

Ever more needed?

The role of the Leeds
Neighbourhood
Networks during the
COVID-19 pandemic

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in partnership with:

About us

Centre for Ageing Better

The UK's population is undergoing a massive age shift. In less than 20 years, one in four people will be over 65.

The fact that many of us are living longer is a great achievement. But unless radical action is taken by government, business and others in society, millions of us risk missing out on enjoying those extra years.

At the Centre for Ageing Better we want everyone to enjoy later life. We create change in policy and practice informed by evidence and work with partners across England to improve employment, housing, health and communities.

We are a charitable foundation, funded by The National Lottery Community Fund, and part of the government's What Works Network.

Sheffield Hallam University: Centre for Regional Economic and Social Research

As a leading UK policy research centre, CRESR seeks to understand the impact of social and economic disadvantage on places and people, and assess critically the policies and interventions targeted at these issues.

Clients include government departments and agencies, local authorities, charities and foundations, international organisations, and the private sector. We offer research expertise covering a wide range of qualitative and quantitative methods, evaluation, policy advice and guidance, and consultancy.

Introduction



The Leeds Neighbourhood Networks (LNNs) aim to support older people to live independently and participate in their communities as they grow older, through a range of activities and services that are provided at a neighbourhood level. The networks have developed over the past 30 years and there are now 37 NNs covering the whole city of Leeds. The form, function, activities and services of NNs are diverse, but they share some key characteristics:

- They are all run with the involvement of older people (referred to as ‘members’).
- The activities provided vary, but typically include information and advice; advocacy; activities to improve health and wellbeing; and social activities.

- They have been commissioned by Leeds City Council to address four main outcomes for older people: reduced social isolation and loneliness; increased contribution and involvement; increased choice and control; and enhanced health and wellbeing.

Prior to the COVID-19 pandemic there was a city-wide ambition for a symbiotic relationship between the LNNs and the health and care sector. This was linked to the city’s strategic vision to make Leeds the ‘best city in the UK to grow old in’ and recognition of the need for a ‘left shift’ of resources toward prevention and the development of community-based resources and assets. Although the outbreak of the COVID-19 pandemic meant that this progressive policy agenda was placed on hold out of necessity as city partners focussed on

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addressing the acute needs brought about by the crisis, the pandemic also provided an opportunity for the LNNs to demonstrate their value by being part of this response at a city and neighbourhood level.

This report explores the extent to which this opportunity was realised in practice by summarising how the LNNs responded to the pandemic and where they were positioned within the city-wide response. It draws on the findings of a 'Real Time Evaluation'¹ (RTE) of the LNNs during the COVID-19 pandemic undertaken by the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University and supported by the Centre for Ageing Better, Leeds City Council, and Leeds Older People's Forum. It is based on qualitative data collected in June and July 2020².

¹ For more information see: <https://www.intrac.org/wpcms/wp-content/uploads/2017/01/Real-time-evaluation.pdf>

² The primary data are: a) a review of key documents and wider material (including social media) about the COVID-19 pandemic response in Leeds, b) interviews with 5 key local stakeholders with an overview of the LNN response; c) Interviews with key staff from 22 LNNs operating in a variety of different social-economic and geographic contexts.

Key findings about the LNN pandemic response

Some common themes about the role of the LNN during the early stages of the COVID-19 pandemic have emerged.

LNNs have been able to respond to need in the community, quickly and flexibility

Following the decision to put the whole country into 'lockdown' on 23rd March most NNs were able to **respond quickly and flexibly to adapt to the new needs and circumstances** of their members and the wider community. Their work has focussed on ensuring **basic and essential needs** of vulnerable and isolated people have been met, doing things such as shopping, providing food parcels and/or hot meal deliveries, and getting people the medicines they need. It has also involved ensuring people's **social and emotional needs** can be met as far as possible through regular welfare phone calls and the provision of activities that can be accessed whilst adhering to social distancing and other guidelines.

Case example: Enabling digital inclusion

One NN was able build on work with 100% Digital Leeds through which a 'Digital Health Hub' had been established in the six months before lockdown. The Digital Health Hub utilised volunteers to train and support 55 older people to get online during lockdown and they developed a toolkit to help people access online platforms such as Zoom. They have also been able to loan older people laptops and iPads with a paid for Wi-Fi facility to increase the number of people who are digitally included. This enabled this NN to run virtual groups and a weekly programme of online talks, boredom busters, coffee mornings, IT classes, and a range of other activities.

As the pandemic and associated restrictions have developed and evolved, many NNs have explored **new ways through which to provide people with the help and support** they need, and they will continue to do so in the future.

