# Centre for Ageing Better

# Evaluation of the Leeds Neighbourhood Networks

**Understanding equity of offer, access and resources**

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# About us

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## 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.

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# Introduction

This report explores a range of issues associated with equity within the provision of community-based support for older people[1]. It focuses on the work of the Leeds Neighbourhood Networks (LNNs), community-based schemes that aim to support older people to live independently and participate in their communities through a range of activities and services that are provided at a neighbourhood level.

Three themes associated with equity are explored within the report. (1) Equity of offer, considering variation in the range of services and activities provided by different LNNs and the extent to which they reflect local needs. (2) Equity of access, exploring who participates in LNNs, how this varies, what are the barriers to participation are, and how they can be overcome. (3) Equity of resources, understanding how the resources available to LNNs vary and whether there is scope for resources to be increased or sustained.

This is the final thematic report from a broader evaluation of the LNNs undertaken by the Centre for Regional Economic and Social Research (CRESR) at Sheffield Hallam University[2] 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 Leeds to adopt evidence-based practice, 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 2022[3]. It has the broad aim of improving the evidence base about community-based approaches to supporting older people, including how initiatives like the LNNs contribute to outcomes and support local and national policy priorities in health and social care.

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 of the 'Healthy Ageing' report[4] for more detail). Each case study involved a desk-based review of existing evidence about the LNN, drawing on

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1   The term older people is applied loosely throughout this report. The LNNs do not have strictly defined age criteria but in 2018 it was estimated that 99 per cent of LNN members were aged 60 or over. 23 per cent were aged 60-69, 33 per cent were aged 70-79, 35 per cent were aged 80-89, and 8 per cent were aged 90 or over.

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

3   More information about the LNN Evaluation is available here: https://www.ageing-better.org.uk/our-work/leeds-neighbourhood-network

4   Dayson, C., Gilbertson, J., Chambers, J., Ellis-Paine, A., & Kara, H. (2022). How community organisations contribute to healthy ageing. Centre for Ageing Better.

qualitative interviews undertaken during earlier phases of the evaluation and monitoring data collected by Leeds City Council (LCC) in 2018; and 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. A number of additional tasks were undertaken to supplement our case study material including analysis of secondary data collected during earlier phases of the evaluation with non-case study LNNs and two workshops to explore emerging themes in more detail: one workshop with representatives from 23 different LNNs, and one workshop with five representatives from key health and social care system stakeholders.

# 2 Equity of offer

## Summary of Key Findings

This chapter explores equity of offer across the Leeds Neighbourhood Networks (LNNs). It demonstrates that, despite some commonalities and the LNNs providing universal coverage across the city, there is considerable variation between different NNs.

Commonalities include charitable status, involving older people in governance and service delivery, a mixed workforce of staff and volunteers, locally responsive services and activities that are open to all, and the receipt of core funding from Leeds City Council (LCC). These commonalities mean that older people in Leeds benefit from accessible and flexible service provision, preventative services that reduce the burden on health and care services and on families and carers, and health and social care services that are more integrated at neighbourhood level.

Variations exist in the specific types of activities and services provided. LNNs also vary in terms of how many people they employ or who volunteer to provide activities and services, the number and type of referrals they receive, and the degree to which they innovate. Although there is a generally held view that most NNs provide a high-quality service and do a good job of meeting older people's needs, the unevenness in provision leads to concerns about inequality of offer between different parts of Leeds, and whether this reflects social, economic and health needs.

Explanations for why there are differences in LNN offer include place-based factors such as geography (i.e., whether urban or rural), levels of socio-economic deprivation, and community needs and preferences; LNN size and the amount of funding and resource at its disposal; and other organisational and personnel related factors such as the skills and qualifications of staff and involvement in local partnerships.

## 2.1. Introduction

All NNs offer universal and targeted services focusing holistically on the health and wellbeing of their members. Also, each has a unique programme of opportunities stemming from the needs and wishes of older people in the locality. Even services for a specific group may vary depending on local requirements and resources. For example, two NNs both run dementia services, but in very different ways. One runs two dementia cafes, each in partnership with other agencies (one local voluntary organisation, one local

police force). The other runs two intergenerational outdoor activities where schoolchildren and pre-school children meet with couples living with dementia once a month in a local woodland conservation area. This shows how NNs provide much-needed services in ways that are tailored to the needs and resources of their local communities.

## 2.2. Commonalities between the LNNs

Thirty-seven NNs cover the whole of Leeds. Each is (or is part of) a registered charity, run by a board of trustees including local older people and often elected local councillors. Each has some paid staff and some volunteers and receives core funding from LCC. In all NNs, the categories of 'member' and volunteer' are flexible: some people are both member and volunteer, while others may move between the two roles in accordance with their needs and those of the NN.

All NNs offer a range of services and activities in response to community needs and preferences and which have been demonstrated to make a positive contribution to healthy ageing[5]. These are provided through a mix of group, one-to-one, peer-to-peer and clinic-based support, in a range of accessible community-based settings.

**"We delivered 37 different activities and services, including befriending, four luncheon clubs, supported shopping, day trips, supported holidays, craft group, singing group, four exercise groups, breakfast buddies group, soup and a sandwich group, men's group, two dementia cafes."
(Staff, LNN2)**

Most NNs are agile and responsive to changing community needs, attributes vividly demonstrated in 2020-21 during the COVID-19 pandemic 'lockdowns'[6]. All NNs work to support and improve their members' physical and mental health and wellbeing. Most offer a combination of universal services, which are open to all, and services targeted at specific health conditions or groups of people. The essence of NNs' core work is shown in Figure 1.

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5    This was the focus of a previous LNN evaluation report. See:
     Dayson, C., Gilbertson, J., Chambers, J., Ellis-Paine, A., & Kara, H. (2022). How community organisations contribute to healthy ageing. Centre for Ageing Better.
6    This was a focus of the early phases of this evaluation. See:
     Dayson, C., Bimpson, E., Ellis-Paine, A., Gilbertson, J., & Kara, H. (2020). Ever more needed? The role of the Leeds Neighbourhood Networks during the COVID-19 pandemic. Centre for Ageing Better.

**Figure 1: A schematic representation of NNs' core work**



This evaluation has demonstrated that NNs know their members well. This means they can recognise when health or wellbeing declines and respond quickly to put the necessary support in place. This preventative approach relieves pressure on local health and care services and on informal carers and families.

Most (perhaps all) NNs partner with other agencies where that can add value for health and social care service users across different organisations. This leads to improvements in health and social care integration at neighbourhood level. Referrals to any NN can be made from a variety of sources: statutory services, third sector services, members themselves, community or family members, or self-referrals.

**"We are well known so it doesn't just have to be referrals from adult social care or the GP surgery or wardens from the sheltered housing, … because a lot people who heard of us, word of mouth, but I go to this Zumba class on a Friday, would you like to come with me, oh I'd love to. […] so people come to us in all different ways and through all different, different channels." (Staff, LNN3)**

This multi-faceted approach to referrals helps to reach more people in the community. Local stakeholders – not least the elected local councillors on NNs' boards – recognise the importance of community-based preventative support. This helps the NNs to secure LCC funding and other funding and resources.

## 2.3. Differences in offer

LNNs come in different shapes and sizes. Some are small local community groups who run the NN as their primary or sole activity. Others are medium-sized voluntary organisations that run the NN alongside a wider range of community-based activities and services (such as for young people or young families). And two large national charities run eight NNs – one runs three, the other runs five – as a complement to their core activities. Chapter 4 considers in more detail the equity of resource distribution across LNNs; while in this section we focus on the equity of offer; but the two are inevitably linked.

### a) Number and sources of referrals

Although all NNs take referrals from the same sources, the numbers of referrals differ in proportion to the size of the local population. This is partly due to different levels of need in different areas of Leeds.

**"We get the third or fourth highest number of referrals. There are different problems in leafy suburbs than a majority council property area such as ours." (LNN5)**

This means that some NNs experience greater demand than others.

NNs may also get different types of referrals. In part this depends on the availability and accessibility of other services in the locality, and in part on the services offered by the NN itself.

**"I've noticed that maybe one area like (LNN9) might have got extra funding to deliver services for dementia but literally down the road, you've got a neighbourhood network like (LNN10) which didn't have the same level of funding to begin with and have still got nothing, so it's a real inequality." (LNN10)**

This leads to an uneven service offering by NNs in different parts of Leeds.

### b) Quality and innovation

Most NNs are regarded as offering high quality services and doing a good job of meeting members' needs. However, we have heard from NNs themselves and from wider stakeholders that there are differences in the quality of the offer between different NNs. Some NNs are more innovative than others:

**"I think they do, do very similar things. I think the more innovative ones have twists on that or are a bit further ahead of the trend." (LNN Stakeholder 1)**

Innovation is often seen as desirable and may be essential when circumstances change. However, it is not clear from the data available that innovation by NNs inevitably leads to better outcomes for Leeds residents.

