

How community organisations contribute to healthy ageing

**Evidence from the
Evaluation of the Leeds
Neighbourhood Networks**

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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.

Contents

Executive summary	2
1. Introduction	7
2. Healthy ageing methodology	8
3. Background and context	10
4. LNN healthy ageing services and activities	13
5. Healthy ageing outcomes	16
6. How the LNNs contribute to healthy ageing	27
7. Conclusion	39
Appendix 1: methodology	44
Appendix 2: references	46

Executive summary

1. Introduction

This report explores the role of community-based organisations in supporting people in later life to achieve the capabilities and outcomes associated with healthy ageing. It focuses on the work of the Leeds Neighbourhood Networks (LNNs), which are community-based schemes that offer a range of activities and services with the aim of addressing the social determinants of health, promoting independence and wellbeing.

2. Methodology

The report draws on in-depth case studies of six LNNs. Each case study involved a desk-based review of existing evidence and data, and qualitative research with LNN staff, volunteers, members and partners. Overall, 57 LNN staff, volunteers, members and wider stakeholders participated in case study interviews.

3. What is healthy ageing?

The World Health Organisation (WHO) (Rudnicka et al, 2020) describes healthy ageing as *'the process of developing and maintaining the functional ability that enables wellbeing in older age'*, so that everyone is able to be and do what they have reason to value. Functional abilities refer to a person's ability to: meet their basic needs; to learn, grow and make decisions; to be mobile; to build and maintain relationships; and to contribute to society. Building on this WHO definition, the evaluation has focused on generating evidence about the different ways in which LNNs are working to promote functional ability at three overlapping stages of need:

- **Prevent:** Primary prevention of long-term health conditions through community-based activities and support.
- **Delay:** Supporting people to manage long-term conditions, to delay onset in severity that may impact on their quality of life and need for more acute health and social care services.
- **Reduce:** Supporting people with intensive support needs, including frail¹ people in later life, to relieve pressure on their informal carers and acute services.

¹ Frailty is a term used by health and care professionals to describe the loss of body resilience, which means that in the case of a physical or mental illness, an accident or other stressful event, people living with frailty may not recover as quickly. It is typically used to refer to those in later life who are at highest risk of adverse outcomes such as falls, disability, admission to hospital, or the need for long-term care.

4. An overview of LNN services, activities and resources

The LNNs cover the whole city of Leeds. They support people in later life to live independently and participate in their communities by providing a range of activities and services at a neighbourhood level. They have been commissioned by Leeds City Council (LCC) to address four major requirements linked to the Council's ambition of making Leeds the *'best city in the world to grow old in'*: to reduce social isolation and loneliness; to increase contribution and involvement; to increase choice and control; and enhance health and wellbeing. Although LNNs come in different shapes and sizes, they share some key characteristics. All LNNs are run with the involvement of people in later life. They have a broad offering which includes information and advice, advocacy, activities to improve health and wellbeing, social opportunities and physical activities.

Each LNN's resourcing model is different, but they all receive funding from a variety of sources. These include a core grant from LCC, other grant and contract funding from LCC and the NHS Clinical Commissioning Group (CCG), charitable grants from local and national funders, fees for services and activities paid by members, fundraising and donations. LCC are the largest funder of the LNNs; however, in 2019, for every £1 of funding from LCC, LNNs raised £1.63 from other sources.

5. Healthy ageing outcomes

The findings demonstrate that the LNN model is centred on primary prevention. Four outcomes were identified as important in this regard:

- increasing social contact and connectedness
- preventing social isolation and loneliness
- improving mental health and wellbeing
- promoting and increasing independence

However, the findings also show how the LNNs play an increasingly important secondary prevention role, often detecting disease and illness early, or delaying it from getting worse. LNNs achieve this by:

- supporting members experiencing frailty and other long-term conditions
- spotting when health declines and putting the right support in place

The evaluation has found that by integrating services and activities focused on primary and secondary prevention at a community-level, the LNN model can reduce demand elsewhere by relieving pressure on:

- the health and care system
- informal carers and families

The findings demonstrate how the LNN model enables each of the functional capabilities of healthy ageing to be addressed. Opportunities to build and maintain relationships and contribute to society are at the core of how the LNNs work, but also provide a platform for other capabilities to be supported in combination and as appropriate to individual needs.

6. How LNNs contribute to healthy ageing

The evaluation has identified a number of factors as being particularly significant in determining how and to what extent the LNNs contribute to healthy ageing outcomes. These are described as the five ‘mechanisms of change’ (five Rs). The first focuses on *what LNNs need* to deliver their activities; the subsequent four focus on *how LNNs work* with those resources to achieve outcomes. The five Rs are:

- **Resources:** LNNs need a combination of different sets of resources: funding, good governance, stable leadership, a strong workforce, accessible facilities, a good reputation, and a supportive policy environment.
- **Range:** LNNs provide people in later life with a range of activities and other opportunities tailored to their needs, which enables holistic and personalised care.
- **Relationships:** LNNs build meaningful, trust-based relationships with and between members and volunteers (and their families), as well as with other organisations and groups within communities.
- **Responsiveness:** LNNs are responsive to their members’ needs and contexts and sensitive to when these change. In-depth knowledge of members enables LNNs to respond in highly personalised ways.
- **Reassurance:** Being part of an LNN provides members and their families with a sense of reassurance and security through knowing that the LNN is there for them whenever needed.

These five factors are interlinked and mutually reinforcing; they work together to create thriving LNNs that are able to make a significant contribution to healthy ageing.

7. What it takes for LNNs to thrive

Collectively, these findings suggest that there are five elements to understanding how LNNs contribute to healthy ageing. These elements can be thought of as the ingredients for a ‘thriving’ LNN: what they need; what they do; how they work; the difference they make; and the impacts they have. Although these relate specifically to LNNs, they should also apply to community organisations’ contribution to health and social care policy more broadly.

Figure 1: Leeds Neighbourhood Network evaluation summary



8. Policy implications

There are some important policy implications from this study for the current and future contribution of community-based organisations to health and social care policy.

The importance of prevention

The primary prevention activities of LNNs are foundational to all that they do. Ensuring that community-based organisations are supported to undertake this primary prevention is vital, even though demand for secondary prevention or reactive support continues to increase.

The value of long-term investment in the core work of community-based organisations

Core funding from LCC has been vital and provides a platform from which other financial and human resources can be leveraged to enhance the LNNs' work. This is good commissioning practice; public bodies seeking to involve community-based organisations should provide unrestricted core funding wherever possible.

What else community-based organisations need to thrive

Collectively, the 'five Rs' identified in this report (resources, range of activities, relationships, responsiveness and reassurance) should be considered the key ingredients of a healthy and thriving community organisation. Policy should be developed to promote these ingredients and enhance the contribution of community-based organisations to healthy ageing and primary and secondary prevention.

The need to 'level-up' support for healthy ageing at a neighbourhood level

Effective support for older people around healthy ageing is not distributed evenly, either across the LNNs or the country as a whole. Policy makers should consider how support can be 'levelled-up' to ensure equity of access and outcomes for people in later life, wherever they happen to live.

1. Introduction

This report explores the role community-based organisations play in supporting people in later life² to achieve the capabilities and outcomes associated with healthy ageing. It focuses on the work of the Leeds Neighbourhood Networks (LNNs), community-based schemes that aim to support people in later life to live independently and participate in their communities through a range of activities and services that are provided at neighbourhood level.

The report forms part of wider evaluation of the LNNs undertaken by the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University³ on behalf of a partnership between the Centre for Ageing Better (Ageing Better), Leeds City Council (LCC) and Leeds Older People's Forum (LOPF). The partnership was established in October 2017 to enable the city of Leeds to adopt evidence-based practices, pilot innovative approaches, and generate new evidence that can be shared locally, regionally, nationally and internationally. The evaluation commenced in September 2019 and will conclude in July 2022⁴. It has the broad aim of building the evidence base about community-centered approaches to supporting people in later life, including how initiatives like LNNs contribute to outcomes and support local and national policy priorities in health and social care.

2 The term 'people in later life' is applied loosely throughout this report. The LNNs do not have strictly defined age criteria, but in 2018 it was estimated that 99% of LNN members were aged 60 or over. 21% were aged 60-69, 33% were aged 70-79, 35% were aged 80-89, and 8% were aged 90 or over.

