



LEEDS COMMUNITY CHAMPIONS: EVALUATION & REPORT

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KEY MESSAGES

- A team from Leeds Beckett University has carried out an evaluation to understand how the programme worked and to identify how lessons learnt can be applied in the future. In total, 27 individuals, including Community Champions, were interviewed.



- Leeds Community Champions programme was set up during the COVID-19 pandemic to engage better with diverse communities and reduce health inequalities. The programme has since evolved to have a broader health and wellbeing focus, but still working with communities that have the highest health needs.
- During the pandemic, having Community Champions as trusted messengers, able to connect with others and have informal conversations, helped break down barriers between services and communities. The volunteers and the many voluntary, community and social enterprise (VCSE) organisations involved in outreach activities brought flexible, additional capacity that made a difference on the ground. By Feb 2023, over 240 people had been recruited as Community Champions bringing cultural knowledge and connections.
- Community Champions were an important part of the pandemic response in Leeds, including supporting vaccination uptake. Impacts from the programme include better community insight, stronger connections, increased trust, improved outreach, plus benefits for the Community Champions in terms of gaining knowledge, confidence, and fulfilment.

- Strong partnership working, between Leeds City Council (Safer Stronger Communities and Public Health), VCSE organisations and other partners has been the foundation for the programme. Cross-sector collaboration has worked at a city level and in the delivery of events and activities in neighbourhoods. Over 80 local organisations, including grassroots groups, have been involved.
- There has been much learning about how to develop a Community Champions programme, how to overcome barriers to accessing services and how to build a flexible, inclusive volunteering approach that supports the involvement of people from diverse backgrounds.
- Findings from the Leeds evaluation confirm other research on Community Champion approaches. This is a practical way to improve connections between communities and prevention services and build community capacity.
- Going forward, recommendations from the evaluation - on inclusive volunteering, on utilising the commitment and knowledge of Community Champions, on co-design and co-delivery - can be used to shape future action on health inequalities and help strengthen volunteering in the city.



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1 INTRODUCTION

Background

In Leeds, inequalities in infection rates and vaccine uptake between different communities and groups of people were evident during the COVID-19 pandemic. In 2021, a Community Champions programme was established to engage more effectively with diverse local communities with COVID-19 response and recovery messages, build trust in formal health services among communities, and complement and support other pandemic-related response activities.

The programme was initially developed and run by Leeds City Council Safer Stronger Communities (January-July 2021 ~ £140k), with government funding and support from local voluntary and community sector (VCSE) partners. In early 2021, the Ministry of Housing, Communities and Local Government (MHCLG), later Department for Levelling Up, Housing and Communities (DLuHC), had established a funding scheme for local authorities to develop Community Champion schemes as a way of narrowing the health gap for communities disproportionately affected by COVID-19, including ethnic minority groups, older people and those with disabilities^{1,2}. In Leeds, the initial objective was to recruit 75 Community Champions to share key messages with Leeds residents, provide grant funding to VCSE organisations to disseminate key COVID-19 messages and develop improved communication for diverse communities in Leeds. In addition, Community Champions feedback was shared directly with decision makers in the city. The government funding was disseminated to VCSE organisations via third sector infrastructure organisations (Forum Central and Voluntary Action Leeds) and Hamara was a delivery partner in this first round.

Additional DLuHC funding (March 2022-July 2022 ~ £185K) enabled the volunteering scheme to be extended and further work with local VCSE and community-based organisations (see Figure 1). In Leeds, management and administration of the programme is now shared between Leeds City Council (Safer Strong communities and Public Health), Voluntary Action Leeds (VAL) and Forum Central.

COVID-19 Community Champions:

Volunteers pledged to support COVID-19 and wider key health messages through engagement/communication with their family, friends, neighbours, and their networks which could take place in person or via social media.

