

# Real time evaluation of Leeds neighbourhood networks

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Response to the  
COVID 19 Pandemic

Snapshot Report 1: July 2020

July 2020



in partnership with:

**Sheffield  
Hallam  
University**

Centre for  
Regional Economic  
and Social Research



Making Leeds the  
best city to grow old in

# Summary

- The **Leeds Neighbourhood Networks (LNNs)** support older people to live independently and to participate in their communities.
- Following the outbreak of the COVID 19 pandemic in March 2020 the **LNNs adapted their service offer rapidly to meet the needs of people** living in their communities.
- LNN support during the pandemic has focussed on the **provision of food, medicine and other essential items**, and ensuring people had **access to social and emotional support**.
- **Some NNs have taken on a ‘community hub’ role** which has involved offering support to a broader section of the community, such as younger households and people experiencing financial hardship.
- **Challenges and opportunities facing the LNNs** during this period include:
  - The **intensification of their work** and the **burden this has placed on key members of staff**, who face risk of physical and emotional ‘burnout’.
  - The tension between **addressing needs of the whole community** and the **older people** who have historically been the LNNs’ specialist focus.
  - An **increase in the reach and visibility of the LNNs** within their own communities and within public services.
  - LNNs are **not at immediate risk of financial crisis**, but they do have some **concerns about longer-term sustainability** as the pandemic continues.
- The LNNs are **moving from the acute ‘crisis’ phase to ‘recovery’** and a ‘new normal’ way of working, but would like **more clarity about the citywide ‘vision’** for the recovery phase, what the role of the NNs will be, and how it will be resourced.
- NNs were able to provide some **insights into the types of support** that will be needed at a community-level during the pandemic ‘recovery’ phase. These include: unemployment, confidence, mental health, isolation, physical health and digital inclusion.
- **Recommendations for the LNN and its key stakeholders are:**
  - Develop and communicate a **clear vision about the role of the LNN in the citywide COVID 19 recovery process** in the most effective way possible.
  - Understand **how LNNs can be supported to play a full and active role in the recovery process**, including what resources and support may be needed

# Introduction



The Leeds Neighbourhood Network (LNNs) support older people to remain living independently and to participate in their communities through a range of activities and services that are provided at a neighbourhood level. There are 37 LNNs covering the whole city of Leeds. Their form, function, activities and services are diverse, but they also share some key characteristics:

- They are all run with the involvement of older people. Each NN has a management committee drawn from the local community, including older people and local councillors.
- The activities provided by the NNs vary from network to network, but typically include provision for older people such as information and advice; advocacy; activities to improve health and wellbeing; social opportunities; and social activities. Most NNs also provide a mixture of universal and targeted provision.

- The NNs receive funding from Leeds City Council (LCC) to address four outcomes: to reduce social isolation and loneliness; to increase contribution and involvement; to improve choice and control; and to enhance health and wellbeing.

The Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University has been undertaking an evaluation of the since September 2019. The evaluation is funded by the Centre for Ageing Better (AB) and forms part of a wider strategic partnership between AB, LCC and Leeds Older People's Forum (LOPF) that was established in October 2017 to enable Leeds to adopt evidence-based practice, pilot innovative approaches, and to generate new evidence that can be shared locally, regionally, nationally and internationally.

Following the onset of the COVID 19 pandemic, in particular the decision on 23rd March 2020 to put the UK in 'lockdown' and

‘shield’ of many older and vulnerable people, it was decided to pause all planned evaluation activity repurpose the evaluation to focus on the LNNs’ response to the pandemic. A plan for a ‘Real Time Evaluation’<sup>1</sup> of the LNN response to COVID 19 was developed and the RTE commenced in June 2020. This Snapshot Report is the first output of the RTE and is intended to provide a rapid synthesis of emerging findings to help inform planning and policy making by the LNNs and their key stakeholders.

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## **RTE Fieldwork**

To date, RTE fieldwork has involved 20 interviews with key staff from the LNNs, 12 responses to a survey completed by LNNs, and a rapid review of available documents about how the LNNs and public sector bodies in Leeds have responded to the COVID 19 pandemic. This report is based on an initial analysis of these data which were collected and analysed during June 2020 as the UK Government began the process of easing the restrictions that had been in place since 23rd March as part of ‘lockdown’.

<sup>1</sup> RTE is an evaluation approach developed to aid humanitarian disaster response. It involves a flexible, rapid cycle of research with regular, accessible and actionable reports to aid response planning and decision making. A key feature of RTE is that feedback is usually provided during the evaluation fieldwork, rather than afterwards. For more information see: <https://www.intrac.org/wpcms/wp-content/uploads/2017/01/Real-time-evaluation.pdf>

# Key findings

The findings from the first phase of RTE fall into four broad categories:

1. How the LNNs responded to the early stages of the COVID 19 pandemic
2. Opportunities and challenges for LNNs as a result of the COVID 19 pandemic
3. The role of the LNNs in the COVID 19 pandemic 'recovery' process
4. LNNs' insights into the needs of older people and communities over the next 6-12 months

We provide more detailed findings about each of these in the following sections.