One stakeholder, who worked with a lot of different NNs, told us that where NNs are perceive as 'poor quality', that is unfair for the older people living in those areas. In general, we found evaluation participants were willing to name some of the NNs they thought were excellent but were not willing to name those they thought were performing less well.

**"I can think of one example, I won't name the name, they've done very very little, and we've got a team who have fallen over each other to do as much as possible. Nobody has slipped through the net. There's so much you can do, you don't have to just do the basics." (Staff, LNN6)**

This may be due to variations in the priorities and approach of NNs' trustee boards.

**"I think that maybe some neighbourhood network schemes might be restricted by their trustees' decisions." (Staff, LNN7)**

Overall, variations in quality reduce the equity of the NNs' offer across the city.

## 2.4.  Possible reasons for differences in equity of offer

We have identified several possible reasons for the differences we have found in the equity of NNs' offer. The first is a set of **place-based differences**: geographical differences, local resource differences, different levels of deprivation, and different population health needs and community preferences. All of these place-based differences intersect in a way that means the specific offer of each NN will vary, even though every NNs' core purpose is the same.

**"Each area, I know Leeds is only small, but each area is different. The houses are different, the people are different, the needs are different, you know, so we all provide a different service, really." (Staff, LNN8)**

Another aspect of the NNs that varies, and not in line with any other factor that we can identify, is **the NN's size**: whether it is small, medium-sized, or part of a larger umbrella charity, and more broadly the resources it can draw upon to deliver its activities (see chaper 4).

Wider **resource, organisational and personnel-related factors** that affect the equity of offer include staff qualifications and partnership working (see also chapter 4). This is sometimes linked to supplementary funding that has

specific requirements. For example, two NNs got a significant amount of extra funding for frailty support, so they had more resources to recruit skilled staff and work with relevant partner agencies than most other NNs. This in turn means that older people experiencing frailty in the areas covered by those NNs receive a different level of service from people in a similar position elsewhere.

# 3 Equity of access

## Summary of Key Findings

This chapter explores equity of access across the Leeds Neighbourhood Network (LNN), and examines factors influencing equity of access including **personal, organisational and system-level barriers** to participation. It also identifies some practical ways in which LNNs try to overcome these barriers.

Overall, NNs have made progress in relation to diversity and personal barriers, such as younger older people and male members, and technological barriers. However, the findings do raise some questions about the remit, strengths and limitations of the networks. **Widening appeal and access to ethnic minority groups and better supporting members with particularly complex needs** are particular challenges that require careful consideration and targeted actions to overcome. There were practical suggestions about how they can be more inclusive of diverse older populations, including training and support for volunteers and staff which would be of significant benefit to the LNNs.

There are some fundamental structural barriers that NNs continue to grapple with. **Technological or digital exclusion** is closely linked to **the financial exclusion** that increasingly prevents members from engaging with services and the wider community. **Local infrastructure** such as transport and social care services can also be a substantial barrier to the NNs work. They dedicate an enormous amount of staff and financial resource to transporting members to activities.

Understanding and engaging **with complex and shifting local health and social care systems**, such as Local Care Partnerships (LCPs), was a clear issue for NNs. While some NNs struggled for time or capacity to fully understand and engage with what their LCPs offer, others have significantly benefited from links to their LCP, including direct input of staff time to support their network.

Finally, there is a key concern for networks about the different agendas at play and plans for their role in the integration of health and social care systems in Leeds.

## 3.1. Introduction

This chapter draws on LNN membership data and qualitative evidence from the case studies to explore participation in and barriers to accessing LNNs.

It covers personal barriers to involvement as well as organisational and system barriers which are often dependent on local resources.

– **Personal barriers** to involvement are associated with individual characteristics and circumstances such as gender, age, ethnic background, health, as well as technological and economic barriers. These barriers are central efforts by networks to widen participation in their areas.

– **Organisational barriers** are linked to an NN's organisational context and location. For example, NNs operating in more deprived areas are likely to be responding to a higher volume and complexity of need than NNs in less deprived areas.

– **System barriers** are associated with NNs relationships with Local Care Partnerships and the wider health and care systems, which have brought about notable benefits for some NNs but remain a challenge for others.

## 3.2. Factors affecting equity of access

Most NNs collect demographic data about their members using a common format provided by Leeds City Council and submit this on a quarterly basis. Drawing on the latest available data (to the end of March 2022) it is possible to explore patterns and variations in who accesses LNNs. Overall, the number of members within each LNN varies from under 100 (n=2) to over 1,000 (n=3), with a mean of 715 (median = 604). There is also considerable variation in who those members are. This data is brought together with several factors associated with people's personal circumstances that are associated with LNN participation and the reasons why some people engage with an NN, and some don't. We then look at organisational barriers - why some NNs are able to reach further than others, and finally system barriers – why some people in some places are referred to or find their way to an NN, and others aren't or don't.

### a. Personal barriers

### i. Gender related barriers

There is a clear pattern associated with gender when looking at participation in the NNs, with a significant number reporting an overrepresentation of female members and volunteers. Figures show that just over a third (34.6%) of members across all NNs are male. Five NNs in our sample have less than 25 per cent of men listed as members. Males are also underrepresented as volunteers across all NNs, accounting for just over a quarter of all NN volunteers (27%). There are some NNs in our study that have a slightly higher proportion of male volunteers from around a third to almost 40%. All but one of these NNs operated as a community hub during the Pandemic.

It is suggested that figures on male membership and volunteers that may reflect the older population overall, with more women living longer than men on average. There is some support for this argument in the membership data, which shows that the NNs with the highest proportion of female members are more likely to have over half of their membership aged 80 and above.

However, interviewees also identified gendered differences in socialising and communication preferences as a key driver behind this trend. For example, women being more likely to be involved in communal events and seeking mutual support from others. Crucially, women were reported to be more proactive in seeking help for loneliness as well as health related issues. A lack of male volunteers could also be a factor in discouraging men from seeking help or mean that NNs are unable to provide the most appropriate support for men who do come forward.

**"male members that are on the waiting list of befriending, often feel uncomfortable having a female visiting them and sometimes females feel uncomfortable visiting a male who is living on his own.  And we don't get enough male volunteers." (Volunteer, LNN10)**

**"It's as if women buy into support, getting together, mutual, you know, whereas men don't seem to want to do that, it's much harder to get the men out. [...] men just don't seem to want to come and join in as much as the girls do, it's just something we experience." (Trustee, LNN3)**

**"A lot of people... don't want to be involved in groups. It's not the answer for everybody, especially older men, but we do have contact with them through volunteers in other ways." (Staff, LNN6)**

It is also recognised that some typically male spaces have closed, leaving men with fewer opportunities to leave the house and socialise and resulting in greater isolation and loneliness.

**"There are so many lonely people. More men. I think women can adapt better. Women will join a bingo group or an exercise group or a dance group, but men – there were some local pubs, there is one next door here but that's flats now, men could go there on an afternoon and sit and have a game of dominoes, maybe only half a pint of beer but they were getting the company and it's all gone, there is nothing and nowhere for these people to go." (Member, LNN6)**

Much of the gendered difference in participation was attributed to mental health, with men reportedly suffering from anxiety and depression more than women. LNN12 described how they had encountered issues with male members who were anxious and frustrated about lockdown restrictions. NNs

responded to this imbalance with targeted men's groups (see below). Whilst more men are starting to take part in some of the networks, this is yet to be borne out in the data on membership.

### ii. Loneliness and confidence

Reluctance to participate in NNs was frequently linked to loneliness, anxiety and lack of confidence, and was also one of the main reasons for self-referral. While these factors were often attributed to gender (i.e., men) they also affected women in some cases.

**"I think a lot of it as well is confidence. ...that or I am too old for that, I don't need to learn that anymore and it's a bit scary. I think a lot of it is fear of the unknown.  Yes, so that's what I have been getting as well..." (Staff, LNN10)**

### iii. Age

Most networks attract members at the older end of the age range. Two thirds of members across the LNNs are aged over 75, with around 30 per cent of all members over 80. There is a group of six NNs in our sample that have well over half of their membership aged 80 and above. Despite these concentrations at the older end of the age range NNs are generally open to those who are 60 plus.  Some NNs are also taking a flexible approach in terms of having slightly younger members, particularly disabled people who are younger, but only 3 per cent of members across all LNNs are under 60.

Across the LNN half of all volunteers are aged over 60.  Some networks have a higher proportion of older volunteers than others.  There are four NNs with over 80 per cent of their volunteers aged over 60 whilst one network has just over a third of its listed volunteers as over 60.