3 Researchers from the Third Sector Research Centre (TSRC) at the University of Birmingham and We Research It Ltd are also part of the Evaluation Team.

4 More information about the LNN evaluation is available here: <https://www.ageing-better.org.uk/our-work/leeds-neighbourhood-network>.

2. Healthy ageing methodology

This chapter presents the Leeds Neighbourhood Network (LNN) evaluation's healthy ageing methodology. It discusses the definition of healthy ageing that was used during the LNN evaluation, as well as describing the evaluation case study approach and research methods.

2.1 Defining healthy ageing

For this evaluation, we have adopted the World Health Organisation (WHO) definition of healthy ageing (Rudnicka et al, 2020), which is *'the process of developing and maintaining the functional ability that enables wellbeing in older age'*. Functional ability is described as having capabilities that enable all people to be and do what they have reason to value. This includes a person's ability to: meet their basic needs; to learn, grow and make decisions; to be mobile; to build and maintain relationships; and to contribute to society. Functional ability is also linked to an individual's intrinsic capacity (i.e. physical and mental health) which, although likely to deteriorate with age, can be moderated and mitigated by limiting declines in overall health and adapting the environment to reduce barriers.

Building on this definition and the inter-relationship between functional ability, capacity and biological age, the evaluation focused on generating evidence about the different ways in which LNNs are working. This includes the opportunities LNNs provide for older people at three overlapping stages of their life, where they may experience different levels and intensity of need:

- **Prevent:** primary prevention of long-term health conditions and co-morbidities through community-based activities and support
- **Delay:** supporting people to manage long-term conditions to delay onset in severity that may impact on their quality of life and need for more acute health and social care services
- **Reduce:** supporting people with intensive support needs, including frail⁵ people in later life and those with multiple or chronic non-communicable diseases, such as dementia or cancer, in order to relieve pressure on informal carers and acute services

5 Frailty is a term used by health and care professionals to describe the loss of body resilience, which means that in the case of a physical or mental illness, an accident or other stressful event, people living with frailty may not recover as quickly. It is typically used to refer to the group of people in later life who are at highest risk of adverse outcomes such as falls, disability, admission to hospital, or the need for long-term care.

2.2 Evaluation approach and methods

The evidence presented in this report draws on a case study methodology, with six LNNs selected as ‘cases’ to be studied in-depth (see Appendix 1 for more details). Each case study involved a desk-based review of existing evidence about the LNN, drawing on qualitative interviews undertaken during earlier phases of evaluation and monitoring data collected by Leeds City Council (LCC) in 2018. It also included qualitative research with LNN staff, volunteers, members and partners. Overall, 57 LNN staff, volunteers, members and wider stakeholders participated in formal interviews for the six case studies.

3. Background and context

This chapter discusses the background and context for the report. It provides a brief overview of what the Leeds Neighbourhood Networks (LNNs) are, how they fit within the wider Leeds city policy context in health and social care, before discussing how their work was affected by the COVID-19 pandemic.

3.1 What are the LNNs?

The LNNs cover the whole city of Leeds and aim to support people in later life to remain living independently and participate in their communities through a range of activities and services that are provided at a neighbourhood level. LNNs exist in different shapes and sizes. Some are small, local community groups for whom the running of the LNN is their primary activity; others are medium-sized voluntary organisations who run an LNN alongside a wider range of community-based activities and services. Two large national organisations, including a housing and care home provider and a national older person's charity, run LNNs as a complement to their core activities⁶. Although form, function, activities and services of LNNs are diverse, they do share some key characteristics:

- They are all run with the involvement of people in later life. Each LNN has a management committee drawn from the local community, including people in later life and, usually, elected local councillors.
- The activities provided by LNNs vary from network to network, but typically include provisions for people in later life including: information and advice; advocacy; activities to improve health and wellbeing; social opportunities; and physical activities. Most LNNs also provide a mixture of universal (i.e. open access) and targeted (i.e. specific population groups or health conditions) provisions.
- The LNNs have been commissioned by Leeds City Council (LCC) to address four major requirements (i.e. outcomes for people in later life): to reduce social isolation and loneliness; to increase contribution and involvement; to increase choice and control; and to enhance health and wellbeing.

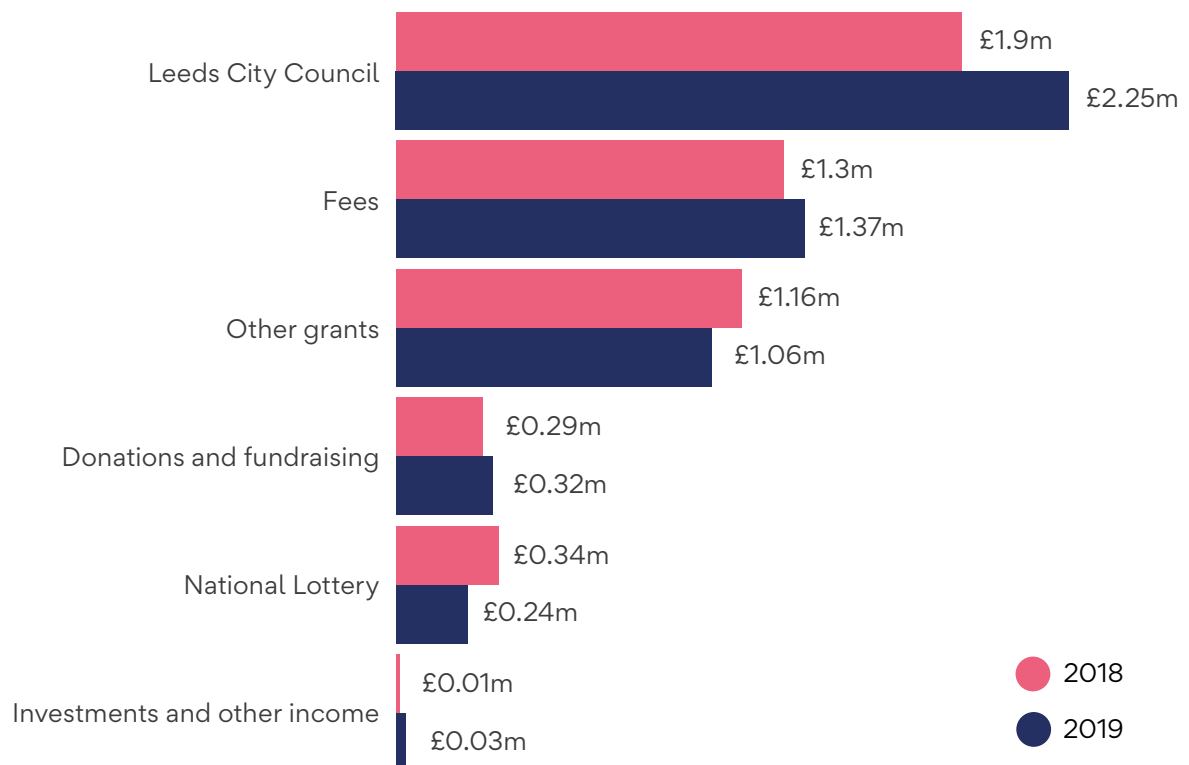
⁶ According to data from the Charity Commission in 2018, most LNNs had an annual income between £100k and £300k (17 LNNs). A smaller number had incomes of less than £100k (3), or higher than £300k (6), including three with an income of more than £500k.

3.2 How LNNs are resourced

Although each LNN's resourcing model is different, they all receive funding from a variety of sources. These include the core grant from LCC (this varies in size by LNN), other grant and contract funding from LCC and the NHS Clinical Commissioning Group (CCG) for defined services and activities, charitable grants from a variety of local and national funders, fees for services and activities paid by members, fundraising and donations, and internal funds (reinvestment of charitable reserves).

Figure 2 provides an overview of the total income received by a sample of LNNs in 2018 and 2019. It shows that LCC (including all core and programme funding) are the largest funder of the LNNs, but that other funding sources, in particular fees for services and other grants, are important as well. In fact, in 2019, for every £1 of funding from LCC, LNNs raised £1.63 from other sources (this figure was £1.33 in 2018). This highlights how maintaining a diverse portfolio of income sources is key to many LNNs' sustainability, but that the importance of long-term core funding from LCC should not be underestimated.