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## 1. The LNN response to the COVID 19 pandemic

It is clear from the interviews carried out with the NNs that many responded rapidly and flexibly at the very start of the COVID 19 pandemic, pivoting and adapting the way they supported their members based on an in-depth understanding of their circumstances and support needs. Whilst the decision on 23rd March to 'lockdown' the whole of the UK, including the 'shielding' of the most vulnerable, was a clear turning point, many of the NNs had foreseen the likely impact of the crisis several weeks in advance and were able to respond more quickly than many larger organisations and public services.

Although there has been significant variation in the types of things NNs have done in response to the crisis, the key features of their response can be summarised into two categories, both of which have involved

shifting from a service offer based on group activities towards more individualised support:

- **Provision of food, medicines and essential items:** making sure NN members, and in some cases wider members of the community, were able to meet their basic needs. This included, for example: doing peoples shopping; the delivery of food parcels; providing hot meals to homes; and the ordering, collection and delivery of medical prescriptions.
- **Provision of social and emotional support:** keeping in touch, often via telephone, with NN members and the people in the wider community who have been shielding and isolating. Some NNs have also provided activity packs, loaned IT equipment and organised 'Zoom drop-ins' to help keep people busy and connected where possible.

Who the LNNs have supported depended on the role they have been asked to play in the citywide response to the crisis. Some NNs have been asked to take on a 'community hub' role, which has involved co-ordinating local volunteer efforts to support the most vulnerable people, particularly those shielding and at risk of financial hardship. This has meant some NNs had to broaden their focus from their members (and members' families and carers) to the wider community (i.e. families and younger households). For NNs not taking on a hub role their focus has tended to remain on their members, including new members who have been referred to the NNs during the crisis.

Beyond whether an NNs has become a hub or not, other factors that have determined how

they have responded during the crisis have included:

- **Resources:** amount and flexibility of funding to enable them to change the ways in which they work; the number and capacity of staff volunteers; and their facilities and equipment – for example an NN with access to cooking facilities could provide food.
- **Pre-existing provision:** although there are some examples of service innovation, many NNs focussed at first on finding new ways to support existing members and sustain existing services, rather than trying lots of ‘new’ things.
- **Whether linked to a larger organisation:** some NNs are managed by national organisations with local operating teams such as Methodist Homes (MHA) and the Royal Voluntary Service who were able to provide ‘top-down’ direction and support to guide their response.

## 2. Opportunities and challenges for the LNNs

The interviews revealed a number of opportunities and challenges facing the LNNs during the COVID 19 crisis. These relate to their staff and volunteers, their members, and their operation.

### Intensification of NN’s work – particularly by ‘key’ individuals

Many of the NNs that were interviewed emphasised that their staff (and some volunteers) have had to work more intensively – both longer and harder – in order to sustain their response to the crisis. This was particularly acute for NNs acting as community hubs, but pressures were being felt across the LNN and these weren’t expected to lessen anytime soon. Some NNs reflected on some positive benefits associated with changes in working practices – such as

more remote working – that could lead to them being more efficient in the future. However, there was an overriding concern across the LNN about the risk of burnout and the burden the pandemic has placed on key staff. These staff are at risk of isolation within their roles and some reported a lack of support from boards, many of whom were less readily available due to shielding and challenges associated with digital literacy. In many ways LNN staff skills, experience and commitment are its greatest asset, but also their greatest weakness, given the amount they had taken-on to ensure the continuation of each NN’s work.

### Being a community hub can create a tension for NNs

Community hubs have played a key role in the formal Leeds citywide response to the COVID 19 pandemic. For NNs in these roles this has led to some tensions. Whilst it has been an opportunity to broaden the reach and visibility of their work and enabled them to engage more members and attract new volunteers, for some NNs it has also felt like a distraction from attending to the core needs of their members as they now have a much broader constituency to consider. Looking forward NNs will need consult with their members, funders and other key stakeholders about whether they retain this broader role once the crisis is over or re-focus their efforts on specialist support for their members and older people in their community.