COVID-19 Community Engagement Champions:

These volunteers engaged in more formal community engagement activities by supporting a range of partners including Leeds City Council and NHS in response to COVID-19 outbreaks, vaccination clinics/sites to promote health messaging in the community and access to vaccinations, including the booster vaccines. Information about these opportunities were pushed out as events using Be Collective. Volunteers could also design and deliver their own community engagement activities/events to share COVID-19 and key health messages with support provided by delivery providers.

COVID-19 Community Champion organisations:

Such as the third sector, local businesses, educational establishments, including grass root groups, constituted groups and residents' associations etc. pledged to support COVID-19 messaging and sign-up staff and volunteers to become COVID-19 Community Champions to support sharing health messages around COVID-19 including vaccinations/boosters amongst staff, service users and communities.

Figure 1 Leeds Community Champions roles

Aims of the evaluation

Evaluation and monitoring to date provide some evidence of the impact and reach of the Leeds Community Champions programme, with deep dives into specific activities (see the 'COVID-19 Grants Evaluation', for example). However, a 'stocktake' of learning from the whole programme was needed to understand how the local Champion model evolved and what the options are for next steps to support work on inequalities, pandemic recovery and cost-of-living crisis. There are also opportunities to draw in wider evidence and learning to help inform local options and the new city-wide volunteering strategy.

Prof Jane South and Dr Kris Southby from the Centre for Health Promotion Research, Leeds Beckett University, were commissioned to undertake an evaluation of the Leeds Community Champions programme.

The evaluation has:

- captured learning from the Leeds COVID-19 Community Champions programme, and
- appraised options for embedding a sustainable Champion model in Leeds that builds community capacity and contributes to reducing health inequalities.

Specific evaluation questions were:

RQ1: How has the Leeds Community Champion programme evolved and what worked (and has not worked) in building the programme?

RQ2: What contribution did the programme make and for whom? Has it helped reduce health inequalities and build community capacity?

RQ3: What needs to be taken forward in embedding the programme, incorporating key learning and linked to the new Leeds volunteering strategy?

The report is divided into different sections. The next section gives a brief overview of existing evidence on Community Champions.

Section 3 summarises the methods used in the evaluation.

Section 4 presents the findings based on the three research questions.

The final sections discuss these results and present recommendations and conclusions from the evaluation.

2 WHAT IS KNOWN ABOUT COMMUNITY CHAMPIONS?

Who are Community Champions?

The idea of Community Champions, who are also known as health champions, is not a new one. This public health approach was used in the UK before the COVID pandemic. As a community-centred intervention, a Community Champions approach is about tapping into the skills, knowledge and commitment of community members to reduce health inequalities and promote better health and wellbeing. This definition is widely used:

Community Champions (also known as health champions) are community members who volunteer to promote health and wellbeing or improve conditions in their local community. Champions use their social networks and life experience to address barriers to engagement and improve connections between services and disadvantaged communities³.

This approach has been endorsed by NICE guidance on Community Engagement⁴ and is recognised within Public Health England's family of community-centred approaches⁵. The Royal Society of Public Health provide some of the infrastructure around training and skills for health champions⁶, including developing a national young champions scheme⁷.



What do we know about Community Champions as a public health approach?

A recent review by Public Health England¹ looked at existing research from the UK and internationally on Community Champions⁸. The review concluded that this is a flexible approach to engage diverse communities, with the focus most often on reducing health inequalities. In the UK, different areas have tended to develop bespoke champion programmes to match their local needs as no one size fits all. Common features of the Community Champion approach are the recruitment and training of a network of community volunteers who promote health through their social networks and through participating in community activities. Some UK champion programmes have focused on community empowerment and building social action, whereas others have emphasised capacity building by training individual champions to become change agents in their community or workplace⁸.

There are similar types of approaches used in public health internationally⁸. In particular, Popular Opinion Leader interventions, which recruit people with strong social networks or influence, have been used extensively to support HIV prevention, especially when services want to improve messaging and access for at-risk groups experiencing stigma⁹. Another model is Community Mobilisers, which was used in the Ebola emergency to facilitate the flow of information to and from communities as part of outbreak management¹⁰.