Case example: Adapting provision

As the UK began ‘unlocking’ in June-July, the LNNs began thinking about this transition phase and moving towards more face-to-face contact, while retaining social distancing. Several examples of how different NNs have proactively developed their services in response to government guidance and restrictions have been identified:

- NN10 restarted their allotment project, with staff taking a couple of members at a time to the allotment so they can spend time there.
- NN11 started to run socially distanced outings, picking people up and taking them out for picnics together. Some members relished this opportunity while others felt it is a bit too soon to be going out.
- NN3 set-up a mobile library and started providing assisted shopping trips out for members. This helped people become active again, where they may have become physically deconditioned during lockdown, and improved people’s confidence about going out under strange new conditions.

LNNs have been embedded within the wider pandemic response at a city and neighbourhood level

Most NNs have played a key role within the wider pandemic response at a city and neighbourhood level. Some NNs have become ‘Community Care Hubs’ responsible for the co-ordination of voluntary action in their area whilst others have supported this work and received new volunteers via the Voluntary Action Leeds volunteering programme. This means that some NNs have been diverted from their core mission of supporting older people and are now also helping a wider range of people, including younger adults, families and children, and people from outside their immediate geographic locality.

Case example: Working together as NNs

Some NNs worked with neighbouring NNs. For example, one NN that was operating as a hub had close links with other nearby NNs. When referrals from over 60s came through the hub from outside their area, the hub could pass on some of these referrals to the other NNs that were geographically close. Utilising these links meant that older people referred to the hub would have access to more specialised ongoing support in their community that would help them in the longer-term, not just during the COVID-19 pandemic.

There have also been examples of NNs collaborating spontaneously outside of formal crisis response structures and processes, working with each other to link with other local civil society organisations, support locally-led public sector initiatives, and engage the private sector to co-ordinate help and support in their area. In some ways this amounts to a **re-embedding of existing collaborative endeavours** but there is also evidence of entirely **new partnerships forming** around the shared goal of supporting local people made vulnerable by their circumstances.

The COVID-19 pandemic has presented the LNN with a combination of challenges and opportunities that seem likely to shape their work in the short, medium and longer term.

Factors affecting the LNNs' work during the pandemic have included the need to **reconfigure their work**, first in response to lockdown restrictions; and then following the 're-opening' of society, which has involved adopting varied and complicated processes and procedures which are subject to change on a regular basis. There has also been the challenge of **balancing greater reach and demand for services with the availability of human and financial resources** to carry-out the work effectively, which will impact the sustainability of NNs for the longer term. Finally, there have been opportunities to **build on existing relationships** with key local actors, and **develop new ones**, to ensure that the response can be co-ordinated as effectively as possible.

Case Examples: Working in partnership with others

A number of NNs been involved in collaborations at a hyper-local level. Examples included working with local community transport groups and food surplus organisations to help distribute food and working with the fire service to help distribute prescriptions.

Collaboration has also been formed with private sector companies, including supermarkets, pubs, cafes and take away services. Some had provided food and catering for free, but others had charged. Some were existing relationships, but additional new and potentially lasting partnerships have also emerged through the common cause of helping others through COVID-19.

In the longer term, LNNs have identified issues associated with: **what they will be able to do** to support older people in the context of COVID-19 guidance and restrictions that seem likely to continue for an indefinite period; **what their members might want to do**, based on their understanding of the risks of getting out and about again, the effects of lockdown on their physical and mental health, and their capacity to engage with digital and online provision; and **what is possible with limited resources**. For many NNs the future feels **quite uncertain**, and their experience during the COVID-19 pandemic is likely to have a lasting impact on their strategy, governance and sustainability.

The pandemic has led to greater visibility and awareness of the LNNs and their work

The combined effect of LNNs' role and contribution during the COVID-19 pandemic has been greater **visibility of, and awareness and understanding about, their work**. This visibility has driven an increase in referrals, with new members joining NNs, providing greater reach than before the crisis. It has also driven a rise in volunteers, with new (often younger) volunteers coming forward from within communities. In the longer term it may also open-up opportunities for NNs to attract more funding from a more diverse range of sources to enable them to further broaden the reach and scope of their work and widen participation.

However, this **visibility is not without risks for the LNNs**. It could bring further scrutiny and control from the public sector, which wider evidence suggests can detract from the associational nature of neighbourhood organisations. Further upward accountability may also limit the scope of NNs to develop responses from the bottom-up if limits are placed on their independence and flexibility to respond to local needs and aspirations.



Factors that explain the LNNs' pandemic response

The ability of the LNNs to respond to the COVID-19 pandemic in the ways described was underpinned by a number of inter-related enabling factors under three broad categories that sit outside of the geographic, economic and demographic contexts in which the individual NNs operate: 1) resources, 2) strategy and leadership, and 3) mission, vision and values.

Resources

The resources available to NNs can be distilled further to **financial resources** and **human resources**. In terms of financial resources, each NN receives a grant from Leeds City Council to cover key staff costs and to enable the provision of activities and services. The certainty and relative flexibility of this funding gave the NNs space to adapt and respond to needs as they emerged in real-time. Not all funding for local civil society organisations has this flexibility 'built-in' but the benefits of such an approach have been evident in the way the LNNs have been able to respond during the COVID-19 crisis. In addition to this core funding, a number of NNs have been able to draw on wider financial resources, including reserves and philanthropic donations, in order to maximise their response.