Figure 2. Total LNN income for 2018 and 2019, by income type



Source: Evaluation team analysis of Charity Commission data⁷

⁷ Based on information from 22 charities running LNNs with suitable data. The remainder were either national charities, their accounts weren't available online, or the information provided wasn't sufficiently disaggregated.

3.3 Where do the LNNs fit within the wider policy context?

The city of Leeds has the ambition of being the ‘*best city for health and wellbeing*’ and the ‘*best city to grow old in*’.⁸ This includes a shared agenda across the Council and health services to involve local voluntary organisations and community groups in key aspects of health and social care service delivery. This is particularly relevant to the LNNs because devolved neighbourhood level working is a key feature of the local policy environment. The integration of health and social care is being implemented at a neighbourhood level by Local Care Partnerships (LCPs), which overlap with the LNN geographies, meaning that partnership working between LNNs and LCPs will be key moving forward.

There is potential for a symbiotic relationship between the LNNs and the strategic priorities of Leeds health and social care stakeholders. Prior to the COVID-19 pandemic, key stakeholders had already begun to recognise that their ambitions for a preventative model of public services, based on developing community-based resources and assets, could not be delivered without the continued and enhanced involvement of the LNNs. This potential future role for the LNNs has been brought into even sharper focus since the outbreak of the COVID-19 pandemic.⁹

8 <https://www.ageing-better.org.uk/publications/simply-best-making-leeds-best-city-grow-old>.

9 <https://www.ageing-better.org.uk/publications/ever-more-needed-role-leeds-neighbourhood-networks-during-covid-19-pandemic>.

4. LNN healthy ageing services and activities

This chapter draws on the six LNN case studies, as well as wider data and evidence about the LNNs, to present an initial high-level understanding of the range of activities and services they provide in support of healthy ageing.

4.1 The range of services and activities provided

Each LNN has a unique ‘menu’ of services and activities to choose from and access, based on their understanding about the needs of their members and the wider community. Although what is on offer varies considerably in terms of breadth, scale and reach, most provision falls within the categories set out in Table 4.1 (note that this is intended to be illustrative, not exhaustive, and many LNNs will be doing things that don’t quite fit under these categories).

4.2 How services and activities are provided

LNNs offer a combination of universal activities, which can be accessed by any person in later life, such as a lunch club or craft group, and targeted activities focusing on specific health conditions and social issues, such as dementia cafés or strength and balance clinics for members with mild to moderate frailty. The services and activities are provided through a mix of group, one-to-one, peer-to-peer, and clinic-based support.

Provision takes place in a range of settings, including LNNs’ own community buildings, other community buildings, people’s homes (including care homes), public sector buildings and outdoors (in parks and public spaces). Online provision and telephone-based support has also become more common since the start of the COVID-19 pandemic.

Figure 3: An overview of LNN services and activities by category

Category	Subcategories	Link to World Health Organisation (WHO) functional abilities
Opportunities for social connection and interaction	<ul style="list-style-type: none"> - Shared hobby or interest groups - Lunch club or café - Doorstep visits during the COVID-19 pandemic - Games - One-off events - Day trips and holidays 	Build and maintain relationships; Be Mobile
Support to engage in physical activity or exercise	<ul style="list-style-type: none"> - Sport or recreation activities - Fitness classes and activities 	Build and maintain relationships; Be Mobile
Learning and development opportunities	<ul style="list-style-type: none"> - Hobby or interest - Fitness - IT/digital - Religion/faith 	Learn, grow and make decisions
Befriending	<ul style="list-style-type: none"> - Telephone - Face-to-face 	Build and maintain relationships
Food and nutrition	<ul style="list-style-type: none"> - Shop - Lunch clubs - Medicines collection - Shopping and food delivery - Meals on wheels 	Meet basic needs
Transport	<ul style="list-style-type: none"> - Car pick-ups - Minibuses 	Meet basic needs; Build and maintain relationships; Be Mobile
Frailty and long-term conditions clinics	<ul style="list-style-type: none"> - Strength and balance - Leg clinics - Memory loss 	Build and maintain relationships; Be Mobile
Information, advice and guidance	<ul style="list-style-type: none"> - Newsletters - Websites - One-to-one sessions - Referral to other agencies - Signposting to other agencies - Housing - Benefits 	Meet basic needs
Home improvement and adaptation	<ul style="list-style-type: none"> - Handyman services - Gardening - Fire safety checks 	Meet basic needs; Be mobile
Volunteering opportunities across a range of services		Contribute to society

Key Findings

The LNN model is centred on primary prevention. Four outcomes were identified as important in this regard:

- Increasing social contact and connectedness
- Preventing social isolation and loneliness
- Improving mental health and wellbeing
- Promoting and increasing independence

The LNNs also play an important secondary prevention role, often detecting disease and illness early or delaying it from getting worse. LNNs achieve this by:

- Supporting members experiencing frailty and other long-term conditions
- Spotting when health declines and putting the right support in place

By integrating services and activities focused on primary and secondary prevention at a community level, the LNN model can reduce demand elsewhere by relieving pressure on:

- The health and care system
- Informal carers and families

The LNN model enables each of the functional capabilities of healthy ageing to be addressed. Opportunities to build and maintain relationships and contribute to society are at the core of how the LNNs work, which provides chances for other capabilities to be supported in combination as appropriate.

5. Healthy ageing outcomes

This chapter considers the healthy ageing outcomes associated with the LNN model by exploring the benefits experienced by members, volunteers, and their families, as a result of engaging with an LNN. We identify a range of outcomes for people, communities, and the wider health and social care system linked to the ‘prevent, delay, reduce’ criteria and functional capabilities set out in Chapter 2.

5.1 Prevent

Our qualitative research with the LNNs, their staff, volunteers, members and wider stakeholders revealed how most of the LNNs’ activities lead to outcomes relating to primary prevention (they help prevent disease or illness before it ever occurs). Three types of outcomes related were identified as being particularly important to the LNN model.

i. Increasing social contact and connectedness, preventing isolation and loneliness

Providing a range of opportunities for people in later life to participate in social activities which enable them to build and maintain relationships with their peers and other community members is at the core of the LNN model. LNN volunteers and staff focus on creating a friendly environment for members from the very start of their engagement with an older person to ensure that their initial experience is a positive one:

“We’re all very, very friendly. We always try and make people very welcome, especially if they’re new, you know; we’ll make sure we find somewhere where they can sit and try and put them with people that we know are naturally chatty.”

(LNN 3, Volunteer)

In different ways, each LNN that we engaged with ensured that members have access to social and emotional support through befriending services and other social activities:

“I think the biggest benefit (of the Befriending Service) is social interaction.”

(LNN 1, Volunteer)

Regular, friendly contact and support was identified as invaluable in providing much-needed reassurance for members:

“I think the main thing is knowing there's somebody out there. They're out there and they are so caring, keeping in touch with you once a week I think is absolutely wonderful, I do.”

(LNN 1, Member)

During the COVID-19 pandemic, when physical contact has not always been possible, the LNNs have been connecting members together digitally so that they could maintain social contact and relationships, as well as helping people overcome digital exclusion:

“They supplied me with a tablet, did (Name of LNN), so I could get on to Facebook and things like that, and meet up with different people and talk to different people and get different information. I've been using the tablet to keep in touch with everything.”

(LNN 4, Member)

Some LNN members told us that without contact from their LNN they wouldn't have had much social contact at all:

“They've been very helpful because I've only been in this bungalow three years and I'm quite... I still don't know my bearings round where we are now. We've had to move due to health problems, you know, with my son and daughter, and I had a hip replacement, so I've hardly got out of the bungalow.”

(LNN 1, Member)

Increasing social contact and connectedness also gave many LNN members and volunteers a sense of purpose and belonging. This was often linked to knowing that they were contributing to their community by helping others. Members at one case study (LNN 1) involved in a knitting group expressed how knitting for various good causes made them feel useful and that they were doing some good for others:

“It really makes me feel good being able to do things for other people.”

(LNN 1, Member).

The staff member involved in coordinating the group also commented:

“A lot of our members have said how good it’s felt to do something in return for people you know, to do something for the community.”

(LNN 1, Staff)

Improving people’s social connections has important preventative health benefits. Numerous studies have shown that meaningful social connections, feelings of belonging and good social and emotional support have protective effects on health, enhancing resilience to stress and preventing mental illness by, for example, slowing cognitive and mental decline (Thoits,2011; Newman and Zainal, 2020; Haslam et al, 2015).