[1] Prof Jane South carried out this review, with a team from Leeds Beckett University and Public Health England.

What has been learnt about Community Champions in the pandemic?

The COVID-19 pandemic led to a renewed interest in using Community Champion approaches as a way of reaching out to communities most impacted by the pandemic. UK and international research has shown that impacts of COVID-19 were not experienced equally^{11,12} and that factors like poverty, occupation, ethnicity and disability increased risks for many communities¹³.

There is strong evidence that volunteers are a key asset in emergencies¹⁴ and having a strong community infrastructure is a feature of resilient communities¹⁵. In 2020, a report presented to one of the scientific committees advising the UK government recommended that Community Champions could be a good approach to reach vulnerable groups, build trust and address misinformation¹⁶. There is also evidence that a champion or trusted messenger approach, based on recruiting volunteers from the community, was used in other countries to cascade messages and address misinformation where communities were impacted by socioeconomic inequalities^{17,18}.

In the early days of the pandemic, some local authorities, for example Birmingham and Newham, developed Community Champion programmes to spread messages about COVID-19 prevention. Other areas that had existing schemes, such as Rochdale and the London boroughs of Kensington, Chelsea & Westminster, repurposed these to deal with the new challenges. The UK government launched the COVID champions programme in January 2021, allocating £23.75m to 60 local authorities¹. A further round of funding was provided in January 2022 with a focus on reducing vaccine inequalities².

2 WHAT IS KNOWN ABOUT COMMUNITY CHAMPIONS?

Due to the rapidly changing situation in the first two years of the pandemic, there has been limited research about the impact of champion programmes and what worked. In this last year, new evidence has started to emerge:

- A practice review about Community Champions programmes across London during the pandemic found a wide range of approaches in use; some involved Public Health teams working directly with communities and others commissioned local VCSE organisations to recruit a cohort of Community Champions. A cross cutting theme was that new ways of working led to greater trust and closer relationships between Public Health teams and communities¹⁹.
- Recent research carried out for DLUHC analysed quantitative and qualitative data from 10 local authorities receiving funding from the government scheme in 2022²⁰. Considering caveats with the quantitative data, the report stated that funding in those 10 areas was estimated to have resulted in “around 562 additional COVID-19 booster vaccine doses, delivering a net social value of c.£5.7 million in prevented COVID-19 cases alone, for costs of £4 million” (p10).
- A linked study based on three in-depth qualitative case studies found that flexibility and a ‘decentralised approach’ allowed for local areas to respond to community needs, with champions cascading messages effectively to their communities and providing vital insights²¹.



“around 562 additional COVID-19 booster vaccine doses, delivering a net social value of c.£5.7 million in prevented COVID-19 cases alone, for costs of £4 million”²⁰

3 EVALUATION METHODS

A mixed-methods approach was used to evaluate the Leeds Community Champions programme, using both primary and secondary evidence. The evaluation was conducted by a team from Leeds Beckett University and was overseen by the Leeds Community Champions steering group, which is made up of representatives from Leeds City Council, Forum Central, VAL, the Community Champion coordinators and other partners involved in programme management.

The main focus of the evaluation was gathering views from a range of people who had some involvement in the Community Champions programme or had worked alongside champions. This included talking to some of the Community Champions about their experiences. Available secondary data sources were also analysed, mainly different sorts of monitoring data that had been collected between 2021 and 2023.

Methods

i. Key informant interviews.

Semi-structured interviews were conducted with a sample of individuals who had knowledge of the Leeds Community Champions programme. Initially, a long list of stakeholders was drawn up by the steering group and that included individuals working in the council, NHS and local VCSE organisations as well as those directly involved in programme management. We aimed to interview as many people as possible to get a wide range of perspectives. Potential participants were contacted and invited to take part in an online interview using MS Teams. Interviews lasted between 30 and 60 minutes and participants were asked some open-ended questions on:

- Their role and connection to the Community Champions programme
- How the programme worked and what didn't work
- Success factors and challenges

- Views on programme impacts (positive or negative) and if it had contributed to reducing health inequalities
- Key learning from the programme and how that might apply in the future.

