate, is involved in youth and community activities in the church and in the school – such as the breakfast clubs which involve local mums and dads and which my wife organizes. Lots of children would otherwise go to school with no breakfast. They are unfamiliar with teeth-cleaning and, for very many of them, a toothbrush is something they have not seen before. I could go on.

The majority of us cannot enjoy God's generous provision and share in his kingdom, oblivious to the problems, the injustices of poverty and poor public health that exist in our society. I believe that they affect the quality of life of all of us.

On Sunday we sang the hymn 'Go forth and tell'. I think that we are called to go forth and tell, to share God's gifts and to let no one be denied.

Sister Mary Angela (Religious Communities, Canterbury): I would like to focus on an area that has not had much mention, and that is the plight of the homeless. Some 25 years ago I was responsible for setting up a peculiar general practice for the occupants of the men's lodging house in Aberdeen, also including occupants of the Cyrenian shelter and those who had no shelter. Those who came to the practice fell into four categories: those who were looking for work; those who had work but wanted cheap accommodation; pensioners; and those who were unemployable.

I found that the population of the unemployable was mostly what we used to call the tramps, the gentlemen of the road. Most of them had problems with alcohol abuse. At that time 'black gold', namely oil, was coming to the fore and many were coming to Aberdeen to look for work. However, many of those who were amongst the homeless were beginning to be of the younger age group – but not so many.

We can fly through the 25 years and go to what many consider to be a posh area of the country – Hove – where the monastery to which I now belong is situated. Our monastery, however, is in an urban priority area. St Patrick's Church has for many years run a night shelter, which began in the monastery library. They have now converted the church. Half of it is a hostel for the homeless and there is also a night shelter. This mid-nineteenth-century Victorian church was so large that there is still a sizeable church.

I am no longer involved in medical work, but I have observed that the population is very different from that for which I cared. There are so many young homeless now, and they are so lost. I find that many of them who come and knock on the monastery door are from broken families. They just want someone to love them; someone to care for them; someone to listen to them. This brings me to my main point, which has been alluded to but needs fleshing out somewhat.

Perhaps the most important need that we must address is that of spiritual poverty. There is a great lack of knowledge of our dear Lord and Saviour Jesus Christ. There is a great searching for a spirituality of some sort. You just need to look at the growth of all of these different sects and spiritualities – and if you come to Brighton, you can find one on almost every street corner! We need to help these people to come to know Jesus.

Something which amazed me from my first entry into religious life was how the wayfarers always seem to know where convents and religious houses are. They are searching, and it is up to us in the Church to open our doors wide, and our hearts, to show them the love of Jesus.

Mrs Ruth Dunnett (Chichester): I feel sure that I am not the only member of Synod who is ashamed to be part of a democracy that still places 'political expediency' ahead of real need, and I know that we will all be in agreement that we must press for there to be change; but I wanted to pick up on something that is in the conclusion of the Oxford Diocese's background paper, where it highlights the role of social inclusion partnerships.

Many members of Synod will be aware of how quickly political and policy agendas develop. This is no less true in the areas of social exclusion and the health of the poor. In the past few months the Government have launched overarching local strategic partnerships aimed at drawing together the numerous other policy areas that impact on the exclusion of individuals: crime, health, regeneration, to name but three. There

are two pieces of information that we must not ignore. First, the Government are starting to bring together and target the key agencies to work together to build the capacity at local level to tackle social exclusion in the 20 per cent most deprived wards. The regional development agencies will focus on economic inclusion and local authorities will focus on social, crime and health issues. Miss Dailey brought to our attention the initiative established in Kent. Second, and possibly most important of what I want to say, in the guidance for the creation of local strategic partnerships the Government clearly identify the faith communities as key partners.

It is imperative that we take up this opportunity of having an active role in shaping the future of our communities. In each diocese we must ensure that our social responsibility officers establish the appropriate contacts with the local authorities. Where local political opinion is not encouraging faith involvement, we should be sure to press our case with the regional government offices, who have the responsibility for accrediting the local strategic partnerships. Make no mistake: this is an opportunity not to be lost. The provision of central and regional government funding will become increasingly dependent on there being a local strategic partnership, and we therefore must be part of them. We must ensure that we walk through this open door to forward our mission of justice to the poor and to serve our neighbours as unto Christ.

Prebendary Sam Philpott (Exeter): Some years ago, when *Faith in the City* was first produced, I went round the Diocese of Exeter trying to raise money for the Church Urban Fund, and that was quite a successful event both within my own diocese and beyond. I was not the only one who did it. I still feel a little ashamed even today that I went round peddling second-hand stories, telling the stories of other people to the folk of our diocese. It is a matter of shame for us here that there is no voice of someone who is poor. Before we start lecturing or even supporting policies for social inclusion elsewhere, we as a Church need to look at how we actually include people in the life (and that includes the decision-making bodies) of this Church.

If I could speak for a poor person – and Helder Camara said, ‘I’ll believe you’re on the side of the poor when you’ve got friends among the poor’; we should not deal with the poor at a distance but should get alongside and hear and listen and understand and allow them to speak for themselves – one of my folk would want to say to this Synod, ‘It is still true that we are three times more likely to die prematurely than those who live in the affluent leafy suburbs of Plymouth. It is the cause of our deaths that has changed.’

Life for the poor in my particular parish – and I cover part of a ward which was described by Government statistics as being the nineteenth most deprived in England, even though it is in holiday Plymouth by the seaside – is pretty tough. I want to say to Miss Dailey that people do not choose poverty; there are many people who are born into poverty, and lots of the things that we have been discussing are about dealing with the poverty which now exists. What I am really interested in, however, and what my

whole ministry in that parish – I have been there for 24 years – has been concerned with is how you actually break the cycle of poverty, how you actually stop the next generation from following their parents and grandparents on this treadmill of poverty, of being excluded, of being left out and overlooked.

Sir Donald gave us one little glimpse of that solution when he talked about class sizes. It has always amazed me that in the inner city we still have classes of 30–40 and beyond, when those in social class I, those who are the healthiest among us, those who make the decisions because they are the leaders of our society, pay vast fees in order to send their children to schools where classes are of 15. I speak with some passion about that because I was born into a family of nine. My parents were poor. The reason I became a priest is because I had the opportunity of an education that happened to be free. That was my journey out of the cycle of poverty in which my parents lived all their lives and in which they died.

If we are going to press for anything we should be pressing for money to go into education for poor people, to ensure that they have a better advantage than those of us who can claim our place, and in order that one day they may stand among us and speak for themselves.

Mrs Mary Judkins (Wakefield): I want to build on what was said by the speaker from Bolton, Sister Mary Angela and the previous speaker. I have three reasons for speaking. One is that I am the wife of a doctor. He happens to be medical director of a trust; he is also an anaesthetist and, although in class I, they have the highest rate of suicide (and it is not because he is married to me!). He is also a burns expert. His hospital runs a burns camp, and staff and wives, husbands, boyfriends, take time off to take children to camp. I went on my first one in May. Most of the children who go have been burned because they have been brought up in poor families. There were children of seven who had been burned when they were three. They are suffering emotional isolation; they are suffering from poor education. These camps are the only time they can talk openly about how they feel.

Some of these staff, especially my husband, and other Christian doctors, nurses, paramedics, ward cleaners, need our recognition and our affirmation and our prayers. They are in their own ministry and too often they get into trouble for not going to church on Sunday because they are too busy.