An important benefit of the LNNs’ work to increase social contact and connectedness is the prevention of social isolation and loneliness amongst members and volunteers:

“I do get lonely occasionally but she [the member’s daughter]... thought it would be a good idea... it's an absolute godsend, it really was. I really missed it during Covid.”

(LNN 3, Member)

Some LNNs provided targeted support to address isolation. For example, one LNN (LNN 2) was identifying and supporting men at risk of isolation by facilitating contact and running a ‘minibus’ group which picked up members from their homes before driving them around the local area for a few hours, often stopping at a local pub or café along the way. Many of the men taking part in the club would have been reluctant to sit down face-to-face with

someone, or in a group, and share how they were feeling, their concerns or the personal challenges they were facing. By putting this group in a minibus, however, it enabled ‘side to side communication’, whereby they could share their feelings in a more informal and less restrictive space.

If unchecked, isolation and loneliness can pose a range of health risks for older people. There is a well-established link between experiences of isolation and loneliness and poor physical and mental health (Courtin and Knapp, 2017; Lee et al, 2020) , meaning that being a member or volunteer of an LNN is likely to help prevent illness and have a positive effect on more acute physical and mental health outcomes:

“...Because some of them have got no friends for whatever reason, you know life has dealt them a very lonely blow...and so having a befriender, somebody who's prepared to go, talk and listen to things, take them out for a drink... it does far more than just that one visit.”

(LNN 1, Volunteer)

ii. Improving mental health and wellbeing

We found that being an LNN member or volunteer had wider benefits for mental health and wellbeing. This involves a number of components, all of which play a part in preventing mental health problems. For example, having regular social contact and accessing other forms of social activities gave members something to look forward to, helped to keep them occupied and provided much-needed structure to their time, particularly during the pandemic. LNNs were frequently described as a ‘lifeline’ by the people we interviewed. Members described how having these activities helped to motivate them, making them feel much better about themselves:

“Sometimes we have a speaker, we play games, we have quizzes, sometimes we just have a coffee and a natter, and those things have been like a lifeline these last...fifteen months. If I hadn’t have had those to keep me going I think I really would have struggled, because I was one of the clinically extremely vulnerable people as well, so it meant even as some things started to open...I still couldn’t risk going to them.”

(LNN 3, Member)

“I’ve been really grateful for their help, and they’ve helped me get back into doing my crafts, because at the time with lockdown, I was so frightened for my son and my daughter and myself... I thought, ‘well, I need to be here to look after them’, and I was going through a bad depression and I couldn’t get into doing anything, you know, I was just looking after my son and daughter... They’ve helped me to get back into my crafts, so it’s made me feel a lot better about myself.”

(LNN 1, Member)

We found that engaging with LNNs helps to improve older people’s confidence and self-esteem. Whether taking part in classes like exercise sessions or activities such as luncheon clubs, members and volunteers had opportunities to talk with others and engage in other small but incremental social interactions, enabling them to develop greater awareness about their personal strengths and capabilities. This increased awareness and confidence resulted in people wanting to come back and take part in more activities, try something new or more challenging, or make conversation with others. This positive cycle set up further benefits and helped to promote independence (see below).

Having a renewed sense of purpose was also linked to improved motivation and wellbeing. Volunteers at one case study (LNN 2) noted that after retiring they felt a sense of loss and boredom, but by volunteering they had a renewed purpose and motivation to support their local community. This had a positive effect on their wellbeing and daily lives:

“I mean benefits for the volunteers, there is a couple of benefits there. There is the good will aspect that you feel that you are doing something good and making a difference to somebody’s life.”

(LNN 1, Volunteer)

iii. Promoting and increasing independence

Our evidence indicates that LNNs play an important role in helping people in later life maintain and improve their independence, which in turn helps to prevent illness. As a staff member at one LNN explained:

“We promote independence and we promote keeping active and healthy, and I think we do that very well.”

(LNN 6, Staff)

Activities such as exercise and dance classes, walking groups and other leisure and social activities encourage members to be mobile and active, whilst at the same time building and maintaining relationships. For members that are less active or physically able, befriending can serve a similar purpose. By enabling people in later life to maintain and increase their social contact and connectedness and improve their wellbeing, LNNs set up a positive cycle which supports and promotes independence.

5.2 Delay

Although primary prevention is key to the LNN model, we also found that some members and volunteers are already experiencing poor or deteriorating health when they first join an LNN. In addition, some people may experience a deterioration in their health during their time as an LNN member or volunteer. Whilst these older people continue to benefit from the outcomes linked to social contact, reduced loneliness and improved wellbeing outlined above, the LNNs also take on a role linked to secondary prevention at this point. They help detect disease and illness early and prevent or delay it from getting worse. Two factors related to secondary prevention were identified as central to the LNN model.

i. Supporting members with frailty and other long-term conditions

Our evidence suggests LNNs are helping to support members to deal with and manage long-term health conditions, which can help to delay deterioration in frailty and other age-related health conditions. For example, some LNNs ran specific projects around issues such as frailty to help to address challenges associated with deteriorating health. One case study (LNN 2) was working with local GPs and healthcare services to deliver a course to support people who were frail, suffering from memory issues or needing help with their general wellbeing. This included components about healthy eating, mobility, relaxation and mindfulness. Staff believe the project has helped reduce the number of visits people taking part make to their GPs. By being offered the time and space to discuss physical or mental frailties with staff, and staff being able to observe these, smaller and incremental changes to members' lives could be suggested. Staff felt that these minor changes ended up having significant impact and reduced the need for people to go to their GP to ask questions. Staff described that when taking part, people would initially self-identify one or two pressing issues relating to their frailty and wellbeing. During the programme, as people become more aware of other services and activities at the LNN, they would start to understand what other aspects of their lives they could gain support with.

Furthermore, some LNN activities incorporate elements of reminiscence and talking about the past which can support people with memory loss and mild dementia and may delay further deterioration for some:

“I was able to show them video footage of when they were children. One man was like, ‘oh, I was in that dance’. They did this big maypole dance and he said he was from that, so that was nice.”

(LNN 1, Staff)

“It definitely helps with dementia. It either helps stave off dementia or reduces the effects of dementia... The conversation, well, there is a couple of aspects. When you are having a conversation, you are sat trying to think of things and remember things so that’s got to be helpful. But also, people enjoy talking about things that they’ve liked in the past or good memories, good experiences. And I suppose that uplifts the spirit a little bit.”

(LNN 1, Volunteer)

Phone support and befriending relationships can also help with delaying deterioration in members’ health conditions. For example, by enquiring about what members are eating and drinking to ensure suitable nutrition and hydration, helping with mobility through advice about movement and exercise, and checking that members’ medication reviews are up to date or helping them make an appointment if necessary:

“I phoned and said ‘I have a bad knee, what are the best exercises?’ She came down and showed me and my neighbour.”

(LNN 4, Member)

LNNs often work with other health services to support and educate members about health conditions and how best to manage them to improve care and avoid deterioration. One case study (LNN 5) ran a ‘leg club’ providing community-based treatment, health promotion, education and ongoing care for people experiencing leg-related problems:

“[It’s] something that we’ve put together with the medical services around town. By doing so, we are able to educate people that we do it and why we’re doing it, which helps them understand what they shouldn’t be doing. We can get people together and it delays the impact on the National Health Service.”

(LNN 5, Volunteer)

The club was delivered in a social setting, which meant older people could have a cup of tea and *‘talk to other people who’ve got leg problems’*, whilst a nurse took care of dressings and talked to people about other health issues or concerns.

ii. Spotting when health declines and putting the right support in place

Due to the relationships LNNs develop with people in later life they are in a unique position to spot declines in health and intervene appropriately, as they know their members and volunteers well already. As such, LNNs are often able to see things other people wouldn’t always see:

“The main one is when you are doing the befriending face to face – you can actually keep an eye on what they are looking like. If they are beginning to look very thin, you can actually stop that and you know suggest to a family member or their next of kin or contact them to contact the office to say I am really bothered.”

(LNN 1, Volunteer)

This was particularly important during the COVID-19 pandemic, when regular ‘Zoom check-ins’ from the LNN were the only social contact that some older people had.

