Tackling Health Inequalities:

Development and evaluation of culturally adapted Faith and Pain workshops

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Background

Chronic pain places a significant burden on people living in inner-city areas of Bradford, particularly within socially deprived communities that include a high proportion of individuals from Pakistani Muslim backgrounds. Evidence shows that chronic pain is more common in socially disadvantaged and ethnically diverse populations, who also face greater barriers to accessing effective support. Generic pain services often do not reflect cultural or religious beliefs, which can limit engagement and contribute to ongoing health inequalities.

In response, KHL's Rethinking Pain service developed a series of adult pain education workshops tailored to the inner-city Bradford population. These were co-designed with healthcare professionals, health coaches, academic partners, community organisations and people with lived experience of chronic pain. Community consultations highlighted that faith and belief were viewed as important and positive resources for coping with pain, leading to the development of culturally adapted **Faith and Pain workshops** using a person-centred, faith-informed approach relevant to participants identifying with the Islamic faith.

The workshops explore the two-way relationship between faith and pain, including how faith can support pain management and how chronic pain affects identity and wellbeing. Using faith-based principles as a learning lens, the sessions address self-awareness, managing challenges, emotional wellbeing, relationships and goal-setting, alongside practical information, peer support and signposting to wider pain services. This approach aimed to support culturally meaningful, personalised care and help participants feel more ready to engage in ongoing chronic pain support.

Remit of the workshops

Tier 2 Rethinking Pain modular patient education programme, culturally adapted for an inner-city Bradford population

Eight sequential, in-person interactive workshops (1.5 hours each)

Small group format (10–15 participants)

High facilitator support (approx. 1:4 ratio)

Partnership delivery with community, academic and Islamic scholars

Evaluation approach

The evaluation used facilitator reflections and qualitative focus groups conducted in participants' preferred languages (Urdu, Punjabi, English). Transcripts were analysed thematically, with attention to cultural and linguistic meaning.

Participant experiences

Analysis identified several key themes describing the social, emotional, and spiritual impact of the workshops.

Learning through shared experiences

Participants valued hearing from others, which reduced isolation and enabled social comparison and reframing of their own pain.

"It's not just our experience – there are other people who are also facing this."

This also enabled perspective-taking, where participants compared their own pain with others, sometimes minimising their own suffering.

Finding strength and power through faith

Faith was described as a central resource for resilience, enabling participants to generate inner strength.

"If your soul has the power, then you can control your pain."

At the same time, some participants described limits to this control, noting difficulty disengaging from pain despite efforts to redirect thoughts.

"You try to shut it off but you can't shut it off."

Emotional reflection and regulation

The workshops enabled participants to process emotional experiences, including trauma.

"There were tears... then by the end we were laughing."

While this was described as therapeutic, it also highlights the emotional intensity of sessions and the need for skilled facilitation.

Evaluation approach

A supportive space

Participants consistently described the workshops as safe, respectful and attentive, in contrast to other group experiences.

"They listened to us – very patiently."

This was closely linked to small group size and high facilitator input, which may have implications for scalability.

Applying learning and self-efficacy

Participants reported applying both faith-based and practical strategies to manage pain.

"We have learned... rather than relying on medicines."

Many described increased confidence and perceived reduction in pain; however, these reports were only evaluated in the short-term and were self-reported.

Gratitude, acceptance and perspective

Participants described developing acceptance and gratitude as coping strategies.

"Accepting your pain is like the first step."

Faith as meaning-making and regulation

Faith provided a framework for understanding pain as a test, source of growth, or part of a wider purpose. It also acted as an emotional regulator, promoting patience and reducing distress. This highlights complex beliefs about control, acceptance and beliefs, which may potentially impact engagement with active self-management.

Challenges, limitations and learning

While findings were overwhelmingly positive, several important considerations emerged.

Scalability	The success of the workshops relied heavily on small group size and high facilitator support, which may limit scalability within routine services.
Emotional Intensity	The emotionally reflective nature of sessions, including discussions of trauma and distress, created powerful therapeutic moments but also required careful facilitation and appropriate support structures.
Cultural Learning	Participants' accounts highlighted cultural norms around pain, with some suggesting a tendency to internalise suffering rather than express it openly. While the workshops created space for sharing, this raises questions about engagement outside such settings.
Accessibility	There was evidence that some participants initially struggled with concepts and terminology, emphasising the need for clear, accessible and culturally informed communication.
Limits of Faith Coping	Although faith provided significant support, participants also described limits. This suggests the importance of integrating faith-informed approaches with evidence-based pain management strategies.
Evidence Limitation	Outcomes were based on short-term, self-reported experiences, and further work is needed to understand longer-term impact and sustainability.

Summary

The Faith and Pain workshops were feasible, acceptable and valued, providing a culturally relevant and meaningful approach to chronic pain management. Participants experienced increased confidence, emotional support and integration of faith with self-management.

Key Learning

Importantly, the findings highlight that the effectiveness of the workshops is closely linked to its culturally specific, relational and intensive delivery model. These features both underpin its success and present challenges for wider implementation.

Implications for Practice

This project provides useful learning for both the Rethinking Pain service and other organisations looking to develop similar approaches.

For the Rethinking Pain service, the findings show that the workshops were effective because they were culturally relevant, personalised, and delivered in small, supportive groups. These elements helped people feel understood and able to engage. However, this type of delivery is resource-intensive, so future development needs to focus on how to maintain these core strengths while making the model more efficient and sustainable for more people. There is also a need to continue developing facilitator skills, particularly in managing emotionally sensitive discussions and confidently integrating conversations about faith and health. In addition, further follow-up is needed to understand how benefits are sustained over time.

For other services, this work demonstrates that meaningful cultural adaptation goes beyond translation or minor adjustments. Effective programmes need to reflect people's beliefs, values, and lived experiences, and this requires working in partnership with communities. The findings also highlight the importance of creating a safe and respectful environment, where participants feel listened to and can learn from others with similar experiences. This approach may require more time and staffing than standard education programmes. Careful planning is needed to balance quality and reach, ensuring that interventions remain both impactful and deliverable at scale.

Next Steps

- Refine delivery format to maintain relational depth while improving scale and reach
- Develop facilitator training in culturally responsive practice and emotional support
- Integrate faith-informed and clinical strategies to address limits of spiritual coping alone
- Strengthen and integrate support pathways for participants experiencing emotional distress
- Evaluate long-term outcomes and sustained impact
- Explore scalable models that retain key mechanisms (e.g. group safety, cultural relevance)
- Consider adaptation for wider populations, while maintaining co-production and cultural sensitivity

These next steps build on the learning from the programme and provide a clear direction for developing inclusive, culturally responsive, and person-centred pain services that can help address longstanding health inequalities.