Second, I am a teacher (when I can fit it in) and I work in an inner city school in Leeds. We have had one child of eleven who has been excluded. He comes just in the mornings and works with one special needs assistant. His trouble started this year because when he got to year six and realized that he had to face SATs, he could not cope. He comes from an estate. There are drug-dealers in his family, but at school we try and make his life bearable. So when I did my last trip to the States, not only did I bring back the special needs assistant a present; I brought him back a present as well and he was absolutely over the moon. The special needs assistant spends her own

money on things for him. He has not sat SATs and I dread to think what will happen to him when he goes to high school in September.

So again our teachers, our classroom assistants, our nursery nurses, need our recognition, our affirmation and our prayers. They are working desperately hard against poor resources.

Finally I want to ask a question. We have been asked for action to encourage our Church members to support policies. There is more to it than supporting policies. We have to walk alongside these folk. We have got to do it ourselves, one to one, not in a group, not in a housing association, not in a community shop. It may not be pleasant. It may mean washing the hair of somebody who has not washed it for months. It may mean sitting opposite somebody who really smells. They may be in our church refectory. You may have to listen to them phoning you night after night. Yet too often we are like the people in the story of the Good Samaritan, and we walk by on the other side.

Some members may have read this morning that ‘faith means following God to the very edge, knowing that when you do he will either put solid rock under your feet or he will teach you to fly.’ From our worship this morning we heard that God is a God of miracles. So with the Church’s vision – new world, new mission – let us be radical. Spell it out for us. Tell us what to do. Take our ideas and our vision so that we can engage with this world, so that we can serve our communities, towards the ideal of Acts 4.34, where no one is needy. God is a God of miracles, but we have to do our part.

Miss Prudence Dailey (Oxford): I beg to move as an amendment:

‘After the words “this Synod” *insert* the words “, while recognizing that welfare benefits cannot provide the ultimate solution to poverty and associated ill-health,”.’

The Archdeacon of Buckingham: There was much that Prudence said that rang good bells, giving people real help out of poverty; I think that that is what we are all wanting. I like the idea of work for those who can, and security for those who cannot. We are concerned about the minimum wage as well as benefit levels in all this. We have heard in a really good debate that the situation is very complex, and it is perhaps not good to come away with any kind of simple solution. I think that our preference would be not to go with Prudence Dailey’s amendment but instead to wait for John Beal’s amendment because that reflects, in a way that we are comfortable with, the complexity of the situation.

We want to make sure that the key step which we believe is now ready to be taken is the removal of the scandal of benefit levels which bring ill-health, and minimum wage levels which bring ill-health. It seems no benefit to give someone ill-health, by the way

in which what they are given does not at all relate to need. I feel that if we go with Prudence we will weaken the thrust of that feeling.

Mr John Freeman (Chester): On a point of order, Mr Chairman. I beg to move:

‘That the question be now put.’

This motion was put and carried.

The amendment was put and lost.

Dr John Beal (Ripon and Leeds): I beg to move as an amendment:

‘After paragraph (a) *insert* as a new paragraph:

“(b) welcome the Government’s White Paper *Saving Lives: Our Healthier Nation* – an action plan to tackle poor health by improving the health of everyone and the health of the worst off in particular – and call upon Her Majesty’s Government to further develop partnerships with local authorities, primary care trusts and others to tackle poor health, poverty and social exclusion.”.’

The Archdeacon of Buckingham: I am glad to take this opportunity to welcome what the Government have been doing and are set to do. I welcome, for example, the Prime Minister’s commitment to end child poverty – that is very important; the introduction of the minimum wage, working family tax credit and so on. I welcome very much the White Paper *Our Healthier Nation*. I welcome Alan Milburn’s acknowledgement of health inequalities and his determination to raise the health of the poorest fastest. I recognize the importance in all this of these partnerships with local authorities and primary care trusts, in linking and making the connections between housing and schooling and pollution and heart disease and cancer, and I am really pleased that Ruth Dunnett spoke about local strategic partnerships as well in this context.

So I welcome this amendment very much but I am still wanting within that to be keeping this thrust, that the inequalities in health are caused by inequalities in income at the heart of it all.

Mr John Freeman (Chester): On a point of order, Mr Chairman. I beg to move:

‘That the question be now put.’

This motion was put and carried.

The amendment was put and carried.

Mrs Wendy Kinson (Lichfield): I beg to move as an amendment:

'At the end *insert* the words

"(c) (or (d)) ask Her Majesty's Government to commission independent research which will lead to the identification of minimum income standards related to need and then bring forward the legislation that will put such minimum income standards into effect;".'

The Archdeacon of Buckingham: This is at the heart of what we want. I am really glad that Wendy has done this because it sharpens the motion, and I think that we wanted it to be done by somebody. We really need a publicly transparent process to identify minimum income standards in relation to need and to implement them. Hugh Davidson said that the Church of Scotland agreed this more than twelve months ago; it is time for the Church of England to do the same.

Mr John Freeman (Chester): On a point of order, Mr Chairman. I beg to move:

'That the question be now put.'

This motion was put and carried.

The amendment was put and carried.

The Bishop of Coventry: I beg to move as an amendment:

'At the end *insert* the words

"(c) (or (d) or (e)) encourage the dioceses to distribute to all their parishes the Zacchaeus 2000 Trust petition to Her Majesty's Government on minimum incomes.".'

The Archdeacon of Buckingham: I would like to thank the former Bishop of Buckingham for support on this! It is really good to let MPs know that this matters to us. One way may be to get your MP to support Andy King's Early Day Motion on measuring necessary minimum income levels; another way would be to take a copy or sign the petition downstairs on the Church Action on Poverty stall; best of all would be to agree to this amendment and get the petition to every Church of England parish. As we heard, the Methodist Church agreed to do this at its recent conference; we should do so now.

Mr John Freeman (Chester): On a point of order, Mr Chairman. I beg to move:

'That the question be now put.'

This motion was put and carried.

The amendment was put and carried.

Dr Jamie Harrison (Durham): It is perhaps a good time for a GP to come in, having got the serious stuff out of the way. I know that I am an opinionated doctor but even I realized that the things that Sir Donald was saying were the most important things in terms of determinants of health. However, we have had mention of primary care trusts, and there is perhaps a place for those on the caring side of the equation to make a few comments.

Jürgen Moltmann tells us that health is the strength to be human, and certainly that life characterized by the fullness of creative relationships, and being able to cope with disabilities, is amazing. At times, my most impressive healthy patients have often been those older ladies struck down by rheumatoid arthritis. Their surgeons and GPs are amazed at the way in which they give us a sort of healthy response. They live their humanity to the full; they have the strength to be human. Sir Donald is of course quite right: we have to face head-on, as we have heard, some of those determinants of health and ill health; but equally there is something about the relationship-based care that so many of us in this room and elsewhere – notably those health visitors that we heard about – are involved in.

Here I think there are those difficulties that Bridget reminded us of, of the inverse care law: those who most need health care and support socially do not get it; those who have fewest care needs get the most. Perhaps again there is the character of a leafy suburb versus the inner city area, and where I come from, in Durham, it may also be the rural ex-mining area that suffers. Those, perhaps few, doctors and nurses who can be attracted there are working with people who manifest the most difficult and intractable medical problems, and are working often in isolation and lacking support and therefore under greatest stress. Sadly, this is a scenario that is likely to get worse rather than better in terms of the supply of health care and social care practitioners. One particular reason is the imminent retirement of that great cohort of GPs brought over from south Asia in the 1960s and 1970s who are now coming, after 20 or 30 years' hard work, to the end of their working lives; we shall certainly miss them and their contribution. We may well indeed be in a recruitment crisis.