### Changing reach and profile of the LNN

Many NNs are now ‘more visible’ than before the crisis. They are more visible within their communities and they are more visible to local public services and their representatives who have recognised the importance of voluntary and community organisations as a key part of a crisis response. This visibility has driven an increase in referrals, with new members joining NNs, giving them greater reach than

before crisis. It has also driven a rise in volunteers, with new (often younger) volunteers coming forward from within communities and via the Voluntary Action Leeds 'Community Care Volunteering' programme. This change in profile has also created some challenges for the NNs, as they are having to meet the needs of more people with the same or less resource. There are also some concerns about the mismatch between the volunteer roles NNs need to fill and the availability and skills of people who have come forward to volunteer (for example people wanting to volunteer at weekends, or outside of the usual operating hours of NNs).

### LNN funding and sustainability

A number of NNs discussed concerns about their funding and sustainability. Whilst they did not suggest they were at immediate risk of funding crisis or closure they were concerned about the longer-term effects of the crisis. In the short term the flexibility of core funding from LCC has enabled the NNs to respond within existing budgets and most have been cautious not to over-commit too many resources too quickly. However, there was a sense that more funding will be needed if the NNs are to sustain their role in the longer term, as current ways of working are far more resource intensive than before the pandemic due to the switch from group-based to individual support. A number of NNs have lost income from paid-for services, and although there have been some new sources of income from additional service fees, funders and donations, these will not be sufficient to cover the projected shortfall in many cases.

NNs also raised some concerns about the sustainability of their volunteer workforce. Some of their new volunteers already have less time to spare (i.e. having returned to work from furlough) and some of their older volunteers may continue shielding, or experience deteriorating health, so are less able to provide direct support to members.

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### 3. The role of LNNs in the recovery process

There was a clear sense from our interviews with the NNs that their response to the COVID 19 pandemic was beginning to move from the acute 'crisis' phase to 'recovery' and a 'new normal' way of working that could continue for some time. The NNs reported that the initial demand for crisis support had 'dropped off' and they were now considering what role they should play moving forward. Current planning by the NNs has involved:

- Finding new ways to provide social support, including group-based support
- Getting people out and about and 'moving more', including as groups
- Re-connecting people with their communities, including through digital technology

However, the NNs were unclear about what the citywide 'vision' is for the recovery phase, what the role of the NNs will be as part of this, and how it will be resourced. This links to broader city-wide debates about a 'hub and spoke' model of community support and where NNs might sit within those structures.

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### 4. LNN insights into the needs of older people and communities

Given their ongoing and in-depth engagement with older people and the wider community throughout the COVID 19 pandemic NNs were able to provide some insights into the types of support that will be needed during the pandemic 'recovery' phase. These included:

- **Unemployment:** support for older people to deal with financial hardship; and support to find work where appropriate.

- **Confidence:** support to re-build confidence to re-engage with NNs and other services; and support to re-connect with wider community-based activities and social networks.
- **Mental health:** people may have more acute mental health needs due to the effects of prolonged isolation, shielding and the lasting effects of COVID 19.
- **Isolation:** more older people have become more isolated during the pandemic, which means the and effects of isolation will be more pronounced.
- **Physical health:** shielding and prolonged isolation has led to physical ‘de-conditioning’ with implications for strength and balance, and a potential increase in levels and prevalence of frailty. A number of NNs were particularly concerned about the upcoming winter of 2020-21, as many of their members may require more intensive support than in previous years.
- **Digital inclusion:** ensuring older people have access to, and are able to utilise, digital technology (iPads, smart phones etc) will be vital moving forward. The NNs told us that some progress had been made on this during the pandemic but that there was more work to be done. Some NNs recognise that their own limitations (lack of digital skills, expertise and resources) have been a barrier to progress and they may need additional support in this area.

Reflecting on these needs, and their experience of supporting people during the pandemic so far, a number of NNs reflected that their members are likely to require more intensive support than currently provided, and that this would inevitably be more resource intensive as well.

# Conclusions

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## Recommendations

The Evaluation Team has identified a number of recommendations for the LNN, working in partnership with their key stakeholders across the city, to take forward in response to this report:

1. Develop and communicate a clear vision about the role of the LNN in the citywide recovery process, including the ways NNs can work with Local Care Partnerships (LCPs) at a community level to co-ordinate local support in the most effective way possible.
2. Following on from this, understand how LNNs can be supported to play a full and active role in the recovery process, including what resources may be needed to facilitate this. It may be necessary to offer individual NNs bespoke and tailored support to help them navigate this period.

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## Next Steps for the RTE

During July and August the RTE will collect data on a smaller number of NNs on an ongoing basis. Following discussion with the Evaluation Steering Group these interviews will be more targeted and focus on the role the LNN can play and is playing during the pandemic recovery phase. This will include exploring how their work is integrated with LCPs, which will play an important local co-ordination and implementation function during this period.

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## Contact

To discuss the findings presented in this report, or the LNN RTE more broadly, please contact:

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



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