In terms of membership, several NNs revealed that there is an issue of stigma associated with older people or being 'old', which acts as a particular barrier to younger-older people from joining as members. Many older people want to maintain a sense of independence and not be seen to be 'needing help' so are reluctant to come forward (also see below).

NN's also suggested that younger-older people were less likely to ask for help or join the NN's due to an idea that the NN's were reserved for the oldest members of the community.

**"it's a similar thing with the lunch clubs, people, and it's funny, I have had people in the past who've made that judgement and said, oh I don't want to go there, it's full of old people, old people in wheelchairs.  I'm too young and then they'll come and they'll absolutely love it and they'll realise they know half the people in the room as well, because they've lived in [this neighbourhood] all their life." (Staff, LNN3)**

> "I would say that we actually probably recruit more older people into the organisation, rather than the younger end...because I think a lot of people in this, you know like, maybe early 60s are thinking that they can look after themselves or don't want to feel like they are a burden." (Staff, LNN9)

Some members in LNN14 commented on the 'age suitability' of some NN's activities, which may have been geared towards 'older-old 'people putting younger-old people off. The suggestion being that activities could have been more inclusive of younger members.

It was suggested that the COVID-19 pandemic had helped to minimise this stigma as more people understood, accessed and appreciated the NNs and their activities. Other NNs had also changed their image by reframing their activities in a way that has broader appeal.

> "People don't like to think of themselves as frail. We call it "health and wellbeing" because it's more positive." (Staff, LNN5)

However, at the workshop some NNs felt that many older people may still not be aware of how NNs work and how they have improved during and since the pandemic.

### iv. Ethnic minority backgrounds

Generally, people from ethnic minority backgrounds are underrepresented across the LNNs, when compared to the Leeds population as a whole. Only 6 per cent of members across all NNs are from minority ethnic communities. The exception is the small number of NNs with a specific focus on minority ethnic communities, who draw a large proportion of their members from those communities. There are some NNs that have a particularly low proportion of members from ethnic minority backgrounds when compared to the communities where they are situated.

Across the LNN, there is a slightly higher proportion of volunteers than members from an ethnic minority background (9 per cent compared to 6 per cent), but some NNs have no ethnic minority volunteers at all. At the workshop, NNs reported that there is a stigma associated with accessing community support when, culturally and historically, this type of care has often been provided by family members or close friends. This perspective may particularly be the case for some minority ethnic groups and can act to prevent some people from getting help or thinking that NNs have something to offer them. NNs also identified language barriers for people with English as a second language as a barrier to engagement. NNs need to be able to access translation services more easily or have 'go to' translation support so that they are better able to communicate and engage with a more diverse range of people.

### v.  Health

Data confirms that NNs are supporting members with issues such as frailty, dementia and memory problems, mental health difficulties and social isolation and loneliness. Half of all LNN members have long term conditions (LTCs).  Some NNs have a much higher proportion of their members with LTCs than others. in our sample four NNs have more than 70 per cent of their members with LTCs.  Whilst this is related to the age of their membership, it may also mean that some NNs are dealing with more complex cases. For instance, one NN in our study had a much higher proportion (40%) of its members listed as having memory problems or dementia. Some NNs will be better equipped than others to deal with such complexity.

**"So, they have members who are very sprightly and engaged and are very active in the network itself, then they have members that are extremely frail, have complex physical disabilities, need a lot of support. And everything in between." (LNN stakeholder 3)**

### vi. Technological and economic barriers

We found that some older people were missing out on the support they relied on as more NN support shifted online following the pandemic, including people with dementia or memory problems. This is likely to be an ongoing issue for some members as a number of NNs are exploring hybrid provision going forward. Hearing difficulties have also prevented people from participating with NN's and with other basic social activities.

**I: Do you think people have dropped off because things are opening up a bit or do you think they've dropped off because they find it difficult to engage with the technology?**

**M:  I think...because I also have difficulty with hearing. I have a hearing aid and its not because its not loud enough, sometimes its too loud and I find it quite hard work sometimes just following what's going on (Member, LNN10)**

Having the technology to be connected online was a crucial part of NNs work during the pandemic and likely to remain important as NNs explore the possibilities of a hybrid model that combines in-person and online provision. While many of the NNs were able to fund iPads for members and help with skills, many older people are still without the technology or lacking the digital literacy or confidence to use it.

**"there's a lot of members that don't have either internet or tablets, they don't know how to use it and they think you know, there's no point.  I mean we have tried encouraging them to try using Skype or, but I don't think, you know, they're really interested." (Staff, LNN10)**

Working with families and carers is an important part of digital inclusion activity.

> **"Some of them needed a little bit of support with (name of video conference), its new, so they needed a bit of support with that. I was able to sort of send out a little crib sheet, but ultimately we did a little test run before the group started just so that they could see how it works.... so they are open to learning how to use it all except I think the gentleman who left he was quite dependent on his befriender setting things up for him.... And then I think he was at the point where the befriender wasn't able to commit to it every week. His family did try to help and provide him with something, but it wasn't, it wasn't suitable for him, so that's why he didn't come back." (Staff, LNN10)**

The affordability of Wi-Fi and mobile data  needed to connect online also remains an issue for NNs and their members.

> **"Because obviously we have got some iPads but they're ones that don't have Wi-Fi; none of the older people have Wi-Fi. So we have got some funding to get more but what we're concerned about is if we do get some more in our contract, going forward, when we do get back to normal it will be left with loads of Wi-Fi things to pay, and we don't have the funding for that." (Staff, LNN13)**

> **"There's a lady, she does have the equipment, but she doesn't want to pay for the internet, but I completely understand. So yes, from what I gathered it's a mix of affordability and fear." (Staff, LNN10)**

## b.  Organisational barriers

Several factors associated with LNN's organisational context and location were associated with LNN participation.

### i.  Geographic inequalities

NNs operating in more deprived areas are having to respond to a higher volume and complexity of need than NNs in less deprived areas. However, we found that the range and depth of provision doesn't always match need in a local area as some NNs may not have sufficient funding or other resources such as volunteers to provide the right type of support to meet more complex social support needs (see also chapter 4).

> **"So normally it's just absolutely crazily busy. Normally we have over 400 different people a week coming into groups, and some come – some come once a week; some come three times, four times a week, just depending on how we coordinate and obviously what their need is." (Staff, LNN13)**

Support for people with dementia is particularly lacking in some areas and grouping people together with and without dementia was reported to be unhelpful for members.

**"you've also got to consider the needs of the population as a whole. You can integrate social provision if you've got the right support, but it's not always fair on the people concerned to just lump everybody in the same group. Somebody in the early stages of dementia is going to get massively upset if they're in the same room as somebody who's in the advanced stages."**

**"A lot of the groups that they were putting on were generic. So I used to take people down sometimes with dementia and whatever it is they were offering just wasn't appropriate for their needs because they had dementia. And maybe other people there didn't have dementia, you could see how they just didn't fit in at lots of different levels. And I think they did try and address that by putting on things that was dementia-friendly, not dementia specific, but dementia-friendly where there was a little bit more support." (LNN Stakeholder 2)**

There are also differences depending on whether an NN is based in an urban, semi-rural or rural area, including: availability of public transport, how long it takes a worker to get from one side of the area to the other, how far the NN is from Leeds City Centre, and the number and type of organisations in the area for potential partnership working. Some NNs cover small densely populated urban areas, whereas others cover much larger and more sparsely populated rural areas.

**"We're lucky to have the bus station, if you're fit and well you can access the rest of the city." (Staff, LNN5)**

**"Because we only rent an office all our activities were carried out in the community in a variety of community halls and church halls, spread across the district we cover. It's quite a rural area so it's quite dispersed, we cover about 7 villages so we do strategic locations that people can access easily. … We cover three council wards. It is a big area but not densely populated like the inner-city ones. A lot of the area could be classed as affluent, there are pockets of deprivation and quite an element of the asset-rich cash-poor. A lot of loneliness because a lot of it is remote and not always accessible altogether." (Staff, LNN6)**

### ii. Specialist support needs

In some areas a lack of NN resources resulted in people with specialist support needs missing out. One stakeholder felt that even those who can

get to a group independently often miss out as there are limitations to what support some NNs provide, and transport remains a significant barrier. Some people are missing out on help as NN support is becoming virtual and so they are unable to take part in some of the groups or activities they used to rely on. This often includes people with memory problems and dementia.

**"they'd opened some groups in a virtual manner and that's great for some clients because some people with support or they're able to, they might have a tablet or a smart phone or an iPad at home, but it doesn't cover everybody, there's a lot of people that can't use IT and would struggle with those kind of facilities and I'd say the majority of people actually that I work with are in the latter category." (LNN Stakeholder 2)**

**"we've tried to make sure that the wellbeing packs have gone out to other areas, not just focusing on older people, so that we can try and target those people that need support. And that's worked quite well actually." (Staff, LNN7)**

Some concern was expressed about the complexity of need. There comes a point when the NN is no longer the appropriate organisation to be helping someone, as there are limits to what NN can do if someone's needs become too complex. As such LNNs should sometimes be clearer about their boundaries about when they are unable to help people.