In terms of human resources, key staff within NNs have demonstrated high levels of commitment and leadership to ensure members' needs have been foremost in their

work. Although there are long-term implications around this intensification of work, including for the mental health of staff, it was arguably necessary in the short term to ensure that the response was effective. The availability and sustainability of existing volunteers, and the supply of new volunteers from various sources, was also a key factor in the range, scale and reach of the LNNs' activity during the pandemic.

Organisational strategy and leadership

Whilst these were rarely explicit, each NN's overarching strategy and leadership was a key factor in determining how they responded to the crisis. Many NNs are increasingly **outward focussed** and looking to increase their engagement with other providers and key stakeholders at city and neighbourhood level. These NNs tended to be more involved in collaborations and partnership working, meaning their work tended to complement wider provision. A minority of NNs, however, are still quite **inward facing** and have focussed their efforts on supporting their existing members first and foremost. This may be entirely appropriate in the context of their wider resource and capacity constraints and needs in their locality, but it does mean that these NNs' work has tended to be separate from, or supplementary to, wider co-ordinated efforts.

Organisational mission, vision and values

Again, whilst NNs' mission, vision and values were rarely explicit, it was clear these were an important factor in how and why they responded in the way they did. **Each NN has been developed from the 'community-up'**, which means they are deeply embedded in the local communities in which they are based. This local embeddedness is inherent in many NNs and conferred a number of benefits during the COVID-19 crisis such as an **ability to understand needs and aspirations**, often at an individual level; access to and involvement in **wider systems of support**; and a level of **trust from people in the community** that they would be able to help in a timely and appropriate way. These **local neighbourhood centric values** were evident in key staff within NNs, who appeared prepared to do 'whatever it took' to meet needs in their communities.

These factors were evident in different ways and to varying degrees in each of the NNs interviewed for this report and the analysis has revealed a degree of **unevenness in their level and distribution** between the NNs. This unevenness has affected the scale and reach of their response and their ability to work in partnership and collaborate with other key actors at a city and neighbourhood level. A degree of unevenness, or difference, between NNs is entirely appropriate given the variety of different social, economic, demographic and service contexts in which they are working. However, moving forward the LNNs and their key stakeholders – Leeds City Council, NHS primary care providers, and civil society umbrella bodies - may wish to consider the extent to which this unevenness may need to be 'levelled-up' to ensure sustainability and consistency, with agreement about what constitutes an NN 'floor' or 'minimum' provision in each area – as well as understanding the conditions that enable NNs to thrive and improve - and how that might be achieved in practice.

Recommendations

The Leeds Neighbourhood Networks are an essential part of Leeds's community-based approach to delivering their aim to "Make Leeds the Best City to Grow Old In". The existence of the LNNs prior to the COVID-19 pandemic, and the role they have played during the crisis, highlights their continued importance in ensuring that people in later life can be supported to stay well, connected and active in their communities.

Despite the difficult, and likely ongoing, fiscal context for both local authorities and civil society, it is important to recognise that this kind of work is only going to become more important with regards to supporting the growing number of people in later life. By exploring the role of LNNs and the ways in which they have supported residents through the pandemic, including working through local strategic partnerships, we have gathered important insights into how local areas can learn from their approach to supporting local older residents:

1. National government needs to provide adequate and flexible funding for local authorities and other local commissioners to develop and sustain social and community infrastructure such as the LNNs. Ringfencing small proportions of physical infrastructure investments, such as that of the proposed national infrastructure bank, to be spent on community infrastructure is one way to achieve this.

2. Funding models that allow for long-term, outcome-focused and unrestricted core funding are essential to supporting approaches like the LNNs. Funding should be as flexible as possible to ensure local organisations can be agile in response to events such as COVID-19 and easily collaborate with different sectors to reach those at risk, without undue bureaucracy.

3. Current investments in community-based approaches like the Leeds Neighbourhood Networks need to be prioritised and protected where possible. Building long-term partnerships and fostering local capacity will ensure that areas have the resources, knowledge and flexibility to respond to crises in the future.

4. Local authorities should continue to play a fundamental role in supporting and facilitating community-based organisations to be part of a wider ecosystem of support. Crucial to this is encouraging collaborative cross-sector partnership between civil society, health and business, with shared responsibility for resourcing and protecting community infrastructure.

5. As Integrated Care Systems continue to develop, it is essential that the value of community infrastructure such as the LNN is recognised and incorporated into how these new ICS operate. This can be done by ensuring that civil society organisations are represented within these new governance structures and by making use of these partnerships to deliver services.

Let's take action today for all our tomorrows.
Let's make ageing better.



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