The recent NHS plan reminds us of the need to expand medical school places, but members know as well as I do that it takes nine years to train a GP, and I think that, on the ground, we probably have fewer GP hours a year this year than we did last year. John Barton reminded us of this crisis across the NHS as a whole: a crisis of morale and leadership as well as perhaps a loss of hope. I was rather startled to find an open letter in this month's *British Journal of General Practice* by the editor of what is an academic rather than a political journal. He said this: 'Many of us GPs feel the Department of Health considers GPs to be part of the problem of delivering high quality health care rather than part of the solution. We feel,' he goes on, 'that we are regarded as the enemy. Far from being hostile, most of us remain committed to the principles embodied by the NHS of a universal, high-quality service free at the point of

delivery.' So even the world of academia is feeling the pressure as well as those more obviously on the front line.

I work nationally and locally in GP recruitment and retention, and I do believe that there is a real risk in the whole area of providing primary health care equitably. Most of those who are struggling are struggling under increasing pressures, not least with some of the comments by the Secretary of State in the past, although Mr Milburn has been changing his tone more recently. We do try and work in teams with colleagues, not least the health visitors and nurses that we have heard about. So where can we go?

There must be a tripartite response: society, Government and practitioners, aided by such as you and me in the Church. We have to find constructive ways together to decide what are the real, important issues, what services should be provided and to whom, and what is the best way to target those limited resources, when we know that those who shout loudest and have the most political clout get what they want all too often. The inverse care law has to be challenged, and we must find ways of redistributing those who can work and serve the community. Indeed, to overturn it would be of enormous benefit, allowing the most vulnerable and most displaced in the health care system to begin to benefit most. This, I suspect, will not be politically popular and yet surely it is the point of our being here and also, perhaps we might say, the point of those over the road in Westminster being there too.

Revd Dave Wade (Chelmsford): I come from and grew up in one of the poorest communities in east London and, as a church, now two of the things we try to do to improve the health care of our community are to run a food co-op and provide three keep-fit classes. On Saturday, as a Synod, we agreed to raise Church fees by a rate well above inflation as a way of boosting our own income. Can it therefore be right that when we read this report we see that income support levels (on page 4) have not been raised above inflation by successive Governments since 1980? That is when the ASB was *new!* Yet here we are, old hands at *Common Worship*.

The policy of Governments has increased the gap between rich and poor. Can I encourage Synod therefore to have an equal concern, and a much greater passion, to lobby Government for levels of income support to increase above inflation as it has to increase our own Church fees? In Questions on Saturday evening the Bishop of Blackburn, asked about funding for new Church schools, rightly said that if it is God's will this will be afforded. It cannot be God's will for people to be forced to survive on derisory levels of income whilst other people get richer and richer. As a Synod we cannot afford not to lobby Government to see levels of income support increased. It is a matter of justice and a matter of good news for the poor.

I commend the report wholeheartedly to the Synod and would like us just to remember that the best way of doing something radical about raising the health of the poor is to be committed to helping them not to be poor.

Mrs Janet Bower (Bradford): First of all, on behalf of all the Bradford members here, can I thank members of Synod for their prayers and their kind enquiries about what has been going on this weekend. We really do appreciate it.

I grew up in inner city Bradford and I have worked there most of my adult life as a social worker. The inequalities of health are very pertinent to what has been happening this weekend. Despite some press reports to the contrary, the majority of the youth involved were local. Only two of the 36 arrests made were of outsiders. So what is 'local'? It is an area of old terraces and pre-war council houses which were built to house unskilled workers, and we have no unskilled work in Bradford now. Many of the houses are in a state of disrepair and with poor facilities. The 1991 census return showed a significantly high incidence in that area of not only poor housing but overcrowding, unemployment and also a high incidence of family members with long-standing health problems. Health statistics for the area show a higher than average incidence of heart disease, cancer, diabetes and mental illness, a high neo-natal death rate, low birth weights, earlier deaths and poor nutritional standards.

Members will know that the educational attainments throughout Bradford are lower than the national average. In this area they are lower again, particularly among the Pakistani and Bangladeshi youths. I have a particular interest and involvement in the take-up of services by the Asian community, particularly in terms of health and disability. This has been researched and it has been shown that here the take-up is significantly lower than in the indigenous population.

The papers and the speeches that we have had today speak convincingly, and rightly, about the problems of low income and its direct effect on inequalities of health, and I support this; but we do need to go further. It is a wider issue. Jesus calls us to be with those who are excluded in all aspects of their life. So it is a matter of how we deal with our housing, our education systems, primary and secondary health care, and, importantly, how we work with the communities, particularly the more marginalized groups such as the Asian young people, and how we deal with planning. Money by itself is not enough; we need improved services that are led by the needs of the communities, as identified by them, and services which work together. The Pauline model of the body of Christ, with the different parts working together, is one which the rest of the world would do well to copy.

It is good today that the cobwebs have been blown off the Black report, that the inequalities of health are not just a public health issue but a broader issue about the health of the public. If, in Manningham, Bradford, Burnley and Oldham, we did not have large groups of youths who are excluded from mainstream society by the many facets of the inequalities of health, it is questionable that we would have had the recent disturbances which have rightly caused such concern.

I urge members of Synod, in supporting the amended motion, to make a commitment

to encouraging the different agencies to work together with each other and with the excluded communities.

Mr John Freeman (Chester): As a member of the executive of Church Action on Poverty, I wish to bring to Synod's attention the work of CAP, set up by, among others, the Church of England; it is one of your arms tackling UK poverty, about which I am just as passionate as I am about the matter of overseas poverty that we discussed on Saturday afternoon. Two of our major projects are, first, sponsoring an annual unemployment Sunday – each February, folks; get your information from CAP – and, second, the 'death on our doorstep' campaign (commercial) through the work of the all-party parliamentary group on poverty, which has over a hundred MPs, is looked after by CAP and keeps chivvying the Government to do something about the poverty of which you have all been speaking far more eruditely than I. If you have not got all the facts, pick them up on the CAP stall later on.

We have also drawn attention to actually listening to those in poverty; it has been alluded to today, among other things that the Archdeacon of Buckingham said that we ought to do. CAP organizes meetings scattered around the country where we get a few MPs along, get some of the local poor there – I actually had someone from Friends Provident last summer in Newcastle – so that everybody can put their cards on the table face up and MPs can hear what the poor have to say for themselves when they get supported by the rest of us, and hopefully we do something useful.

Members may wonder about facts. We were also asked to sort out the facts earlier on by the Archdeacon of Buckingham. There is still one child in three in the UK living in poverty – 32 per cent of all children under 16 – and 15 million people in this country live on means-tested benefits. *That* is what the petition looks like. It is downstairs on the CAP stall. Fill it in. I support the motion as amended.

Ms Jayne Ozanne (Archbishops' Council, ex officio): We have heard this afternoon various stories which have touched a lot of our hearts. I would like to share three stories which have challenged me to the core and, I hope, will challenge the Synod because they give a different aspect to the poverty that we have touched on (and I am very sorry we did not pass your motion, Prudence, because I believe that poverty is not just about money).

The first story is that of a young boy, David, who calls himself a retired criminal. He is twelve. His story was told in a programme called *Through the Eyes of a Child*, shown on BBC1 – unfortunately at quarter past eleven, like most of their great programming, it was a bit late – and it was a very moving story of a young boy from inner city Leicester who, a couple of years ago, when the first round of this documentary was shown, had been thrown out of home because his parents were so appalled at his behaviour. Two years later the BBC had gone back to track him down and they found a very different young lad. At the end of the interview he said: 'People think the world goes round on money but it doesn't. It goes round on love. People think you're poor if

you've got no money, but you're not if you've got love.' That was a message from a twelve-year-old boy who for the first time had experienced love from a family who had taken him in and loved him. I would love to hope that that family was a Church family. We were not told.