Managing what one member described as a high level of 'neediness' and anxiety can take up a substantial amount of staff and volunteer time.

**"so there's an awful lot of just listening which is, I'd say time, it's our biggest challenge and then the complexity, I mean the couple that you spoke to with the son, you know, we've got, I mean they are particularly complex with their needs, but that is taking hours and hours, I'd say a good, at least three maybe four hours of my week, every week to give them the support they need and it's, it's time I don't have". (Staff, LNN14)**

Having a reliable volunteer base and increasing mutual support among members and groups is crucial, considering the high level of needs that each NN works with. There is a question about training and support for volunteers, especially where unmet and increasing levels of support needs are identified.

### iii. Reputation and new membership

It was suggested that some NN's might be viewed as a closed shop. While image and stigma associated with NN's is included in personal barriers, it is also an NN's responsibility to diversify and become more inclusive of the varied needs and interests of members. For example, only a very small

number of members identify as LGBTQ in a handful NNs, and it was suggested that that the networks could do more to support LGBTQ people in their communities.

"I must say that I think that sometimes, the neighbourhood network, as much as they are really welcoming, it can be a bit cliquey, I think. I think sometimes older people have said that to me. Oh well I don't really know anyone and if I sit in someone's seat, then they get all cross and you know, it's a bit like that. And I think that can be quite intimidating sometimes.

"And I think for me, I think the neighbourhood networks really could do more to support LGBTQ people in their communities"

"So I think, I think they're really, I think the networks are doing an amazing job for certain people in those communities but not all." (LNN stakeholder 3, works with multiple NNs)

Another interviewee gave food as an example of the challenges that NNs had in diversifying their offer to members.

"I mean, even spaghetti Bolognese was a challenge for some of them. You know? It's very much meat and two veg, fish and chips and pie. Things like that. And it's changing but slowly. And, again, I think as the newer elderly come into the place that could change quite a lot. But that's the challenge for the staff. It's how do you provide a service that people want but, at the same time, push the boundaries of what they think is acceptable?" (Trustee who is also a member and volunteer, LNN15)

### c. System barriers

Several factors associated with the local health and care system, including how and from whom LNNs received referrals, were associated with LNN participation levels and reach.

### i. Complexity of the system

NNs identified one of the main barriers for engaging with formal health and social care structures to be the complexity of the system. NN's understanding of the system and knowledge of all the changes that are taking place in health and social care is limited. For example, the terms and acronyms used can make information and meetings unintelligible at times, with some NN staff finding it difficult to understand the meetings they attend.

### ii. Relationships, knowledge and understanding among NNs and local health partners

There are challenges and barriers for some NNs participating in key local health and care fora, such as Local Care Partnerships (LCPs), including knowledge about their purpose, how to engage, and what the benefits might be for LNNs and their members. It was felt that NNs with a higher profile and better able to engage with local partners are more likely to benefit. This prompted concerns that some areas (where NNs do not engage), were missing out on vital services whilst others benefited.

**"I actually find it quite frustrating sometimes, I've noticed that maybe one area like XX might have got extra funding to deliver services for dementia but literally down the road, you've got a Neighbourhood Network like XX which didn't have the same level of funding to begin with and have still got nothing, so it's a real inequality. …. I think it's the way services are commissioned, I think there's gaps in how services are commissioned, so they'll give funding maybe to one area but not to another." (LNNXX)**

Some NNs felt that health partners don't always engage with NNs or take the time to understand the range of work that the networks do or what their core offer is. In addition, it can be unclear who to approach if a NN wants to engage with health and social care. At the same time, one NN at the workshop stressed the responsibility for NNs to reach out and engage with local health partners so that they are aware of what the NNs do.

NNs attending the workshop had varying experiences of working with GPs. GP awareness of the networks differs by area and GP and referral pathways aren't always clear, although some NNs are now working with social prescribing link workers and are getting many of their referrals via this route. Some of the networks felt that LCPs have improved access to GPs for some NNs enabling them to tap into existing relevant services. It was also recognised that NNs could do more to promote their work to GPs in the areas where GP knowledge of the networks may be more limited.

Some NNs are getting involved and fitting into formal structures. At the workshop NNs saw the benefits of this as being access to potential additional resources, a way of reaching more older people and of providing an enhanced service. Older people will also benefit from gaining access to a wider range of support. One NN mentioned they had made an effort to understand and engage with the health and care system and this had been worth it because of the extra resources available that they had been able to access: the PCN engaged a full-time worker who will work with the NN for 40 per cent of their contract.

A concern for some NNs which was expressed at the workshop is that there are different agendas about what role NNs should play coming from

different sectors and despite the push for integration, health and social care and the voluntary and community sector are still operating in silos. This leads to uncertainty for NNs about what is motivating commissioners and how NNs will be expected to operate going forward.

### iii. Time and resources

The time and resources required to be involved in formal structures such as LCPs is a challenge for some NN's, which are already struggling to manage with limited resources. The point was made at the workshop that the amount of work involved was not worth the effort for smaller NNs. This reinforced evidence from the interviews.

**"I think it's very difficult for any third sector organisation to be involved in the local care partnership because of the number of meetings and when they're held and that is automatically a barrier but I think given that it's a strategic aim for the city for health and care to be more locally based and given the nature of the Neighbourhood Networks as intervention and prevention organisations at a very local level then it's an absolute must that they become involved in LCP's, and I know that for some Neighbourhood Networks they don't feel very [confident] – the managers don't necessarily feel confident sitting around a table talking with GPs and community [matrons] but I think that's a capacity building issue." (LNN Workshop Participant)**

LNN17 highlighted limitations where local GP surgeries could not follow through on initiatives that they had set out to support. A wellbeing initiative was supposed to be a partnership between local surgeries and LNN17 through which the GP shared details of individuals at risk of frailty from health databases. However, the GP surgeries did not have time to support this work in the ways it had originally intended. In response, LNN17 absorbed the initiative into their existing programme of work around frailty and dementia, drawing on detailed information that they had collected about members in their area and using established links to reach out to older people who weren't members.

### iv. Local boundaries and partnership resources

It was pointed out that political priorities and geographical boundaries can make it difficult for NNs to fit in with the 'system'. For example, the areas some NNs operate in don't always fit in with the LCPs neighbourhood boundaries which govern where their teams operate, and this can pose a barrier to working together. Some NNs also found that LCPs may not be relevant to the work that they do. While issues with boundaries and differences in local resource caused problems for some NNs, new ways of working across NNs (such as through the COVID-19 community hubs) also presented benefits.

> "I mean it's probably, it's never that existed much before because with it being out of our area we would have never called on LNN1 for anything. We'd have either dealt with it ourselves or found other organisations within our area but obviously seeing as they are covering our area as well we've kind of been forced into working with each other which works well. So I can see it lasting a lot longer than just Covid." (Staff, LNN18)

> "I don't think it's always easy and the boundaries [with LCPs] are a bit tricky so people can spend a lot of time, you know, thinking oh the boundaries don't fit but you know, that's just tough, that's just how it is."
> (LNN Stakeholder 1)

NNs are also getting involved in other partnerships. The resources that partnerships have were reported to vary, from plentiful to scarce. Some NN's accessed support from other charitable or commercial organisations who were active in the community, whereas others were more isolated.

> "LNN19 has taken on a similar role of the hub, but has got the churches involved and got support that way. We've got nobody. No organisations to say 'let's do this together'. It's certainly been a matter of, we haven't had anyone to say 'can you help with this?' we as a five people team have had to co-ordinate everything coming in and going out, food, volunteers, everything." (Staff, LNN4)

> "We have quite good relationships with a number of businesses in our area. There's a company that's a part of Johnson & Johnson that we work with doing CSR days, they've done all our printing for us, and provided money to take round fish & chips to members, they're really good and supportive, and they're all working remotely so it's good to see. We've got a local party shop, on VE day they asked us if we'd got anyone that was a veteran, we've got a lady that was in the RAF in the war, they took round a big display of balloons for her. Morrisons have been excellent, donating food, Asda were letting us go in first thing for shopping, or if we needed anything they'd get it off the shelf and put it at the back so we didn't have to queue."
> (Staff, LNN2)

## 3.3. How do NNs try to overcome these barriers?

The following section explores some of the strategies that LNNs employ to help overcome different types of barriers to participation discussed above. It largely focuses on efforts to overcome individual and organisational barriers, rather than system barriers, reflecting how the LNNs approach these issues.