Furthermore, LNNs’ close relationships with members means they can identify how members’ declining or improved physical health relates to their mental wellbeing:

“We’ve got a gentleman that used to come out with us. He’s had a really bad deterioration over COVID-19 and I remember going to see him, just towards summer last year, and his mobility had really, really reduced. He was not in a good way at all....He has declined, but his mobility and his mood - he started coming out with us to one of our support groups and his mobility and mood have both improved vastly.”

(LNN 5, Staff)

5.3 Reduce

We found that through a combination of activities and outcomes linked to primary and secondary prevention, the benefits related to the LNN model can also help relieve pressure elsewhere. We identified the wider health and care system and informal carers of LNN members and volunteers as particularly important beneficiaries of this aspect of the LNNs' work.

i. Relieving pressure on the health and care system

There is evidence that having support from LNNs could play a part in reducing the pressure on other services within the health and care system. This often stemmed from the small incremental health improvements that older people experienced, linked to their engagement with an LNN. A number of LNNs we spoke to felt that their involvement with their most frail and vulnerable members played a part in reducing demand on healthcare professionals, emergency services and primary care. They explained that some people in later life often turned to professional healthcare services such as GPs, or phoning 111 or 999, when faced with an array of personal challenges. This was usually out of habit or due to a lack of information about what other services were available. Whilst many of these healthcare professionals will do what they can to support, they often lack the personal knowledge, time or resources to help effectively. LNNs, with greater information about what local support is available and time to establish a holistic understanding of an older person's needs, can build people's confidence in them that they are best placed to provide help, rather than turning to health services every time they need help.

A befriending volunteer at one case study (LNN 1) explained how having a befriending relationship and having someone to talk to regularly could reduce feelings of crisis and desperation. This volunteer talked about two befriendees who would call their GP or ring 999 because they were very concerned about health issues of various sorts and had nobody else to speak to. Once they had a befriender, they did not feel the need to do this:

“People become more confident. I mean, some of the people I used to visit in the early days would ring 999.”

(LNN 1, Volunteer)

By supporting older people in this way, LNNs reduce the number of inappropriate calls and demands on healthcare professionals by people in their care.

The flipside of this is that LNNs also play a role in supporting their members to have more appropriate contact with health services when it is needed. As

staff at one case study (LNN 2) noted, their men’s group resulted in men encouraging each other to get certain health conditions checked out by healthcare professionals:

“It’s rolling back to the way men often leave things ‘til the last minute before they engage in things. And the generation we’re dealing with are a group that clearly don’t follow what healthy is.”

(LNN 2, Staff)

LNN staff and volunteers also provide members with information to assist with navigating the wider health and care system. This advice was often very informal and personalised. At one case study (LNN 4), telephone support was a way of helping to delay the progression of health problems by assisting members to access primary health care services, including GP appointments and medication reviews, appropriately:

“Because of COVID-19, [we help with] understanding systems and getting tests. Making sure people have their jobs as well, and if people are against it, explaining the benefits.”

(LNN 4, Staff)

A volunteer at one LNN explained how befriending assistance, having someone who listens and cares, can help to stabilise members who are suffering from acute mental health difficulties. Such support can help reduce some of the pressure on other support services:

“I certainly talk to a couple of people on a weekly basis who do have suicidal feelings from time to time. I know that I’m not the only one that’s supporting them, I know that they have got other bodies supporting them, but it does help to keep those sort of thoughts at bay.”

(LNN 1, Volunteer)

ii. Relieving pressure on carers and families

We found that LNNs are also able to reduce pressure on the informal carers and families of their members, particularly those who don’t live close by. LNNs provided a sense of reassurance to families that their parent or grandparent is being looked after (and this was particularly the case during the pandemic), thereby reducing worry about them:

“By helping [John] and me here in [this town], (LNN 5) has also contributed to the welfare of three families in other places. Two of my family who live in Leeds, both of them have one vulnerable person in the family.”

(LNN 5, Member)

Sometimes, befriending services can help give some support to the partners of members who need respite or who are ill, (although caution was expressed about where the line is and that the service was not a substitute for paid professional care):

“Actually, going in and spending an hour or so just to chat with the member gives a relief to the person who is a carer for them.”

(LNN 1, Volunteer)

In addition, LNNs provide important respite for informal carers by supporting members through the various services and activities they run. In many cases, primary carers were the partners or immediate family members of the people LNNs supported. Luncheon clubs, day trips and other social activities were all identified by staff and volunteers at LNNs as invaluable in enabling periods of respite:

“Regular contact helps keep him on a level and actually it gives his wife respite as well, because we know that it’s quite challenging when he’s struggling at home, so it benefits her wellbeing as well.”

(LNN 3, Staff)

6. How LNNs contribute to healthy ageing

Key Findings

There are five ‘mechanisms of change’ that underpin the LNNs’ contribution to healthy ageing. The first focuses on what LNNs need to deliver their activities; the subsequent four focus on *how LNNs work* with those resources to achieve outcomes. The five Rs are:

- **Resources:** LNNs need a combination of different sets of resources: funding, good governance, stable leadership, strong workforce, accessible facilities, good reputation, and a supportive policy environment.
- **Range:** LNNs provide older people with a range of activities and other opportunities tailored to needs, which enables holistic and personalised care.
- **Relationships:** LNNs build meaningful, trust-based relationships with and between members and volunteers (and their families), and with other organisations and groups in their communities.
- **Responsiveness:** LNNs are responsive to their members’ needs and contexts and sensitive to when these change. In-depth knowledge of members enables LNNs to respond in highly personalised ways.
- **Reassurance:** Being part of a LNN provides members and their families with a sense of reassurance and security, through knowing that the LNN is there for them whenever needed.

These five factors are interlinked and mutually reinforcing: they work together to create thriving LNNs able to make a significant contribution to healthy ageing.

Five characteristics (the ‘five Rs’) of the LNNs have been identified as being particularly significant in determining how and to what extent they contribute to healthy ageing outcomes. The first of these – resources – focuses on what the LNNs need in order to achieve outcomes; the subsequent four – range of activities, relationships, responsiveness, and reassurance – focus on how the LNNs work in order to achieve outcomes. Together, these five Rs can be thought of as the mechanisms of change that are essential to a thriving LNN and key factors in how they achieve positive change for people in later life in their communities. We expand upon each of these below.

6.1 Resources

Seven different types of resources have been identified as being particularly important for ensuring effective and thriving LNNs. These in turn enable LNNs to contribute to healthy ageing outcomes.

a. Funding

Funding needs to be both sufficient and sustainable. This means different things to different LNNs, depending on a range of factors including their size, membership base and delivery model. The funding resources available to LNNs are currently uneven, in part due to the different contexts within which the LNNs operate, and in part due to internal factors such as strategic focus and/or attitudes towards risk. Uncertainty over future funding can make long-term planning difficult. The relative security and flexibility provided by the core grant from Leeds City Council is particularly important and provides a platform for funding from other sources to be levered in (see Chapter 3).

b. Good governance

The initial stage of the evaluation identified some challenges associated with governance within LNNs¹⁰, particularly during the early stages of the COVID-19 pandemic when boards were forced to operate online, which proved challenging for some. This latest stage of the evaluation has further highlighted the importance of good governance within LNNs. We have found evidence that governance in many LNNs is thought to have improved considerably over the last few years, with more skilled and effective boards. Further, we have found evidence of the significance of the ongoing inclusion of members in governance structures, ensuring the voices of people in later life are at the heart of an LNN’s strategic decision making.

¹⁰ <https://www.ageing-better.org.uk/publications/ever-more-needed-role-leeds-neighbourhood-networks-during-covid-19-pandemic>

c. Stable, embedded leadership

The importance of strong leadership was also emphasised. Inevitably, much of the leadership responsibility rests on LNN chief officers and project managers, who are often long-standing, well respected, and embedded within their local communities. As is often the case with small, voluntary sector organisations, these leaders of LNNs do everything from liaising with partner agencies to hands-on work with members:

“We had a gentleman the other week who was poorly. He’d left the key in the other door and his daughter couldn’t get in, so they came down and [the chief officer] was absolutely fantastic. He got an ambulance and stayed with him while the ambulance came, while his family came.”