In the same programme there was the story of another young boy, Stuart, who was asked what was the one thing that he wanted from his mum. I expected him to say a bike or a game of football or something – his father was not at home – but he said, 'I want her to ask me to come home.' What he wanted was love and that was the one thing that he was not experiencing. I know that it is the one thing that we as a Church with our gospel can provide, and there is such a desperate need for it in our own nation.

The third story that I want to share is one that I was told just a couple of weeks ago by a very good friend of mine who had just met up with a young girl that she had helped off the streets in Brazil. Pamela was four when she was abandoned by her mum on the streets and at the age of seven she was put in a prison remand centre in Brazil, but at the age of eight she was given the gospel. She was told a story about a lost sheep, it spoke to her heart and she asked Jesus into her life. From that moment on she started finding food. She also started finding love. The incredible thing, however, was that this year she started believing that if she prayed and fasted and gave away the small amount of food that she managed to find each day she might actually be reunited with her mother. Two weeks ago she was reunited with her mother, after six months of fasting and prayer. This girl is twelve years old and she had been brought over to England to tell her story. That is how my friend Isabel had been reunited with her.

This twelve-year-old said to Isabel, 'I am absolutely struck with the poverty of spirituality in this Church', and the question that I have is: who is poor?

Mr Barry Barnes (Southwark): On a point of order, Mr Chairman. I beg to move:

'That the question be now put.'

This motion was put and carried.

The Archdeacon of Buckingham, in reply: I am not going to report on every speech that has been made but I think that it has been a very rich debate indeed, with many stories of poverty, poor housing, overcrowding, unemployment, problems with homeless young people, problems that doctors and teachers face; we have heard about the work of the Children's Society, and of Church Action on Poverty; we have been hearing about smoking as a coping behaviour, tobacco advertising, the working of the Social Fund, and the support that exists for a minimum income standard. It has been a very full and useful debate. We have had a little bit of reflection about second-hand stories, not hearing the voice of the poor, although for many of us it has been very impressive, the way in which we feel that we have got close to the poor in the debate today

because of work that so many people here are doing and experiencing. We are called to be walking alongside the poor and to be learning to do that in a new way.

We have been speaking about GP recruitment. I was struck by the way in which we have not really said much about the inequalities in health care provision, but some of the things to do with, say, making sure that there are NHS dentists nearby, making sure that there is a doctor there who is able to listen to your needs on your terms, are very much part of the whole issue. I was struck by one patient who said, 'It undermines you when you feel as though you're being treated as stupid by the doctor. Sometimes you feel you have to behave as if you're stupid to qualify for support.'

One of the things that really came out in a number of the contributions was the way in which some of this debate, some of the preparation for it, some recent encounters of people, have been eye-openers. Hugh Davidson spoke about that for a group in Scotland; my own high sheriff in Buckinghamshire said this to me quite recently, that he suddenly discovered that there was need in Buckinghamshire which he just had not come across before and it had been a total eye-opener. Jayne Ozanne has spoken of the eye-opening experience of this programme that she recently watched. There is a sense really that a society in which there is such unequal sickness is itself a sick society.

I was interested in the Bishop of Aston's contribution because he said that the kind of thing that we are implying by our motion is contrary to the present culture. I think that that is true, and yet it is not true. In some ways, some of the Government Ministers have said things that we can hold them to and perhaps pin them down on because some of the language sounds as if it has the same aspirations as we have, in many ways.

Yes, it may be that if child poverty is to be eradicated there will be some more taxing and some more spending. I would like to invite the Church of England to say that it is prepared for that, that the cost of taxation for us in the short term is less than the cost of poverty for some of us, and for all of us.

We started our background paper too by saying that benefit levels in the United Kingdom have always been based on political expediency, never on scientific evidence or principles. As we are challenging the Government now to start saying that the poor deserve principles, we are saying that to one another in the Church: the poor deserve a principled response, a response of love. I hope that by passing this motion wholeheartedly we can indicate something of that today.

The motion was put and carried in the following amended form, 339 voting in favour and none against:

'That this Synod

- (a) endorse the welcome given by the Oxford Diocesan Synod to the reports of the Acheson inquiry, the Family Budget Unit and the New

Policy Unit together with the theological response by Revd Professor Nicholas Sagovsky of the University of Newcastle on the consequences of health inequalities, poverty and social exclusion;

- (b) welcome the Government's White Paper *Saving Lives: Our Healthier Nation* – an action plan to tackle poor health by improving the health of everyone and the health of the worst off in particular – and call upon Her Majesty's Government to further develop partnerships with local authorities, primary care trusts and others to tackle poor health, poverty and social exclusion;
- (c) encourage action by all members of the Church to support policies which will improve the health of the poor of the United Kingdom;
- (d) ask Her Majesty's Government to commission independent research which will lead to the identification of minimum income standards related to need and then bring forward the legislation that will put such minimum standards into effect; and
- (e) encourage the dioceses to distribute to all their parishes the Zacchaeus 2000 Trust petition to Her Majesty's Government on minimum incomes.'

THE CHAIR *Mr James Humphery (Salisbury)* took the Chair at 5.10 p.m.

Diocesan Synod Motion

Additional Collects

Judge John Bullimore (Wakefield): I beg to move:

'That this Synod, in the light of criticisms of the new collects for *Common Worship*, request the House of Bishops to commission additional collects for each Sunday and feast day in the liturgical year in a worthy contemporary idiom.'

Oscar Wilde declared that there is only one thing in the world worse than being talked about and that is not being talked about. On balance, therefore, the diocese of Wakefield welcomes the notice given to this modest item on the Synod agenda, both in the national press and in the religious papers over the past couple of weeks. The down-side of course is that some have attributed to the motion and to its proponents all sorts of unlikely aims and motives.

This is a modest motion with modest aims. It seeks to stop nothing; it aims to replace

nothing; it desires to upset no one. If you are happy with the collects provided for use with *Common Worship*, we rejoice with you; if you wish to use those in the Book of Common Prayer, we have no desire to stop you. We merely register our surprise.

Our concern is this: we have been given services in modern language; we do not feel that we have been given modern language collects, that is, those in the forms and rhythms of speech that we are comfortable with. I do not believe that this is the time for the multiplication of examples from the contemporary language version; if you are not persuaded by your own experience of it to date, examples from me could not and should not persuade you. You have had four years in which to use it; you should know for yourselves by now.

May I suggest that the best evidence that the contemporary language version of the collects has not proved a success for everyone is the undoubted fact that people have sought to find alternatives from a wide variety of other sources and sought to share their finds with others. That is the surest sign that not all is well. Therefore the clergy and laity of the Wakefield Diocesan Synod ask that steps be taken by this Synod that may lead to the matter being addressed by the Liturgical Commission.

We are not worried that the Commission will be unoccupied now that it has largely completed its labours over the preparation of *Common Worship*; nor do we want to divert it from the task of liturgical education and formation to which it wishes to commit itself; least of all does the Missionary Diocese of Wakefield wish to become known as the Missionary and Liturgical Diocese, especially when there are a number of better candidates. We simply ask for a more contemporary idiom for these prayers as a further choice available to those who wish to use them.