There were several suggestions that having a greater range of activities could help contribute to greater diversity and better equity of access as

different people come along to different things. For example, by providing a mix of different clubs and activities that are likely to appeal to younger and older members.

**"We do have a mix, but I think there's quite a lot of, some of our groups, it's like, Zumba and Thai Chi, predominantly attended by the fitter, physically fit, younger, older, younger [old] …. And then the people that come to other groups, such as chair-based exercise, lunch club, memory…things like that, that's, that's attended by older people that may have long term health conditions and they have dementia, other, other like heart and lung conditions and things, mobility problems. So we try, there is something for everybody." (Staff, LNN3)**

Some networks (e.g., LNNs 2, 4 and 17) are attempting to encourage more diverse membership and overcome barriers associated with men's participation by providing services specifically for men and running men's groups.

**"One of our groups is the Mainly Men group, they met once a month for a talk and once a month for whist." (LNN4)**

LNN17's 'Men's Matters' group was set up after they identified male members and men in the wider community as the most disengaged in activities, and as having particular struggles with mental health and loneliness with links to gendered issues around communication and relationship building. The group works with men mainly over 80, who are suffering largely from loneliness, many with additional anxiety and depression. One respondent referred to Men's Matters as a good example of achieving 'health by stealth', involving harder to reach members in a simple social activity that creates numerous benefits at an individual, social, and system level.

Leeds has a highly diverse population and is also a city of sanctuary, with substantial refugee and asylum seeker resettlement. As the older population is going to become more diverse, NN's may need to reassess the ways their activities meet the needs and interests of local populations. NNs are aware that the older population is going to become more diverse and there is some evidence that they are interested in becoming more diverse organisations. LNN14 for example have made links with local ethnic minority organisations to further this aim.

There is evidence that NNs are thinking more about equity of access and diversity issues, and it was apparent that some NNs are cognisant that the older population is going to become more diverse, but this appeared to be more of a 'live' concern for some groups than others. For some NNs it had become more of an issue during the pandemic as they had assertively engaged with a more diverse mix of people and uncovered 'hidden' need, partly because their profile had been raised during the pandemic.

> **"What's been interesting is a lot of the hubs and networks have talked about, you know, we've reached people that we haven't reached before and a lot of people talking about the people that we've been reaching, their needs, if you like, have not really been specifically related to Covid. I think there's a sense that the crisis has uncovered a lot of hidden need, particularly around poverty and you know, organisations feel, I think, quite strongly, rightly, that they'd got, you know, a sense of responsibility to those people in the longer term." (LNN Stakeholder 4)**

LNN14 talked about engaging more with ethnic minority residents, and specifically Muslim groups for the first time. They had sought the support of a local ethnic minority organisation to help them understand the specific needs (e.g. dietary requirements) of these new groups.

At the workshop NNs were asked about the strategies they had used or could use to engage a more diverse range of people. Suggestions included broadening their volunteering opportunities, ensuring representativeness of their workforce, linking to other local groups that are working with diverse populations, having culturally specific provision and thinking about 'new' younger and more diverse populations now and what their needs might be as they age in the future. However, some NNs questioned whether they are the most appropriate organisations to support people from a diverse range of backgrounds and whether for cultural reasons some communities would want to receive support from an NN. In some areas other local groups may be better placed to do this. The issue was also attributed to resources, with some NNs stating that with limited resources they should stick to what they are good at, and perhaps tap into support from other relevant groups where needs are identified.

Some LNNs are more active in reaching out to engage new members and groups of members, whereas others appear to rely more on people coming to them through referrals. Again, the pandemic had resulted in many NNs getting in touch with more of their existing members and those who are less active as well as reaching out to new members. LNN18 described how they had actively put out a call on social media for volunteers to meet the increased demand for befriending.

> **"I think it's probably the first time in a long time that we've made contact with everyone and had a much, much bigger, much more contact with all us members."**

> **"We had a bit of a waiting list for people wanting it and it were more trouble getting volunteers to do the befriending. But this year we had it live in January and we must have, we went from about 8 people being befriended to 28 people within a space of a couple of weeks. We put a big push out on social media and lots of people came in for it. So yes, that's really taken off.**

**We've got one to one befriending and telephone befriending, in total we've got about 60 people that are either - I think we've got about 30 on each, 28 normal ones and about 32 others I think." (Staff, LNN18)**

Much of what NNs do is around providing extra help and support directly to members to overcome personal barriers to participation. Again, this is often linked to available resource in terms of staff and volunteer time and or access to transport services.  There are lots of examples of NNs going that 'extra mile' to help overcome these barriers by facilitating participation and contact between members, showing small acts of kindness to build trust, and encouraging participation by providing transport so that people who would otherwise struggle to get out can go shopping and participate in activities. Transport, or lack of transport, was a significant underlying theme to these discussions.

**"And XX would be involved in picking people up so, yeah, we used our minibus on a Tuesday to pick people up who didn't have the transport to get themselves here.  So he would be involved in that, and obviously doing his bookings for his daytrips as well.**

**Meanwhile, XX would be out in the minibus on a Wednesday, so she would pick up people living on the extremities of Horsforth. And they alternated between ...Morrison's and the XX ASDA. So, it would take a full bus down, and then come back to Horsforth, collect another lot of people, and go back, basically, for the first lot of people who by then had finished their shopping. I think they got about an hour-and-a-quarter, which usually gave them time for a cup of tea and – in either a Morrison's or ASDA. And then she would go back. So that would basically take most of her morning up to about 1 o'clock."  (Staff, LNN19)**

The role of family members and carers was also described as a critical means for NNs to overcome barriers to engagement, with some interviewees highlighting the role of carers in supporting ongoing member engagement.

Some NNs are providing support to overcome issues of digital exclusion and reduce technological barriers, and this increased (and became a necessity) during the pandemic.  For example, providing informal support to help people use technology and loaning equipment became more common during the pandemic.

**"I mentioned that I didn't, I wasn't any good on the computer, but I'd like to be and she said, they could send somebody to help me get started on that. ...Very helpful for me because I've had a laptop for ages and it's just a mystery to me." (Member, LNN10)**

One NN with a digital inclusion worker who supports people to get online has developed resources specifically to help people.

**"We're quite fortunate, to be honest. Yes. I think we've had – We've just also had some funding from 100% Digital Leeds, so we became the first digital health hub in Leeds as well, so – which was about six months just before COVID; we were six months into it. So we were trying to get people online, and we employed a digital inclusion worker, which has turned out to be probably one of our best assets under COVID."**

**"And especially with the digital work that XX had, the digital inclusion worker, she's done, like, a toolkit of how to get people onto Zoom and how to get them onto a virtual coffee morning and things like that." (LNN13)**

This NN has been particularly innovative in incorporating technology into some of its activities, engaging people who are typically excluded such as those with dementia and making technology fun as a way of overcoming barriers to engagement.

**"We've got virtual headsets and in the dementia group XX, they were using them when they were showing footage of the coronation and things, so they could actually see it, and then we'd take it off them and then they'd be able to chat about it.....so the digital side has really opened up a whole new world for people. You know? And for us as well." (LNN13)**

Individual support workers also helped with technological barriers.

Finally, additional resources for in-person support helped to break down physical and social barriers to engagement for people who were especially excluded from participation in NN activities and isolated in their homes. In this example, a member with a severe speech impediment was supported with basic social inclusion.

**"we had a new referral last week from a gentleman who had a severe speech impediment, and I tried to do an assessment over the phone, but it was really difficult because it was an accident he had when he was younger. Some words sometimes he just can't form. So it was really, really difficult, and he was getting frustrated and I just felt terrible but I just couldn't – But we did manage... to get enough but then our support project worker went to see him at home and stood outside, took a hamper, and he is somebody that she is now going to take, you know, under her wing...which we would have done if we'd been [open]; he would have been somebody she would have supported and been here. But he's quite distrusting as well so I think it would be really good to build up that trusting relationship and rapport and make sure he's getting all the support he needs. And then, hopefully, when we're open, ... because it's social inclusion that he needs because he has nobody." (LNN13)**

# 4 Equity of resource

## Summary of Key Findings

This chapter explores equity of resource across the Leeds Neighbourhood Networks. It highlights the relatively uneven distribution of different types of resources and raises questions as to whether these reflect or could help to ameliorate the uneven distribution of need.

Although all LNNs have received core funding from Leeds City Council since 2007 the amounts of funding vary considerably and are linked to a complex web of historical, political and commissioning factors, alongside a well-intended commitment to ensure individual LNNs did not lose out whenever funding arrangements were reconfigured.

Despite these variations, the importance of core funding to the LNNs should not be underestimated. It provides them with stability and flexibility, enables them to build capacity, retain staff and provide continuity of care for their members. It is also an important lever in generating additional funding from other public and philanthropic sources. However, some LNNs generate far more additional income than others, and this has implications for what services and activities they are able to offer and how widely they can be accessed.