(LNN 4, Member)

d. Strong workforce

The workforce of LNNs varies by size, skills mix, and balance of paid staff and volunteers. Despite these differences, the importance of having a skilled and stable workforce who share the LNN’s core values was emphasised by respondents. Several LNNs we spoke to had broadly stable workforces, with low turnover, which they felt increased their resilience, not least by providing continuity in their relationships with members and the community. This was echoed by their members:

“The warmth of the staff that work at [LNN 4], every single one of them makes you welcome and does everything they can to make your life pleasant and enjoyable. That’s one of the biggest successes. They reach out to people like me in the community.”

(LNN 4, Member)

Conversely, highlighting the challenges associated with workforce, one of our case studies (LNN 6) has had four managers since 2017 and a high staff turnover, which has reduced resilience and led to adverse effects on service provision and continuity. In areas where volunteers are plentiful and/or LNNs were successful in their recruitment, the LNNs are able to benefit from this additional resource. While the benefits of involving volunteers were felt to considerably outweigh the costs, volunteer-involvement is not cost-free and respondents did note some challenges, particularly during the pandemic.

e. Accessible facilities

Having access to, or ideally owning, meeting and office space within a central, accessible location is an important resource for LNNs. This was important before the COVID-19 pandemic but has been particularly highlighted through periods of lockdown when LNNs' buildings have stayed open, operating as focal points within communities and enabling people to call in to either offer or receive help. Returning to group-based activities was often felt to be easier when buildings were owned (or leased) by the LNNs, compared to when they had to rent space in other people's buildings and so were subject to others' rules and regulations. Further, owning a building space also provides a platform for further income generation by renting out space, whilst also reducing the costs associated with venue hire.

f. Good reputation

Having a good reputation amongst key stakeholders such as people in later life, local residents and partner organisations is an important resource for LNNs. A LNN's reputation can be affected by how it is perceived in the community. We found that perceptions of LNNs range from 'will help anyone over 55 in the community' to 'mostly for women, and a bit cliquy', and can sometimes be inaccurate and misleading. Reputations can be damaged by LNNs introducing services that are not, or are not perceived to be, rooted in communities' needs. For example, one LNN introduced a service which they knew had worked well in other parts of the country, but – for one reason or another – did not work well in that area of Leeds. This was seen to have adversely affected the LNN's reputation with community members and partner agencies:

“People are saying, ‘Well no, I only want to come for an hour. I don’t want to do exercise’... The commissioners don’t like it and the people don’t like it.”

(LNN 1, Staff)

In general, the reputation of LNNs was felt to have increased during the COVID-19 pandemic, particularly amongst local communities and partner agencies. This was due to their increased visibility and the ways in which they were seen to have responded to and met the needs of older residents:

“Lots of people didn’t know about us. Before COVID-19 people just thought we were a specialised, niche thing. When COVID-19 hit, however, the services were being shared more across the community and people started to understand better what we do... The Council started to better understand what we do as well and how we work.”

(LNN 2, Staff)

g. Supportive policy environment

Although rarely mentioned directly by respondents within the case study LNNs, the importance of a supportive policy environment to thriving LNNs has been signalled throughout the evaluation. In Leeds, various agendas have come together, exemplified by commitments to develop Leeds as an age-friendly city and support strong, engaged, connected communities (see Chapter 3). This has helped to create an environment in which LNNs can thrive. Without this supportive policy environment, it would be far more challenging for the LNNs to generate or sustain the resources identified above. It would also be more challenging for LNNs to work in the ways that are essential to how they achieve their outcomes (we outline these below).

h. Resource mix

We found that, despite their importance, these seven resources are unevenly distributed across the LNNs. Some have more, some have less. This affects an LNN’s ability to support healthy ageing because these resources can be mutually reinforcing. For example, owning a building enables income generation from room hire and opens up opportunities for capital grant funding; a good reputation can contribute to a stronger workforce by attracting volunteers and retaining staff.

6.2 Range of activities and services

Providing a wide range of activities and services that members can take part in is a key mechanism through which the LNNs achieved their outcomes. These are often provided under one roof or within a number of community-based venues, but can also extend out into individuals’ homes. Having a range of activities enables LNNs to take a holistic approach, meeting different aspects of an individual’s needs and helping to address the functional capabilities associated with healthy ageing (as discussed in Chapter 4):

“We do have a mix, but I think there’s quite a lot of our groups, like Zumba and T’ai Chi, predominantly attended by the physically fitter, younger [members]. Then the people that come to other groups, such as chair-based exercise, lunch club, memory café, things like that, that’s attended by older people that may have long-term health conditions and dementia, other heart and lung conditions and mobility problems. So we try; there is something for everybody.”

(LNN 5, Staff)

We found that it is not just what the activities are that is important, but also how they are delivered - in a caring manner which recognises members’ differing needs and requirements:

“She said it's just really given my dad a reason to live. I mean, I rang him one day and I asked him how he was getting on, and there was nothing on the telly. He said, ‘To be honest I feel like’ – and a couple of them have said this to me – ‘I have lived beyond my sell-by-date’. He was clearly feeling very fed up. We talk about this, that and the other and arranged something. It's his birthday, for example, this day in July and I said, ‘Have you been out anywhere? Do you or did you ever go anywhere? Or is there anywhere you would like to go?’ I arranged to take him to Roundhay Park with a big lake and there's a café on the lake. So we've arranged that, and I will take him there on his birthday... That's something I know he will need to look forward to.”

(LNN 6, Volunteer)

The ability to provide services which are both universal and highly personalised is an important feature of the LNN model (see Section 6.4 for more on this). For example, throughout the long COVID-19 lockdown in early 2021, some LNNs kept in regular phone contact with members who wanted to receive calls. These were partly intended to reduce social isolation, but in some cases staff also took the opportunity to check on things like nutrition and hydration, mobility, medication reviews, and mental health, and to clarify the confusing public messages about the pandemic. From these universally available phone calls, LNNs went on to meet a multitude of individual needs, for example: making medical appointments; sourcing knitting patterns; giving advice on the best exercises for knee

trouble; helping with welfare benefits for an isolated member who couldn't read English. In another example, one LNN told us about the events they hold (in non-pandemic times) on specific topics, such as dementia or mobility, which can be attended by any members and their families and carers. During these events, people can speak to a range of healthcare professionals who identify avenues for support and general advice. The LNN is an informal, familiar and trusted space, where people can take the time they need to speak with healthcare professionals rather than being restricted to a short appointment. The LNN has found this puts people at ease, so they are more open to talking about their individual health concerns, which in turn leads to better health outcomes.

6.3 Relationships

Relational working is at the heart of the LNN model, and the trusted relationships that the LNNs have built – with members, staff, volunteers, and stakeholders – are key to enabling them to achieve the outcomes that they do (Cottam, 2011). As one LNN staff member reflected, good relationships 'form the basis for everything'. There were a number of aspects to this:

- **Relationships with members:** The strength of relationships between staff and volunteers at the LNNs and their members were highlighted by most respondents as being key to their model. These relationships, it was suggested, meant that older people were more likely to engage in activities when compared with other types of organisations with weaker relationships:

“I think if things were offered say via the council or health service, I don't think a lot of older people would be as inclined to take part as opposed to an organisation they are familiar with such as [this LNN], so they would be more willing to give it a go.”

(LNN 5, Staff)

It was also suggested that older people stay involved in the activities supported by LNNs longer than they do with other organisations, due to the trusted relationships they have built up with their members:

“Our participants have already told us that a lot of the reason that they come, we’ve got really, really good adherence ... to dance sessions and of course, the more often you come, the more benefit it’s going to be to your health. So what our participants have told us is that it’s very much about [a] social kind of connection as well. I think the neighbourhood networks really can promote that and can promote that cup of tea afterwards or stuff like that.”