Some will be saying, 'Surely we can be spared further texts? If some are dissatisfied with the official offering, let them use as a minor variation some other collect they find more palatable.' However, it seems to us that, as long as the Church of England has an authorized liturgy, which reflects, if it does not define, our doctrine, we should endeavour to provide a range of official collects that will suit the needs and wishes of all members of the Church of England.

There may be those who say that yet more variations will do further harm to the concept of common worship. In reality, common worship bolted from the stable soon after the introduction of liturgy authorized under the Prayer Book (Alternative and Other Services) Measure 1965, and it has only rarely been sighted since. At most, I believe that we can hope to find a strong family likeness in the worship of our parish churches, and a further range of collects from the Liturgical Commission, with the blessing of the House of Bishops and of this Synod, will help to foster that family likeness.

To those individuals who have voiced their concerns in the *Church Times* recently over this proposal, I want to say thank you and offer some reassurance. To the gentleman

who declares himself a Yorkshireman and says that he is shocked that a Yorkshire diocese should complain that the collects are not modern enough, when 'thee' and 'thou' are still used there in everyday speech, and wonders why we do not simply press for a return to the Book of Common Prayer collects, may I simply say that it must be a long time since he left Yorkshire for his present home in Dorset. He is welcome to visit at any time he wants and say hullo to my ferrets.

A gentleman from Surrey believes that most of the present collects in *Common Worship* 'have been bastardized to satisfy the whims of such people as the clergy of the Wakefield Diocese appear to be.' To him may I say that no one in Yorkshire does anything on a whim but only after careful consideration. To suggest, as he does, 'that it is all pandering to so-called modernists' is very upsetting. We do not mind being called modernists, but it is undermining to be labelled 'so-called' modernists.

In the response from the Liturgical Commission I see warning signs of a long procedural road ahead of us, one that is too long and too heavy in my view. We want help sooner for this aspect of our public prayer. May we not have real contemporary collects commended for use? However, I believe that I also detect from the Commission an openness to our motion if the Synod gives it a fair wind. I have no wish to push hard at an open door, nor to try and force one that is shut hard against me. This is very much a matter for members of Synod this afternoon. If our motion commends itself, let your speeches and your votes support it clearly.

I began with Oscar Wilde. Let me end with another saying of his: 'A man cannot be too careful in the choice of his enemies.' I believe that we cannot be too careful in our choice of collects.

The Chairman imposed a speech limit of five minutes.

Revd Moira Astin (Oxford): I would like to take you with me on a Sunday morning – and I really would – to a community hall in Thatcham – my fellow members of the Board of Mission say that they are sick of hearing about Thatcham; well, tough! – the community hall in Thatcham where Dunston Park church meets at the moment. There are about 30–35 adults and about 12–15 children coming; in a year's time I hope that we will have doubled that. If you were to come, that would be really good: we would not be able to sit in the hall. We are a local ecumenical project, which makes for a tremendous amount of freedom. Sometimes I play at being a URC minister, and I very much enjoy that. The membership of the church is probably about 55–60 – I do not pin people down too often with electoral roll calls – but it is growing. Of that I reckon that fewer than 20 per cent are life-long Anglicans, although about 70 per cent would perceive themselves to be Anglican. Many have been in the Church for less than five years. They may have gone to church for a few years at Sunday school, gone away and come back, or they may not even have done that. They do not know what the Book of Common Prayer is. I have to come out, if you will excuse me: I do not know, despite a tremendous theological education. Yes, I do use it occasionally in one of the villages,

but I still do not quite know what to do at the right places because that is not actually written down. I came over to the Church of England in the early 1980s. The ASB is my Prayer Book. So to me and to many in my congregation the cadences of the Book of Common Prayer are foreign.

The people who come to our church, who come because we have advertised our Valentine's day service, or our Father's day service, or whatever else we do to try to key in to where they are, are surprised that in the middle of a modern language service I use a collect that they cannot understand or follow because they are not used to that pattern of English. So why do I not just drop it in the local ecumenical project? Because I am by conviction an Anglican and I want to be here; I want to use as much of the beautiful liturgy of the Church of England – remember, I am an ASB Anglican and now a *Common Worship* Anglican – as I can, and I want to remind them that the Church is wider than one congregation. I am no longer a congregationalist. It seems to me that using the collect each week reminds people of the worship elsewhere. I want to use the collects. What I have at the moment causes me some interesting difficulties. Please support this motion.

Mr John Higginbotham (Leicester): 'Is there life after final approval?' might well be an alternative title for this debate. There will be a feeling of general dismay in some quarters at revisiting so soon business which was so recently concluded. (Members will note that the relative clause is still alive and well.) There was at the time much criticism that the Church was over-occupied with liturgical reform, and I am sure that we all impressed upon our dioceses that it was important to spend a great deal of time, as we did, to get it right, and then we could move on to more pressing matters. Did we not do that? If so, we do not need to revisit the subject again so soon. If we did not examine the collects effectively, where were all those who find them so unsatisfactory during the frequent revision sessions and line-by-line discussions? I fear that if we go back to this now the Church will appear not to know its own mind on the matter, we will set in motion the whole cumbersome process again, and we will use up valuable time in a period when we are trying to cut down on synodical sessions.

There will always be those who object to language which speaks in a theological register which is different, as in many ways it must be, from the language of everyday speech. Society, much to its detriment, does not speak much of sin, redemption, salvation, incarnation and the like, and yet it is part of our mission to keep these theological truths before people in their daily lives rather than submit meekly to a secular *zeitgeist*. There is a good deal of evidence to suggest that when people go to church they expect something more elevated than the language of the street. The very mention of the cadences of BCP is unfortunately to some people the kiss of death. Perhaps the jaunty, blokeish language of *The Sun* is considered more in keeping with the spirit of the age. If you want more jaunty, blokeish language perhaps we should invite Kenneth Clarke to be recruited as adviser to the Liturgical Commission.

No, an echo of our cultural roots is part of the essential ethos of the Church of

England. The procedure, as laid down for this revision, is cumbersome and might well not come before the present Synod. Moreover it is clear from the cautionary note by the Liturgical Commission that there is some confusion about what the collect is for now that we have a three-year lectionary, not to mention confusion about what constitutes good modern English.

We are told that the relative clause is no longer used by society. Apart from clear nonsense, as the perusal of any serious article in the newspapers will make apparent, surely a relative clause is preferable to telling God what he already knows: 'Father, you call your children to walk in the light', as a recent introductory prayer had it, and then it went on 'Free us from the darkness', commanding him to obey our will; these were just two banalities from the modern English version. We should also ask if we are to have a unifying liturgy or one which produces an ever-increasing congregationalism? Good modern English has its place and should be encouraged, but we have considered this at great length already and there is ample variety to suit every taste. The issue here is one of principle in our debates: does final approval mean what it says, or should we add the clause 'until further objections are raised'?

If we must go down this road we could, I should have thought, have done it with a quick enabling motion rather than going through the whole cumbersome process again. Perhaps the true function of the Synod is to make legal that which is already a reality.

I may not have convinced members that this measure is superfluous, but at least I have started and finished with a relative clause!

The Bishop of Wakefield (Rt Revd Nigel McCulloch): I find it one of the glories of the Church of England that the last speaker and I belong to the same Church, serving the same people of God, because I find it enormously difficult to understand where he is coming from as he will clearly find it difficult to understand where I am coming from. However, I do want to assure members that the Diocese of Wakefield has no wish to cause unnecessary problems or to be disruptive, even though we were once home to the Luddites. We like *Common Worship* (well, some of it) and, as Judge Bullimore has wittily demonstrated, up in Yorkshire we are not averse to an elegant phrase. Our concern is when elegance gives way to wordiness, and there are places in the new liturgy that are over-generous in their verbosity.