Other types of resources including human (staff and volunteer levels) and physical resources (buildings and other assets) are also distributed unevenly across the LNN. Our findings suggest that there are different layers of factors which influence (in)equity of resource, including:

- **Policy context:** how supportive the local public sector is of the LNN's work and where it sees them fitting within future strategies, individually and collectively, and at neighbourhood and city levels.

- **Community context:** the type and prevalence of need at a community level, and which other assets in those communities exist to meet local needs.

- **Organisational context:** the resources that LNNs can draw upon to delivery and develop their work and how resourceful are they in how they use them?

- **Individual context:** what are the skills, capabilities and approaches of the individuals involved in leading LNNs and delivering the range of services and activities they offer.

## 4.1.  Introduction

This chapter considers how equitably resources are distributed across the LNNs, and in relation to population characteristics which could be seen to indicate levels of need. The variability of the resources available to different NNs is recognised by NNs themselves and by stakeholders:

**"Why should you be discriminated against because your neighbourhood network has only got two members of staff, isn't very good at fundraising, doesn't put on very much activity, hasn't got staff, that, you know, how is that a thing? Whereas some, some neighbourhood networks are incredibly proactive. I mean the amount that they have to offer and the fund, the funds that they, you know, I think that for me, if my mum was living in an area that didn't have a very good neighbourhood network, I'd be feeling quite cross about it, really." (LNN Stakeholder 3, worked with a number of NNs)**

Our analysis explores in more detail what lies behind these, and other similar, concerns. In previous reports we have identified the different types of resources which LNNs need to operate effectively, particularly in terms of achieving healthy ageing outcomes for their members. These included: funding, good governance, stable leadership, strong workforce, accessible facilities, good reputation, and a supportive policy environment[7]. Rather than repeat those findings here we focus on the question how equitably those resources are distributed. In doing so we focus in most detail on financial and human resources, whilst also considering the distribution of wider resources within the limits of the data that we have available.

## 4.2.  How evenly are financial resources distributed across the LNNs?

Since 2007, all LNNs have received core funding from Leeds City Council (LCC) to support their activities. This represented long-term, secure, funding for all Networks. Many also receive additional funding from LCC to support specific activities. In 2021-22, funding from LCC to the LNNs totalled £3.3m, giving an average of £94,340 per NN. The average, however, masks considerable variation in the levels of funding provided by LCC to each of the LNNs, ranging from a minimum of £54,828 to a maximum of £226,615. There are a number of different ways in which we might consider how equitably these resources are distributed. If we relate levels of income to population numbers at a neighbourhood level, we see that LNNs receive an average of £6 per head of total population, but this varies from £1 per head to £16 per head. If looking just at the population aged 60 or over, the figures

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7    See: Dayson, C., Gilbertson, J., Chambers, J., Ellis-Paine, A., & Kara, H. (2022). How community organisations contribute to healthy ageing. Centre for Ageing Better.

are an average of £34 for every person aged over 60, ranging from £6 through to £97. Looking at membership numbers, the figures are an average of £220 per member, ranging from £59 through to £1,380 per member.

### a. How LNN core funding is allocated

The background to how LNN funds are allocated to each NN is complex and tied to combination of historical, political and demographic factors. Prior to 2007, the LNN developed at different rates and scales across Leeds funded through a mix of short-term grants from LCC and other philanthropic sources. In 2007, LCC held a review to identify and map the NNs across the city, pool all the funding, and redistribute it 'more equitably' using a formula based on census data and demographic profiles. This would have meant some NNs receiving more funding than before and others receiving less. However, funding reductions were unpalatable, so those NNs that would have received less funding had their previous funding level protected and sustained. Since the 2007 review all NNs in Leeds have received core funding but the funding formula has continued to evolve, including a £0.5m uplift to the total funding available in 2017.

Over time, various different models for distributing funding equitably across the Network have been explored, but with no easy solution found. In 2021, all LNNs experienced a 10% cut in LCC funding. Despite the rather ad hoc way in which LNN funding allocations have evolved, LCC has consistently applied three principles to how NNs should be funded:

1 Standard LCC funding is for core costs.

2 This funding should be applied to all NNs across the city as fairly as possible.

3 No NN should receive a reduction in funding when others are receiving increases.

However, there is no specified minimum level of baseline funding to ensure an NN has the stability it needs to enable growth and development. Also, the current levels of funding do not correlate with any obvious indicators of need such as levels of deprivation in the area, numbers of members over a given age, or numbers of people in the area over a given age. Although flat rate increases and cuts usually appear equitable to recipients but, they may not be equitable at all. It is likely that the flat rate cut (of 10%) in 2021 disproportionately disadvantaged those NNs that already had fewer resources at their disposal.

### b. The importance of core funding from LCC

The funding LNNs receive from LCC, particularly the core funding, was consistently talked about by LNNs about as being 'essential' and

'foundational'. It provided stability, which in turn was important for the building of organisational infrastructure, the recruitment and retention of staff, the building of partnerships, and for the continuity of care for members. It also provided flexibility, which enabled the NNs to be responsive to the changing needs of their members and wider communities. Importantly, it was also an important lever in generating additional funding, effectively acting as a badge of legitimacy for other funders and/or as an important form of match funding which - it was suggested - was increasingly asked for by other funders.

### c. Other sources of funding

In 2019, for every £1 of funding from Leeds City Council, LNNs raised £1.63 from other sources (£1.33 in 2018). However, the ratio of LCC funding to other sources of funding, varies between LNNs.

**"The main source of funding for us is the LCC NN contract. We don't have any other regular funding, we apply for things like winter support and the lunch club grants and various trusts and things... I'm spending most of my time at the moment trying to apply for grants and trusts." (Staff, LNN2)**

**"But some Neighbourhood Networks, the funding that they receive from adult social care [LCC] is sufficient to run their neighbourhood scheme. We are not one of those Neighbourhood Networks, we have to fundraise to enable us to deliver the services that we need to deliver. I don't know if you know that, but across the board some don't have to fund raise other than a little bit of additional coffee morning type stuff. It is really a very big part of our business." (Staff, LNN7)**

As the quotes above indicate, the pursuit of funding - particularly additional funding - could be both time consuming and challenging. Indeed, our research suggests that there are differences between NNs in fundraising in terms of capacity or ability to fund raise and attitude to fundraising, which affects the financial resources that they have to draw upon, and their financial resilience.

LNN's ability to be commercially enterprising varies through a combination of strategy and opportunity. For example, some NNs who own buildings have rooms they can hire out to the public sector or members of the public; some have a charity shop enabling them to generate commercial income. But not all NNs are able to do this.

### d. Operating margins, financial resilience and sustainability

Considering levels of income alone, however, can be problematic. It is also important to consider how incomes compare to expenditure or, in other

words, the operating margins of LNNs. Our analysis of financial data[8] suggests that most LNNs either made a small profit or loss for the financial year ending 2018. Only one LNN made a more substantial surplus (10 per cent or greater) and only two LNNs had a more substantial deficit (10 per cent or greater). We might also consider the size of reserves that each of the LNNs that are independent charities have (which could be seen as a measure of financial vulnerability): in 2019, about two-thirds of the LNN charities had between two and seven months of expenditure in reserve (64 per cent - 16 LNN charities) and a further 36 per cent (9 LNN charities) had eight months or over.

It has not been possible yet to statistically assess the impact of the pandemic on the NNs' finances. However, data on how charity finances have been affected by the pandemic nationally present an alarming picture, with analysis suggesting significant drops in income for many organisations[9]. Whilst our case study data suggests that NNs may have fared reasonably well during the peak of the pandemic, most expressed considerable concern about their longer-term prospects:

**'It's all really, really difficult I mean I don't want to get into finances and things like that, but we are running classes with six people in and its financially unviable at the minute, but we just need to get back to doing something and you know, starting to get people out, so it's one of the things we will just have to factor in probably. Well we've decided to factor it into our budget over the next twelve months and so right up until April next year, we are not thinking that any of the groups are going to be viable or full or not even kind of trying to push to get the numbers that we usually would have in groups.' (Staff, LNN17)**

There was considerable concern across the Networks about the long-term sustainability of funding, particularly as COVID-related funding comes to an end and demand levels remain high.