(LNN 6, Stakeholder)

- **Relationships between members:** The LNNs foster relationships amongst members themselves. An emphasis on group-based activities and ensuring there is a strong social element to all that they do, is key to this. These relationships amongst members help to build up a peer support network. For some members, the LNNs are the focal point for their social interactions – without the LNN *‘I wouldn’t have the social contact’* (LNN 1, Member).
- **Relationships with volunteers:** Volunteering can be the beginning of an LNN’s relationship with a person in later life. Volunteers are typically a younger person in good physical health with time on their hands, who want to support their local community. LNNs also offer volunteering opportunities that are tailored for those who are older, or may require more support, enabling them to take-up and keep on volunteering well into later life. This is important, because some volunteers join LNNs as members and then take up volunteering roles within the organisations to ‘give something back’. People’s involvement as both volunteers and members can strengthen relationships within LNNs.
- **Relationships with other services and organisations:** LNNs often act as community hubs – central connecting points, helping members link up to a whole range of other services and organisations through their wider networks. This can help to facilitate access for members to other services (e.g. vaccination clinics, GPs, police), overcoming some of the barriers which people in later life face. Furthermore, the partnerships LNNs have developed with other organisations help to ensure effective joint working to meet older people’s needs. In the example of LNN 2 discussed in Chapter 5, a project for older people experiencing frailty, memory impairment, and/or low levels of wellbeing was set up in partnership with local GPs and healthcare services. This led to better outcomes for individuals and reduced the burden on local health services. In a number of cases, it was suggested that partnership working has strengthened during the pandemic. As one stakeholder reflected:

“They [LNN 2] are really rooted in the community, and they’ve been an absolutely amazing partner throughout the pandemic. We’ve all worked together really closely. There have been about eight of us and everybody, we’ve all done what we could, and all worked slightly outside our remit where needed as well.”

(LNN 2, Stakeholder)

- **Relationships with families and communities:** LNNs are generally well-embedded within their local communities. They are often of the community and for the community. As one trustee (from LNN 5) reflected this was ‘*at the core*’ of what LNNs are about. This was seen as particularly important for members’ families; they could be reassured that their parents or grandparents were being supported by an organisation that they knew and trusted, helping to widen the impact of the LNNs beyond those individuals directly supported.

Trust is central to all these relationships and to the outcomes that the LNNs achieve:

“There's that trusted space in the community to bring people together and to connect people through shared interests. If there's an opportunity or a need to create something around a given subject that might interest people, they're there to do it and to bring people together. So, we know what influence that can have on your psychosocial health. So, yes, we see them as a massive asset for that, really.”

(LNN 5, Stakeholder)

6.4 Responsiveness

Because LNNs are either small community-level organisations or operate as relatively autonomous small projects when part of larger organisations, they are sufficiently agile and flexible to be highly responsive to changing needs at community and individual level. Through the activities provided and the relationships which underpin them, the LNNs can be responsive to members’ needs and to the contexts they operate in:

“I think what they're brilliant at doing is bringing people together and just listening to people and understanding what they need. If there's any sort of aspirations, wants, needs, to do things based on that, really, to be quite flexible.”

(LNN 5, Stakeholder)

A number of elements contributed to their responsiveness, but in particular respondents highlighted the in-depth, personal knowledge that the LNN has of their communities and their members: *‘We know people, their issues, fears, family circumstances’*. This knowledge was generated through spending time with new members, asking them about their background, interests, needs and worries, and then continually reassessing this. This responsiveness closely mirrors the aspirations of personalisation and personalised care:

“I think that's why people ring us so much, because normally, anywhere they ring now, they get an automated ‘press one for this’. Someone goes hello, and they talk to someone they know straightaway, so they ring us. Somebody rang the other day, he'd had his wallet stolen: ‘I thought I'd better ring you first before I phone the police’. I [said] ‘Oh right, I'll phone the police’. But that's the sort of relationship we have with everybody.”

(LNN 5, Staff)

This knowledge, and the care and attention with which it was applied, enables LNNs to develop and deliver services and activities that meet the changing needs of their members.

They notice when situations change, when people deteriorate, and can respond accordingly by taking steps to adjust services and activities, alerting others and referring members on to other services.

This responsiveness to needs is also enabled through the general model of LNNs, within which, for example, people can develop and move between their roles from volunteers to trustees or staff, or from giving help to receiving help. Membership of an LNN can look quite different at different points or stages in an older person's life, according to their needs and capacities. Volunteering was highlighted as an important way in which members can both give and receive support and so move along a ‘pathway of participation’ within a LNN. In this way, LNNs are able to respond to the changing capabilities and needs of their members through. For example,

supporting them being an active volunteer, through less intense voluntary roles, to the point where they are predominantly supported by others.

6.5 Reassurance

We found that the LNN model provides a deep sense of reassurance for members. Members talked about the importance of knowing that the LNN is there and that it will do what it says it is going to do, when it says it is going to do it. This was seen as particularly important during the COVID-19 pandemic, when there was so much uncertainty leading to real fear amongst people in later life:

“I would honestly say that I don't really know how we would have got by without them. I think the earliest aspect of what they contributed in these things was this hugely reliable structure. You know this was going to happen every Friday.”

(LNN 5, Member)

“It's the reassurance of knowing that there is help there if you need it.”

(LNN 6, Member)

Regular contact also helped to provide structure and gave members something to look forward to, in turn helping to improve wellbeing outcomes:

“I think for a lot of older people contact is limited, so the telephone support offers a bit of a lifeline, especially for their mental health. It could give them a bit of a lift that day, and a bit of a purpose, if they know they are going to get a call and actually talk to someone. I think it could probably reduce those feelings of isolation which could have been triggered quite a lot in the pandemic; feelings of depression, anxiety, possible agoraphobia, that kind of thing.”

(LNN 4, Stakeholder)

This was also recognised by staff and volunteers:

“I think the first thing is mental security. If they're challenged by anything, they pick the phone up and they can talk to someone. This is absolutely anything from falling over and getting stuck down the back of the toilet, and I'm not joking, to bus passes, tax returns, claims, neighbours putting fences up against their property where it shouldn't be. They can pick the phone up to somebody and they'll get some friendly advice and probably some friendly help. I think that's the first line of confidence that there is someone that, 'I'm on my own, I've got no one to bounce this off or approach this with, I'll ring [this LNN] and they'll do something or advise something or they'll get somebody'.”

(LNN 5, Volunteer)

As the above quote suggests, members often call upon the LNNs for help with a whole range of different problems.

6.6 The five Rs operating together

Although we have separated the five mechanisms of resources, range, relationships, responsiveness and reassurance for the purposes of effective discussion, in practice they are interlinked. For example, one of our case study LNNs had the right resources in place, which meant it was able to develop strong *relationships* with its members, and subsequently it was able to respond to the pandemic by providing *reassurance* at appropriate levels to meet individuals' needs in a *responsive*, personalised way. However, we did find that there is significant variation in the extent to which these mechanisms operate across the LNNs. A number of mediating factors influence this, not least of which is the level and mix of resources that each LNN has. In terms of responsiveness, for example, while some LNNs are able to find an appropriate befriender for a member very quickly, others can take weeks or even months due to a lack of suitable volunteers. Some LNNs are only able to offer a small number of activities or are unable to meet transport needs due to a lack of resources. But where the five Rs operate together well, it is likely that there is a thriving and sustainable LNN which can in turn help to improve or maintain the health and wellbeing of its members.

7. Conclusion

This report has focused on understanding how community organisations such as the Leeds Neighbourhood Networks (LNNs) contribute to healthy ageing by generating evidence about the inputs, activities, outcomes and mechanisms associated with their work. The findings demonstrate how LNNs operate within the World Health Organisation (WHO) definition of healthy ageing as *‘the process of developing and maintaining the functional ability that enables wellbeing in older age’*; and how LNN services and activities contribute to primary prevention of long-term health conditions, how they may delay onset in severity, and how they reduce the pressure on acute services and carers.

In Leeds, local policy makers have set the ambition of making it the *‘best city in the world to grow old in’*, and our evidence suggests that a thriving LNN has an important role to play in meeting that goal. Long-term strategic investment in the LNNs enables them to make an important and holistic contribution to healthy ageing by addressing the social determinants of health in ways that mean people in later life (LNN members and volunteers) have the opportunity to live a more fulfilling life. The wide range of activities that the LNNs provide help improve the functional ability of people in later life, enabling them to sustain or develop key capabilities so that they can be and do what they have reason to value.

The LNN model is centred on providing opportunities and services in community settings in which long-term relationships are fostered based on trust, care and reassurance. Engaging with an LNN enables people in later life to give support to and receive support from their peers. It also provides them the opportunity to transition between being a volunteer and a member; the blurred boundary between these roles (including holding both at once) is a key feature of the LNN approach. Providing such opportunities to develop or sustain functional ability at a community level is vital, as it is linked to an individual’s intrinsic capacity – physical and mental health – which typically deteriorates with age but can be moderated through home and community environments that reduce barriers.

Although the LNNs are based in Leeds, and are a product of the history and wider political and social context of the city, the findings of this report have wider implications for health and social care policy and the role of community-based organisations supporting priorities associated with people in later life and health ageing.