The introduction of *Common Worship* coincided with the arrival of my new varifocal spectacles. I soon found that a simple move of the head could lead to the swift omission of several words, and I find that that happens without the meaning being destroyed or the congregation noticing. Some of the collects in *Common Worship* – though not all of them – are so long-winded and tortuous in their verbal complexity that they fail dismally in connecting the essence of the gospel with the mission field in which we, certainly, are placed.

The sobriquet 'missionary diocese' does of course raise the odd smirk, but be in no

doubt of the local situation from which this motion is being brought. The area of West and South Yorkshire that we serve has long been stony ground for the gospel, defined as 'godless' in Cromwell's time, and even in the late Victorian period people were being physically attacked for preaching the gospel in Barnsley. (That does not happen now.) Even though numerically we are the eighteenth largest of the 43 English dioceses we are still one of the lowest churchgoing areas in the country. We are genuinely a mission field and we have had to face up to the truth of that situation. The cost of doing so, especially on my clergy, has been very great.

It is really tough going to get people to come to any kind of worship at all in our part of the country, and that is why we are asking you to support our desire to be able to lead worship that connects with people, prayers that draw people closer to God instead of bemusing them or switching them off or leading them away from him. Our request may seem to be about a small and relatively unimportant issue but I do hope that members will take us seriously. Where we are now in Wakefield in terms of Church attendance, finance, our whole missionary enterprise, is where I think most members will be, not that long from now, and I pray to God that we will wake up in the Church of England and that we will get that true sense of urgency about proclaiming the gospel, so that not only are we engaged, as we rightly have been during these sessions, on issues of globalization, Third World debt, the countryside, the health of the poor – all of these vitally important and part of our imperative of loving our neighbours – but we also give equal energy to leading people into Christian discipleship and to the love and worship of God: and that when they do eventually come to worship they will find words that help them to connect heaven with earth rather than lead them away from that.

I appreciate that this motion could lead to some expense but I have to say to Synod that, in the light of this morning's debate, the plan that I originally had is no longer financially viable: it would be too expensive for me to issue to all my clergy varifocal spectacles.

Miss Prudence Dailey (Oxford): I must begin by thanking you, Mr Chairman, for calling me and I feel that I ought to apologize to the Synod for having to listen to me in two consecutive debates; I can only promise to try not to be long-winded, verbose or over-elaborate in what I have to say this afternoon. Like the previous speaker but one, I want to begin by addressing myself to the assertion that society no longer uses relative clauses which is made in this background paper GS Misc 645. Under point 6 of that paper an example is put forward, that we do not say 'Peter, who graduated so marvellously from Leeds University, grant that you would procure for me tickets for the Man Utd match.' Well, no, I am jolly glad to say that we do not speak like that, but it does not mean that we do not use relative clauses.

When I decided to speak in this debate I set myself the task of looking at the leader of today's *Daily Telegraph* – (*laughter*) – where I was sure that I would find a relative clause. I know that not all members of Synod are sympathetic to the *Daily Telegraph*!

However, the linguistic point remains. I was lucky enough to find it in the first paragraph and, although I know that the editor of the *Daily Telegraph* is a supporter of the Book of Common Prayer, it was not a put-up job. He said, 'The party members in the country who, under the new system, will make the final choice of leader are almost equally unconvinced.' There you are, a modern-day relative clause in use in today's paper.

The serious point here is that when we are framing liturgy we want to offer to God the best of our language to his glory rather than the simplest and most straightforward and, some would say, occasionally banal language that we can come up with. We should not expect our praise of God to be simple and straightforward and basic.

Against that background we need to bear in mind that when the Book of Common Prayer was written the language of Cranmer was not the everyday language of the day. People did not speak like that in the street in the sixteenth century. The point is that it was a special kind of language; it was the register of liturgy that was considered to be appropriate to the praise of God.

The point has been made this morning that there are people in the Church of England who are entirely unfamiliar with the Book of Common Prayer. That is something about which we should be very worried and indeed ashamed because the Book of Common Prayer is still, legally and officially, the normative book of this country, and it is only right that churchgoers, young people, newcomers to the Church, should at least receive some exposure to an essential part of their heritage.

So against that background at the very least I do not think that we should be worried about the danger of exposing our congregations to a small fraction of vaguely traditional-sounding language in the form of the collects that we use. Of course it is not as much as I would like; I would like everybody to have regular exposure to the full Book of Common Prayer, but we have to take what crumbs we are offered here.

The Dean of Derby (Very Revd Michael Perham): I am not a member of the Liturgical Commission; I speak only for myself. I was one of those who produced the *Common Worship* collects and saw them through the Synod revision process, so I stand just a little bit defensively today; but I am in favour of the Wakefield motion. It may be helpful to members of the Synod just to know a little bit about the principles and processes involved in the production of those collects about five years ago, and I will enumerate them as quickly as I can.

The first is that they emerged from an inter-provincial group in which Anglican liturgists from England, Wales, Scotland and Ireland worked together to produce a set of collects that could be used right across the British Isles with the new lectionary which we also have in common on Sundays, and that has indeed happened.

When selecting material for inclusion we went to four sources. At least, we created

some new ones, and that was one source. On the whole I do not think that they are the ones that the Bishop of Wakefield and others think are too wordy. We used the ASB ones extensively. We drew some from other provinces of the Anglican Communion. Fourth, we tried to rehabilitate, by making slightly more contemporary in their style, some of the collects in the Book of Common Prayer that the ASB had decided could not be translated into a more modern idiom. We then tried to put as many of those Prayer Book collects as possible on the days when the Prayer Book uses them so that for large parts of the year people using the Prayer Book and people using *Common Worship* should be using basically the same text, even if in more than one translation.

We wanted to go for that ancient Anglican emphasis on one collect which you use every day through a week, and which those who worship regularly begin to get into their memory; and of course there are generations of Anglicans – perhaps not many left now – who have whole collects in their memory. If anything, we thought that it would be good if that were to some extent recoverable.

That collection emerged from the revision process almost unscathed; I have to say that it was the Synod who made it marginally more Book of Common Prayer-friendly than what the Commission originally produced. It was approved almost unanimously, but once it went into use criticisms began, and clearly some of them are serious ones.

Some of the criticisms are, I think, wide of the mark, though not all. They are too long: well, maybe some of them are but you do have to remember that it was the Synod, or at least its revision committee, that insisted on printing that long four-line ending, though there is a rubric that says ‘miss it out’. There is a criticism that they are inferior to the ASB collects; I have heard that several times in the past few weeks. The fact is that most of the ASB collects are in there unchanged. They are difficult for the congregation to say: well, people will do what they like but the reality is that the collect is one of the liturgical forms that is designed to be spoken by a single minister who has presumably prepared himself or herself before leading it.

However – and here is the note of penitence, something that people think they do not often get from liturgists – I think that we got it wrong in some of our well-intended rehabilitation of Book of Common Prayer texts. Most obvious is the second one that you strike in the series, that for Advent 2 (the old Prayer Book’s Advent IV); that is the prime example. However, there are also others where our attempt to rehabilitate the Prayer Book has not really worked in most settings. The language construction of some of those prayers is too complex and alien to the modern ear, and they are wordy, as people have been saying in the debate. We do need alternatives to them; I am the first to recognize that, although I was partially responsible for their introduction. However, I do not believe, to be honest, that there are more than – depending on how you look at it – 10–15 of them that need that sort of attention.