## 4.3. How evenly are human resources distributed across the LNNs?

Alongside finances, the research also considered equity of human resources, focusing on staff and volunteer numbers. In purely quantitative terms, it is apparent that paid staff resources are not distributed evenly across the NNs. On average, each LNN (that we have data for) employs 13

8  Based on data from 25 of the charities delivering LNNs (data unobtainable for two LNN charities)
9  According to research by Nottingham Trent University in May 2021, 24 per cent of charities were still reporting a deteriorating financial position as a result of the pandemic.

members of staff, ranging from a 2 to 19, although comparisons between NNs are problematic because the figures provided are absolute, rather than full-time equivalents (FTEs). Somewhat hidden within these numbers, it was suggested that some LNNs had (unsurprisingly) experienced relatively high levels of staff absence during COVID:

**"We've been challenged that one person has been off for a month with a bereavement and another member of staff has had Covid. So, we were actually down to 5 staff members for a month within the 3-month period. So, you know I suppose it's a resource thing." (Staff, LNN7)**

It was also suggested that staff recruitment could be challenging, sometimes due to limited staff time to drive the recruitment process (a lack of resources becomes cumulative):

**"I mean so far this week I was working sort of, Monday was an eleven hour day and yesterday was a ten hour day and there's just not enough time and we've tried to recruit an administrator and because we didn't have the time to, it didn't work out and partly it was our fault because we didn't have the time to support her and give her all of the support she needed to get going, but equally, she, what we need is somebody who's, not just an administrator, we need somebody that can do a bit of everything and just get, whatever gets thrown at them." (Staff, LNN14).**

Volunteers are also unevenly distributed. The average number of frontline volunteers involved in LNNs in 2022 was 112, ranging from 4 to 154. There are also differences in the ratio of paid staff to volunteers, ranging from 1:1 through to 1:20. Some LNNs are heavily reliant on volunteers, others far less so:

**"we are very much reliant on a very well established [volunteer base] and there's about a hundred volunteers that support us regularly at activities so we're really fortunate. We wouldn't be able to operate without them." (Staff, LNN14)**

This stark difference in the balance of paid staff and volunteers within LNNs was widely acknowledged by stakeholders.

If we combine the number of paid staff and the number of volunteers that each LNN involves and compare that to the number of members that they support, we again see considerable variations. The ratio of total human resource (staff + volunteers) to members ranges from 1:5 to 1:42. Such comparisons are problematic on a number of levels, not least of which is that these figures are based on absolute numbers of people, rather than reflecting the hours contributed, but they are suggestive of the considerable disparity of resource which exists across the Network. As the following

quote suggests, the availability of human resources (in this case volunteers), is likely to affect the ability of an LNN to meet local needs:

**"We were trying to say to people, we were told not to encourage them to want a befriender because we didn't have enough volunteers...There was nobody to do it." (Staff, LNN10)**

There was some suggestion that the availability of one resource may influence the availability of another. For example, it was suggested that access to money and staff time could affect the availability of volunteers to an organisation, as both time and money needed to be invested in recruiting and retaining volunteers. This suggests that any inequity in the distribution of resources may be cumulative:

**"I've talked to the workers in the past and they've talked about the difficulty of literally finding time to develop the volunteer service, because there's a process involved, [...] you've got to recruit, you've got to train them up and then match them and it all takes a lot of time and they haven't got a volunteer coordinator, some of the neighbourhood networks have a dedicated volunteer coordinator which they don't have, so it is difficult." (LNN Stakeholder 2)**

Looking beyond numbers, it was widely suggested that it is not just the number of paid staff and/or volunteers that matter, but also their skills, experiences and capabilities. Strong leadership was thought to be essential for LNNs, with a suggestion that the strength of leadership differed across the Networks:

**"If you were to do a risk analysis of the Neighbourhood Networks, leadership would be one of the biggest risks, you know. It's one of the strengths of some of them but it's one of the biggest risks because it is personality based and they're really small and you know, I dread to think what would happen in some organisations if something happened to that person." (LNN Stakeholder 1)**

The success of NNs' services is sometimes attributed to a key person.

**"I think [one service has] been more active and more successful in the (name) area though, than our other areas, because (Name) was the, was the person responsible for (name area) and (Name) was very, very good. Very hands on, lived in the area, knew the area and so, there are a lot of things that, a lot of reasons that made it more successful in the (name) area." (Volunteer, LNN10)**

Leadership involves staff and trustees. Committee size varies between NN,

generally from 6-15 members. A majority (82 per cent) of committee members are local, 77 per cent are older, and 50 per cent are professional. Not only do the number and make up of trustees vary, but so too do their capabilities and therefore also the strength of governance:

**"I think in some organisations the Trustee Boards are ciphers. I think in some they try really hard, in others, you know, the leads have realised well actually we need to recruit different people to our Trustee Board… so it's about having the right people around the table, whatever the age is, really and in some of them they just haven't." (LNN Stakeholder 1)**

Alongside capacity and capability within the leadership of LNNs it was also about attitude and approach:

**"We're not massive risk-takers but I think what our… from the early actions it has been, before I got here, and hopefully this has carried on, is we've been quite forward-looking. Compared to other neighbourhood network schemes, it's – you know, comparing it to other NN organisations. But we've always been quite forward-looking, and we have taken a bit of risk, we have, sort of creatively about things." (Staff, LNN20)**

The principle of involving older people in the governance of NNs is something that all Networks adhere too. It was apparent, however, that this varies between LNNs. Whilst generally seen as a strength, it was also recognised that this could at times create vulnerabilities, highlighted for some during the pandemic.

Again, however, there are differences in how this plays out across the different Networks. This was highlighted during the pandemic when some of the LNNs that were heavily reliant on older people (members) as both committee members and volunteers, and those people were shielding, a resource challenge was created:

**"Pre-COVID 70-80% of our volunteers were over 60, possibly 40% over 70, so our existing volunteers became members and we've had to rely on the new ones to pick that up." (Staff, LNN4)**

## 4.4. What do we know about the distribution of other resources?

Having use and ownership of accessible spaces was seen as an important, and also unevenly distributed, resource. Some NNs talked about the vantage point they had in their local community through having a physical presence, such as a community building. Having access to any space centrally positioned within a community was seen to be key - increasing

visibility of an NN, enabling people to drop in etc. Owning your own building was particularly valuable, in terms of not having to rely on others, not having to pay for space, and having control over access. This was particularly so during the pandemic, as those that relied on hiring space from others then had to deal with how those other organisations dealt with risk affecting when they chose to allow groups back in. Some talked about how moving to new or more central premises had been beneficial to the organisation in terms of raising profile, and being more accessible:

**"I think we've attracted more members because it's right in the heart of [the community], so I think that helps as well, they don't have far to go." (Member, service user and volunteer, LNN15)**

**"we were very lucky to have found at the end of 2017 an old post office which is bang in the community [...] We're in a parade of other shops, so we are visible which has really increased our profile in the community." (Staff, LNN21)**

Partnerships and relationships with a range of external organisations were also seen as an important resource. It is hard to assess the extent to which these are evenly distributed across the LNNs, although the data is suggestive that they are not. Partnerships were important for bringing in financial (and other) resources; ensuring a flow of referrals of older people into LNNs (and so relating to equity of access); and for the range of activities that NNs could offer (equity of offer).

**"[X NN] is innovative in terms of local partnerships. You know, [they] got in there and really developed strong local partnerships with local businesses [...] you know, [the CEO's] got a business background and [...] I think [they've] got an incredible network actually so I think certainly in terms of funding and where they next go, they have to be more innovative and look at different ways to fund and need to look at partnerships differently." (LNN Stakeholder 1)**

Also important are a range of fixed assets and wider organisational resources that NNs draw upon, including human resource functions, finance, IT, catering facilities/equipment, and transport (e.g., minibuses). NNs' organisational resources are often quite limited and appear highly variable. One line of variation is between the LNNs that are an organisation in their own right, the LNNs which are managed in partnerships (i.e., one organisation responsible for more than one NN), and the LNNs which are effectively a project within a larger organisation. The benefits of being based within a larger organisation, with wider resources to draw upon, was highlighted during the pandemic. As respondents from a number of LNNs which are part of larger organisations commented:

> **"We are well supported because we are part of a large organisation".
> (Staff, LNN1)**

> **"I feel more supported and more confident in the way we've reacted by
> having a team of people that are more educated in the various topics that
> we've had to deal with, supporting us and saying if you need, we've got a lot
> of support networks there within the organisation [...] And I think having that
> means that we are able to support the members more easily because it's
> additional pressure that is off of me, or my members of staff, that someone
> else is having to deal with that side where we can just focus on supporting
> people directly. (Staff, LNN18)**

This is not, however, to suggest that being based within a larger organisation
is always or only advantageous. As the following comment suggests, while
organisational resources might be greater within larger organisations, being
part of a national body may also limit the ability of a NN to draw in
additional financial resources:

> **"One of the main differences between ourselves and maybe some of the
> other networks is that because we are a national charity, we are unable to
> apply for funding from other areas, other funding sources, so we can only
> use the funds we get from the council to run our service which I think you
> will find is very different to other areas [to] supplement the council funding
> quite significantly" (Staff, LNN10)**

## 4.5. What is the relationship between resource availability and levels of deprivation and need?

It is important to question in what ways we might consider whether or not
resources are equitably, if not evenly distributed across the Networks.
Should all LNNs benefit from the same levels of resourcing, for example, or
should resource levels reflect size of the population served, diversity of the
population, levels of deprivation, other measures of need, or a combination
of all?