1. The importance of prevention

Our findings demonstrate how the primary prevention activities of LNNs are foundational to all that they do. As well as contributing to important outcomes associated with the social determinants of health, they also provide a basis from which other outcomes occur and offer opportunities for secondary prevention when this is necessary and appropriate. Ensuring that community-based organisations are supported to undertake this primary prevention is therefore vital, even though demand for secondary prevention or reactive support for people in later life with more intensive or acute needs continues to increase.

2. The value of long-term investment in the core work of community-based organisations

The LNNs are unique amongst community-based organisations supporting people in later life in that they have been in receipt of core funding from Leeds City Council over a number of years. This core funding has been vital in enabling the LNNs to develop and sustain their service offer over an extended period. It also provides a platform from which other human and financial resources can be levered in to enhance the work of LNNs. Any local authority or health service provider seeking to involve community-based organisations in their support offer for people in later life should provide core, flexible funding wherever possible, following the LNNs as an example of good and effective commissioning practice.

3. What else community-based organisations need to thrive

Although resources are an important mechanism of change, community organisations require a number of other capacities and capabilities in order to operate sustainably and effectively. Collectively, the 'five Rs' identified in this report should be thought of as the key ingredients of a healthy and thriving community organisation. Policy should be developed locally and nationally to promote these ingredients and support their development if the contribution of community-based organisations to the healthy ageing of people in later life is to be enhanced.

4. The need to 'level-up' support for people in later life at a neighbourhood level

Although we have generalised in this report, it is important to recognise that the ingredients identified are not necessarily present, or distributed evenly, across the LNNs. This inequity in the support available to people in later life

from community-based organisations is likely to be replicated across the country. Moving forward, policy makers such as local authorities and NHS bodies, as well as the community-based organisations themselves, will need to consider how this 'levelling-up' can be achieved to ensure equity of access and outcome for people in later life, wherever they happen to live.

Appendix 1: Methodology

A1. Evaluation approach and methods

This phase of the evaluation utilised a case study approach, with six Leeds Neighbourhood Networks (LNNs) selected as ‘cases’ to be studied in-depth. Each case study was undertaken in two stages:

1. A desk-based review of existing evidence about the LNN (November 2020-March 2021), drawing on qualitative interviews undertaken during the Real Time Evaluation (RTE) and data on activities, services and other project level variables collected by Leeds City Council (LCC) during a commissioning review in 2018
2. Qualitative research with LNN staff, volunteers, members and partners (April 2021-August 2021)

Building on our previous work, other data collected in the earlier stages of the evaluation, including from scoping interviews, workshops and RTE interviews with non-case study LNNs and key stakeholders, has also informed the analysis where appropriate.

A2. Sampling

Case studies were identified through a purposive and theoretically informed sampling process based on a number of criteria:

- **Criteria 1:** LNNs who a) participated in a RTE interview; b) agreed to be considered as a possible case study; and c) provided data for the LCC commissioning review
- **Criteria 2:** Coverage of a cross-section of demographic criteria: urban and rural/semi-rural neighbourhoods; areas of significant social and economic deprivation; areas with high levels of Black, Asian and migrant populations
- **Criteria 3:** Coverage of a range of LNN ‘types’, including large and small (income), range and diversity of services and activities, and level of partnership and engagement with the public sector

Within the case studies, interview participants were identified in consultation with staff in each LNN who acted as ‘gatekeepers’. Previous research has identified that people experiencing complex disadvantage are best accessed through gatekeepers, most notably comprehensive service providers (such as the LNNs) who have developed relationships of trust with participants over an extended period through addressing their expressed

needs (Emmel et al, 2007). Access through these gatekeepers confers a degree of trust on researchers and evaluators who are ‘vouched for’ and are unlikely to lead to punitive or negative consequences.

The desk-based reviews took a broad approach by looking across each LNN to gather as holistic a view as possible of its work in support of healthy ageing, mapping the broad range of activities that were taking place and how these worked in practice. For the qualitative interviews a more focused approach was taken, with the lead case study researcher engaging with each LNN to identify other staff, members, volunteers and wider stakeholders for interviews based on their engagement and involvement with key services and activities.

A3. Data and analysis

Fieldwork was completed with six LNNs. A summary of the interview participants is provided in Table A1, with an overview of the six LNN case studies provided in Table A2. Overall, 57 LNN staff, volunteers, members and wider stakeholders participated in formal interviews in this phase of the evaluation.

Table A1. Summary of case study interview participants

	No of Interviewees*				
	Employees	Volunteers	Members	Wider partners	Total
LNN 1	4	2	5	1	12
LNN 2	3	1	2	2	8
LNN 3	2	1	4	1	8
LNN 4	2	0	8	2	12
LNN 5	2	2	3	2	9
LNN 6	2	1	4	1	8

*Although these are presented as distinct categories, it is important to note that many interviewees had overlapping roles i.e., an employee and a volunteer; a volunteer and a member. For ease, only their primary role is recorded.

Table A2. Overview of LNN evaluation case studies

LNN 1	<p>LNN 1 is situated in north-east Leeds, a short distance from the city centre. Around 75% of the population is white. Parts of the area in which the LNN is located experience high levels of crime and the lowest 20% of income deprivation as measured by the Index of Multiple Deprivation - Other parts of the area are relatively affluent.</p> <p>LNN 1 provides help and support to people in later life through a range of social activities and befriending amongst other services, which include information, guidance and signposting.</p>
LNN 2	<p>LNN 2 is located in a small borough to the north-west of Leeds city centre. The area in which the LNN is located is 92% white with 31% of people above the age of 60 and an unemployment rate of 1.8%.</p> <p>The LNN is an independent charity, started by a group of local people nearly 30 years ago to help older members of their community facing loneliness and isolation. The LNN runs a variety of classes, activities and support services to provide people in later life with opportunities to socialise, exercise and learn new skills.</p>
LNN 3	<p>LNN 3 is in the north-west of Leeds. The area the LNN is located within is 84% white, with a 3.2% unemployment rate and 26% of the population being aged 60+.</p> <p>The LNN supports over 700 people within their local area through a range of services: practical support, emotional support, learning, intergeneration projects, health and wellbeing support, social activities and information provision. The LNN runs activities at their primary location and across other venues in both the local and wider Leeds area.</p>
LNN 4	<p>LNN 4 is situated in east Leeds close to the city centre and has around 1,000 members aged 55 and over from its local community, who are predominantly white British people.</p> <p>LNN 4 provides help and support to people in later life through a range of group activities, mostly at its centre and sometimes in other local venues, plus befriending and other one-to-one work as needed.</p>
LNN 5	<p>LNN 5 is situated in a market town to the north-west of Leeds. The area has a relatively elderly population when compared to other parts of Leeds. In terms of deprivation, it is ranked in the mid-range of the city.</p> <p>LNN 5 has over 1,000 members, a small staff team and a strong volunteer base. It provides a range of activities and services for its members, including lunch clubs, dance and exercise groups and classes, trips out, a memory café, health clinics, befriending, and outreach (some of which had to be paused during COVID-19 when the key focus was on food deliveries and befriending).</p>
LNN 6	<p>LNN 6 is situated to the south of Leeds in a relatively deprived area, which has a relatively young population (high numbers of children).</p> <p>LNN 6 has approximately 1,400 members. It provides a range of activities and services for its members, many of which are based around its busy social centre, including lunch clubs, day trips and holidays, social and sporting activities and classes, and a memory café. A key service during COVID-19 lockdown was the provision of regular hot meals for members, alongside befriending calls and activity packs.</p>

For each case study, data was collected and organised according to the following framework (Table A4).

Table A4. LNN evaluation healthy ageing data extraction and synthesis framework

1	2	3	4	5
Mapping inputs and resources	Understanding who is supported and how	Links to the World Health Organisation (WHO) 'functions' of healthy ageing	Understanding outcomes	Contribution to healthy ageing
Approach to developing opportunities	Classifying services and activities	Meet basic needs	For individuals	Prevention of ill health
Source of funds	Type of provision	Learn, grow, make decisions	For communities	Delay onset of long-term care
Staffing model	Target conditions	Be mobile	For the health and care system	Reduce intensity or severity of ill health
Referral sources	Approach to provision	Build and maintain relationships		
	Location of provision	Contribute to society		

Appendix 2: References

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