The Wakefield motion is looking for a more radical re-think, I know, perhaps away

from the whole collect model, and I could live with that; but I would not be sad if the House of Bishops asked the Liturgical Commission to produce a set of collects with very considerable overlap with what we have recently authorized, a set that simply provides alternatives at points where the existing collects are thought to be too wordy, too Prayer Book, too whatever. I cannot believe that a complete new set is necessarily the answer because there is something very good if, on certain days of the year, especially the great festivals, we are actually all praying the same prayer; and I do believe that among that collection there are quite a lot that even in the Diocese of Wakefield people can rejoice in, and it would be a pity to lose those.

Sister Janette OHP (Religious Communities, York): We tend to forget in an assembly like this, because our experience of Church is parish church or cathedral, that there is Church in other places. There is the sector ministry in which I was involved as a prison chaplain until a year ago. In the sector ministry you are dealing with a different sort of person.

I was chaplain for six-and-a-half years to a Young Offenders Institution. My congregation on a Sunday for a simple Service of the Word consisted of youngsters, many of them from Wakefield Diocese, I may say, who were almost entirely without any kind of Church background. Their literacy attainment, in spite of these days of compulsory education to 16, was about seven years. Many of these kids had never been to school; most had dropped out somewhere, usually in the lower part of secondary. They could barely read, some of them. These were youngsters showing signs of a real spiritual hunger. As a chaplaincy team we were trying to give them an experience of Christian worship, simple Christian teaching; you had to keep it simple.

My heart leapt with joy when I read the motion because when I discovered the New Zealand Prayer Book it was a tremendous help to me. I just want to set, side by side, the present *Common Worship* collect for the third Sunday of Lent with the equivalent in the New Zealand Prayer Book. What we have in our own Church is:

Almighty God,
 whose most dear Son went not up to joy
 but first he suffered pain,
 and entered not into glory before he was crucified:

et cetera. How are they going to follow the sentence construction? New Zealand gives us, as an alternative to the more formal collect:

God of infinite mercy,
 grant that we who know your pity
 may rejoice in your forgiveness
 and gladly forgive others
 for the sake of Jesus Christ our Saviour.

A collect like that I could use with these young offenders.

There are clearly many areas in the Church where worship is being led for people who are of little Church background and who are not in the habit of reading educated English, where we should be using a simpler vocabulary, a simpler structure and perhaps a different sentiment, but absolutely Christian. There are so many things that we want to communicate to our congregations. Please, for the sake of the sector ministry, for the sake of the community churches and for other areas where you have unchurched people, consider authorizing something like the New Zealand Prayer Book collects as an alternative for that sort of situation. Leave the formal collects for the formal worship, fine; but please give us an alternative.

Mrs Mary-Lou Toop (Hereford): I wish to speak in support of the motion and to highlight a resource that may be of some help to those of us who care about this.

I have to say – although I probably should not, because I am married to one – that the clergy are not just revolting in Wakefield; they are revolting in Hereford too, and so are some of the laity.

It is not that I am against traditional language; in the right context some of the *Common Worship* collects are very beautiful. It is just that in the wrong context they are simply inappropriate: they stick out like a sore thumb. My experience of trying to put together worship that is accessible and inclusive for those who are young or new to the Church and tentative in their understanding is that the collects seem completely irrelevant. However beautiful, they are often incomprehensible unless you are familiar with their liturgical language and style. For me, prayers are not working when you spend more time counting the number of words than praying them.

I know that I am not alone in feeling this. The result is that people are doing their own thing, as the background paper indicates. In addition to the sources mentioned there, some are turning to the post-Communion prayers that we have, and those who do so tell me that they find that, with a bit of judicious tweaking, these often provide just what we are missing. They are examples of good modern English; we *can* do it. However, it would be so much better to have the suitable collects requested in this motion and so much more in the spirit of common worship (and I am enough of a cradle Anglican to want that and to consider it important).

So I want to support Wakefield, and I hope that many more of us will when we come to vote. If we do, and the House of Bishops considers this request, I would like to suggest that it might not demand a major new piece of liturgical work. There is a resource already in existence: a book called *ad Collectam*, written by Jonathan Rendall and Robin Sharples and published jointly and locally by the boards of education in the Dioceses of Hereford and Worcester. *Ad Collectam* is designed especially for use in both schools and churches. It contains excellent collects for every Sunday in the year and for major festivals, in precisely the contemporary idiom that this motion seeks.

Perhaps I can give Synod a flavour of the style by reading the collect for the second

Sunday in Advent, and members may care to glance at the background paper and compare the texts:

Oh Lord,
 come among us in the great power of your
 Spirit as you promised through
 your prophets:

bringing grace and mercy
 and through your only Son
 help us and deliver us from our sin.

Ad Collectam actually includes the long doxologies. Personally, I would much sooner dispense with them; they often dominate the prayer so completely that if you did understand it in the first place you have forgotten what it said by the time you get to the end. I know that we can leave them out but, printed in full as they are, people seem very reluctant to do so. I just find it really irritating.

Ad Collectam was warmly commended by our bishops, and it is an excellent resource. I believe that the National Society has published a book on the web which would be wonderful. If they get enough hits on the web site, as I understand the situation, they will consider publishing the book. The trouble is that you need not just one but two secret passwords to get on to the web site. I do not have those passwords but I know a man who does. So if you think that you would find this resource useful, please do get in touch with me or with either of the boards of education in Hereford or Worcester, or ask the National Society.

Please, we do need suitable collects in a worthy contemporary idiom, so let us support Wakefield today, and if the Liturgical Commission is asked to prepare an extra, alternative set of collects could I suggest that *ad Collectam* would be a very good basis on which to build?

Revd Dr Paul Roberts (Bristol): I was chatting with an old friend earlier today about this debate. He commented that there is a feeling around that the Liturgical Commission is not good at listening to the General Synod. I am new to both the Synod and to the Liturgical Commission, and I am listening intently to what is being said this afternoon. Talking with others on the Commission, I know that I am not alone in this.

Synod members of course will be aware that we get our marching orders not from the Synod directly but from the House of Bishops, but if the bishops instruct us in the light of the debate it is important that this debate clarifies as much as it can the kind of collects which the Synod really wants.

Collects were originally a Latin form of prayer with a tight syntactical structure. When Cranmer translated a good number of them for the Prayer Book of 1549, he used a

very literal form of translation which tended to keep the traditional tight language of the Latin. The result was a very stylized form of English prayer which, over the passage of years, became a characteristically Anglican liturgical institution. The feeling among Anglican revisers is that we meddle with this institution at our peril: as has already been mentioned on a couple of occasions so far, it was the collects of the ASB which were the prime target for traditionalist critique, partly because they tended to change this relative clause near the start of the collect into a straightforward description about God, addressed to God; this did sound on occasion as though we were giving God a quick lesson in theology.

So if we are to write alternative collects we need to be aware of how far these should take their linguistic bearings from Cranmer's model.

Outside the official place in the Eucharist, the word 'collect' has a somewhat looser sense of meaning as a short but carefully phrased prayer. It is quite possible to produce a set of such prayers in a simple and contemporary idiom without the syntactical conservatism of Cranmer's starting point and the tradition which followed. It just depends on what everyone's liturgical expectations actually are.

If this is the kind of collect that Synod wants, please make that very precise and clear to us, for it would be a waste of the reducing time available to the present Commission if we were to write such a set, only to find it kicked into touch either by full Synod or by a revision committee for not being close to Cranmer's model. The ASB texts showed the weakness of having the cake of Cranmer's structure and then eating it in contemporary language. However, I sympathize with the need for clarity of language. The Church youth group that I lead this week would all tell you, as they tell me, that they still find the language of liturgy alien and unintelligible, and I think that we need to go much further in answering their criticisms in the language of prayer.