As noted in the sections above, levels of deprivation and need vary
considerably across NN areas. Across all areas we heard that NNs' members
are presenting an increasingly high level and complexity of need, putting
substantial pressures on resources, already stretched thin. Although it is
difficult to accurately assess variations in levels of need from the data we
have, either across space or time, it was suggested that some levels of need
are growing more rapidly in some LNN areas than in others. The pandemic
exacerbated this issue, and it is likely to be further exacerbated by the
current cost of living crisis.

"I think members needs are going to increase or become more complex the longer this goes on" (Staff, LNN18)

"they've said to us, we've uncovered hidden need that's actually not really anything to do with Covid. Covid might have exacerbated it but it was there before and what can we do and what can the city do in terms of you know, ongoing support and trying to alleviate some of these issues within communities." (LNN Stakeholder 4)

In line with national trends associated with formal volunteering, there was a common suggestion that the availability of volunteers was related to levels of socio-economic deprivation: in wealthy suburbs it is easy to find volunteers, while in deprived areas it can be very hard work. This suggests that volunteering could inadvertently exacerbate inequalities rather than challenge them (i.e. LNNs in more deprived areas, with higher levels of need, have fewer volunteers to help meet those needs):

"It's an area of deprivation, we don't get many skilled volunteers. We're second lowest, in [this LNN], for volunteers. It's hard to get people to commit. If people come from outside, we tell them about their local neighbourhood network. Some of our management committee are from outside because we're looking for specific skills, but mostly we have local volunteers. Some can't drive so they have to be able to walk in."
(Staff, LNN5)

"...I think one of the things where we differ from some of the other schemes is, because it's a market town and it has a certain type of community, we do get what I would call quality volunteers." (Staff, LNN3)

Together, these findings suggest that - whilst it is not always the case - it is possible that those areas with the highest level of need are also those with the lowest levels of resources (e.g. volunteers, donation) within their communities, potentially creating a double challenge for LNNs located within such communities. This could to some extent be offset by ensuring that such LNNs have greater access to financial, staffing and other facilitative resources; to date, however, the evidence suggests that this is not always the case.

# Conclusion

This report has explored a range of issues associated with **equity of provision of community-based support for older people in Leeds** through the work of the **Leeds Neighbourhood Networks (LNNs).** LNNs are community-based schemes that aim to support older people to live independently and participate in their communities through a range of activities and services that are provided at a neighbourhood level. Although the whole of Leeds is covered by 37 LNNs, there is interest in **understanding the extent to which their provision is equitable in terms of what services, support and activities are offered, who they are accessed by, and the level and variety of resources available** at a neighbourhood level. Although equity can be quite a tricky concept to evidence quantitatively and qualitatively, the findings raise awareness of and understanding about where and how LNN provision can be equitable and where there is room for improvement.

## A.   Equity of offer

Although the LNN offer is universal, with each Leeds resident able to access support in their community regardless of social, economic or demographic status, what is actually available does vary quite considerably by area in terms of scope and scale. Individual LNN's specific service offer is typically a balance between locally identified needs, the requirements of the local health and care system, and what they have been able to attract funding to deliver.  Factors such as where the LNN is based (for example in an urban or rural area), whether it is in an area of high socio-economic deprivation or ethnic diversity, how these affect local needs and preferences, and organisational factors such as size and resource mix and availability, all affect what services and activities and LNN will offer.

Although most people who participated in the research thought that the majority of the LNNs provided a high-quality service and do a good job meeting older people's needs, there was some concern that some LNNs might be 'performing' better than others, that provision was uneven across the city, and that steps ought to be taken to address this more directly.

## B.   Equity of access

Across Leeds LNN members are more likely to be female, older (aged 80 plus) and white than the general population and there is considerable variation in who accesses the Networks in different parts of the city. Although NNs have demonstrated clear progress in relation to diversity and

personal barriers, such as younger-older people and men, and technological barriers, there is still work to do to widen opportunities to people from ethnic minority groups and with more complex needs, including understanding if and when this is appropriate.

There are some fundamental structural barriers that prevent older people from engaging with LNNs, notably those associated with technological or digital exclusion and financial exclusion which are more likely to affect people already experiencing health inequalities. Local infrastructure such as transport and social care can also be a major barrier to accessing LNNs work but some NNs dedicate enormous amounts of staff and financial resource to overcoming these.

Understanding and engaging with the complex and ever-changing local health and social care system is a real challenge for the LNNs. Some struggle for time or capacity to fully engage whilst others have significantly benefited from improved links and integration, including to the recently developed Local Care Partnerships (LCPs). Having a clear vision and strategy for how LNNs should be integrated within the local health and care system is a key component in ensuring that LNN services and activities can be accessed by the widest range of older people possible.

## C.    Equity of resource

Core funding from Leeds City Council is absolutely vital to the ongoing existence of the LNNs and their ability to support healthy ageing across the city alongside a skilled, motivated and healthy workforce of paid staff and volunteers. However, the LNN funding model is complex and linked to historical and political factors as well as needs, and the level of financial and human resource available to LNNs varies considerably.

This variation raises questions about whether or not all LNNs should have access to the same levels of resourcing, or should resource levels reflect size of the population served, diversity of the population, levels of deprivation, other measures of need, or a combination of all these factors? Currently, the level of resource a specific LNN has at its disposal is linked to layers of factors associated with the local health and social care policy context and their integration within it, community needs and the availability of other local assets, and organisational and individual skills and capabilities to develop and grow.

## Recommendations for improving equity across the LNN

Overall, our findings suggest that there is room to improve equity of offer, access and resources across the Leeds Neighbourhood Networks. However, in highlighting this point we do not intend to single-out specific LNNs or groups of LNNs as under-performing or in need of improvement. Rather, our

intention is to highlight types of variation that exist and ask **what level of variation is acceptable and to what extent does inequity need to be reduced?**

If, locally within Leeds, there is a willingness to improve equity of offer, access and resource across the LNN, our evaluation findings suggest that there are a number of steps that could be taken by the LNNs and their key stakeholders to achieve this. These steps have wider applicability, and will also be relevant in other areas seeking to replicate the LNN model or ensure that their own community-based support for older people is as equitable as possible.

In terms of **offer**, consideration should be given to developing a high-level 'minimum' menu of services and activities that an LNN might be expected to provide whilst still allowing flexibility to continue to provide locally specific services in response to needs. This menu should be co-designed with relevant key stakeholders, but with an emphasis on understanding the wants and needs of older people across a diverse spectrum of the population.

In terms of **access**, there should be a focus on identifying and overcoming barriers to participation for different groups of the population. Many of the solutions are already present exist in the work that specific LNNs and other similar voluntary and community organisations are already doing to promote and broaden participation in local communities, so the focus should be on facilitating learning between providers rather than generating new solutions.

Closer integration and stronger relationships between the LNNs and the health and social care system should also be promoted. Local Care Partnerships are the natural forum for this integration to occur, and each LCP should be encouraged to develop a plan for how it will engage with its local LNN(s) and consider how they might be able to support LNNs to develop their offer. Where LNN-LCP integration is most advanced this provides opportunities for other partnerships to learn about how collaboration can be most effective.

In terms of **resources**, we recommend working with the LNNs and other local stakeholders to co-design a new transparent and logical funding model that provides LNNs with minimum baseline core funding at a level that will assure NNs' stability and form a basis for growth. An additional and optional service-related component that is clearly related to local population health needs should be available alongside this core funding for NNs with an ambition to integrate more closely with the local heath and care system.

In parallel, each NN should be encouraged and supported to grow the total amount of resources available for their work. This should include, for example, support to apply for additional statutory and philanthropic funding that LNNs have historically been very effective at accessing, maximising their income generation from assets and services, and newer sources of

funding such as social investment. There should also be an ambition to grow the number and diversity of volunteers. Collectively, these actions should enable the LNNs to improve their financial resilience and sustainability and develop additional services and activities that supplement or complement statutory provision.

If Leeds City Council commit to long-term funding based on an agreed model this would release NN staff time and capacity, improve NN staff retention, open up opportunities to access further funding, and so increase NNs' capacity to support older people in Leeds. Certainly, funding for LNNs from LCC should not be reduced. It is clear that they save LCC and Leeds health authorities money by removing the need for day care services and reducing the burden on social work and health. Reducing NNs' funding further would increase the burden on existing services and create need for arguably more expensive new services that will increase the overall cost to the public purse.

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