Since the motion asks for collects additional to those of *Common Worship*, for my part I would urge for a clear mandate in the direction of simplicity, with the implicit acceptance that any such collects would emphasize innovation rather than close following of the Prayer Book tradition which *Common Worship* already provides for us.

We are listening. I urge Synod to speak clearly on this matter, and then remember what it said at a later stage in the process.

Mr Michael Chamberlain (Archbishops' Council, ex officio): This is the financial statement pursuant to SO 98, set out in the fourth notice paper. The Diocesan Synod Motion would, if passed, involve additional work by staff in the central secretariat and the publishing department. On the proviso that the way the Liturgical Commission sets out in GS Misc 646 that it would handle the motion if accepted, the work involved would be absorbed into the Commission's normal work programme, on a timescale determined by the House of Bishops. Revenue would be expected to cover all costs by

the publishing department. On this basis there should be no additional costs to take into account.

Canon Ray Adams (Worcester): I stand to support the motion from Wakefield Diocese. Having served in the previous Synod on the revision committee for the *Calendar, Lectionary and Collects*, I became increasingly aware of the difficulty of bringing three distinct liturgical areas before the then Synod for approval. Of those areas, the collects have proved to be the most heavily criticized in the parishes, and the lack of alternative additional provision the most difficult to defend when seeking to do so. This is my experience as a member of Worcester diocesan liturgical committee. What particularly concerns me is the independent adaptation and deliberate change that clergy make to the present set collects, something that is often hidden from congregations when the local service sheet just states 'The collect'.

For those who welcome the present collects, all I can say is 'Fine. The Lord be with you', but for many others I believe that we need contemporary additional authorized collects, collects that can make greater use of four styles. One, a narrative style: the Roman Catholic opening prayers are an example of this; two, the prophetic style, using colourful and picturesque language; three, Celtic or, to be more precise, modern Celtic, a style which can hold rhyme and symmetry; and, four, Scripture-style. The collects need to be a little more Johannine and a little less Pauline.

Additional collects are needed that can stay in the mind, can form the mind and can lift the spirit.

The Bishop of Salisbury (Rt Revd David Stancliffe): I am very glad to have listened to this debate. First, I want to assure Judge Bullimore and the Wakefield Diocese that I personally have no difficulties whatever with thinking that we might have a second set of collects. People will remember – or perhaps they will not because they will not have had the advantage, as I have, of a small conversation with the Bishop of Portsmouth – that the Leonine had one collect but the Gelasian tradition had more than one collect, and I see no difficulty in our doing exactly the same. However, I hope that Synod heard Paul Roberts's speech and will listen to that rather than the speaker immediately previous to me, because I think that if we were to try to provide a set of collects that includes Johannine material and Celtic – the old Celtic is actually the old English tradition, not the reinvention of that in the nineteenth century – and if we had not too much Pauline material and we had imagery, we would land ourselves back in prayers that were not collects.

If we are to make a further set of collects we need to remember the function of the collect: it is to conclude the first part of the liturgy, when a congregation is gathered. After praising God, and laying themselves before him, here is something succinct and epigrammatic that will help them settle down as a worshipping body, ready to receive whatever it is from the words of God that will challenge them and lock into that particular community.

I hope that the House of Bishops will explore the possibility of seeing if there is a route other than that of full liturgical procedure for getting another set of collects here. That may not be a possibility, but I am encouraged by the wording in some of the collects in *Common Worship* which may be used to give us a set which is commended rather than occupying the full processes, because although it may be possible for the Commission to do something, Synod has to face 22 stages of procedure if we have to go through the whole process.

Finally I want to say, as a Yorkshire person in exile in Dorset, where I partially live, that I am glad to know that ferrets are still alive in Wakefield, although I would have thought that a better image for the passage of words between us would be pigeon-fancying. In other words, I hope that we can have out of this discussion and the consideration that comes with it a really clear picture of what is required, so that we do not bring material at some later stage to Synod only to find after many days that it is not what some people wanted after all. I do not detect unanimity about what people want, but there is clarity about what some want, and provided that these are alternatives I see no difficulty about providing them, should we be instructed to do so.

Mr Timothy Cox (Blackburn): On a point of order, Mr Chairman. I beg to move:

‘That the question be now put.’

This motion was put and carried.

Judge John Bullimore, in reply: I have discovered that brevity is an underrated virtue, at least in others, so I do not intend to respond individually to all those who have contributed to our debate. I am grateful for what they have said.

We brought this as an opportunity for Synod to show its mind and to see if the feelings that we had in Wakefield were simply ours or were mirrored in other parts of the country. We are looking for alternatives. We are not asking that those who like what has been offered to us and prepared for us with care and with prayer should be stopped from having it; we are looking for alternatives.

I think that we can say, from the speeches that we have heard, that we have had a nice mixture. In response to those who spoke most clearly against the need for this, Mr Higginbotham and Miss Dailey, Mr Higginbotham said there was an ample variety to suit every taste. That is really not true, certainly not every Sunday. Take the collect that we used in the Minster on Sunday, that lovely one about so passing through things temporal that we lose not our hold on things eternal; if you take that as a contemporary collect and look at the traditional version which came along two years later and then go back to the Book of Common Prayer one, you need a microscope and scalpel to see significant differences between them. I do not think that that shows that we have an ample variety.

I am grateful to the Bishop of Wakefield who volunteered to support this. I liked that phrase about being 'over-generous in their verbosity'. I know a lot of barristers like that. I am grateful to Michael Perham because his experience is immense. I think we hope, as I hope they do, that if the Liturgical Commission get down to this work they will feel able not simply to try to find another 10 or 15 alternatives in the most obvious cases but to do a thorough-going job. I was grateful for what Dr Roberts said and I hope that the instructions, if the Synod persuades the House of Bishops, will be clear about what we are looking for.

The final speaker in the debate was the Bishop of Salisbury and I am very grateful for what he said, not least in expressing the hope that we might not have to go through the full liturgical procedure to authorize further collects. The only thing I was upset about was that I was not quite sure how far he was with us and how far he was against us. I had hoped that it would be clearer, so that I could summarize his speech in this way: Wakefield wrong, Sarum rite!

The motion was put and carried.

(Adjournment)

THE CHAIR *Mrs Margaret Swinson (Liverpool)* took the Chair at 8.30 p.m.

Church Commissioners' Annual Report for 2000

The Chairman: We will begin with a presentation under SO 112 by the Viscountess Brentford, the Third Church Estates Commissioner, and Mr Howell Harris Hughes, Secretary to the Commissioners.

Mr Howell Harris Hughes: The task of the Church Commissioners is set out on the slide behind me, which speaks of the support given by the Commissioners to the Church of England's ministry nationwide, particularly in the areas of need and opportunity. My job tonight is to talk about the assets which support that task: the performance of the assets, the way that they are invested, and some of the issues relating to their liabilities.

In the year 2000 these assets, which comprise shares and bonds and real property, gave a total return of 3.1 per cent, 'total return' being the movement in the capital value, up or down, with the income generated by the assets themselves: dividends from shares, interest from bonds, and rent from farms, houses and commercial property. We measure that return against a very broad survey of comparable funds, the WM All-Funds universe. The average return from those funds last year was a minus figure, -1.3. In that year, therefore, the Commissioners did very well in relative terms, although in absolute terms it was a return a little higher than inflation.