All interviews were recorded and transcribed using MS Teams. Full transcripts were then produced for accuracy. In total, 18 people took part in the key informant interviews in June and July 2023 (See Table 1).

ii. Focus groups and interviews with Community Champions.

We planned to conduct a focus group with past and current Community Champions covering similar topics to the key informant interviews. The champion coordinators helped arrange three dates in June 2023 at the volunteer centre in Leeds Market and sent out information to Champions who might be able to take part in a group discussion. In the end, two focus groups were held with six champions attending. Some champions wanted to take part but could not make those dates, so three additional online interviews were conducted. Focus groups were recorded digitally and interviews recorded on MS Teams and full transcripts produced for accuracy. Participants were given a £25 Morrisons voucher as a thank you for their time.

iii. Secondary analysis of monitoring reports.

Leeds City Council (Safer Stronger Communities and Public Health) collated a range of secondary evidence from 2021-23 as part of programme monitoring, which we were given access to. All evidence was anonymised, except where individual Community Champion case studies had consent for publication. Monitoring data included:

- Monitoring reports submitted to DLuHC on champion activities and vaccination data
- Programme reports including diversity and equality data

Table 1: Sample of participants (n=27)

Sample	Numbers interviewed
Key informants (n=18)	
VCSE (Forum Central & VAL)	4
Other VCSE organisations	6
Council (including Public Health)	6
NHS	2
Community Champions (n=9)	
Focus group 1	4
Focus group 2	2
Individual interviews	3
TOTAL participants	27

- Case studies of community-led activities supported through VCSE grants
- Case studies of individual champions
- Informal feedback from organisations and champions captured after activities
- Two earlier evaluation reports^{22, 23}.

This evidence provided useful background and a simple content analysis was carried out. Using a framework analysis approach based on our main questions, we summarised themes and plotted content of the reports in a spreadsheet²⁴.

Analysis

Qualitative thematic analysis was used to analyse all the interviews and focus groups²⁵. This involved developing a broad thematic framework based on the research questions and then identifying common themes and subcategories. NVIVO, which is a software programme for qualitative analysis, was used to systematically code all the data. A summary of the findings was produced that brought together results from the qualitative analysis, supplemented by the content analysis results from the monitoring data.

Ethics

The study received ethical approval through Leeds Beckett University ethics procedures. All participants were given an information sheet about the evaluation and informed consent to take part was obtained. To ensure anonymity, no names or identifying details were used when reporting results.



4 EVALUATION RESULTS

RQ1: How has the Leeds Community Champions programme evolved and what worked (and has not worked) in building the programme?

Programme evolution

The COVID-19 pandemic was a unique context; organisations were more willing to work collaboratively in support of their newfound shared priority and lots of people gained the time and motivation to volunteer. This time like no other provided, arguably, ideal conditions for the Champions Programme.

“The pandemic was a driver pandemic, it forced health to say actually we need volunteers. It forced health to come to the third sector and say we need, you know, we need to work with you to get these volunteers. So, I think the drivers were forced upon organisations, but as I say now that it's still going on at this side of COVID.”

KEY INFORMANT, 6

“I think in the pandemic, when everybody was still working remotely, it was very different and I was able to contribute a lot more and be more flexible with my time”

COMMUNITY CHAMPION, 19

Over time the programme evolved with the changing public health landscape. By February 2023, over 240 Community Champions had been registered with the programme and over 80 local organisations had been involved. Community Champions moved from just providing messaging about COVID-19 to a more general health and wellbeing focus. This has created new challenges and opportunities for the programme.

“I think it's very much shifted away from being just about COVID messages to the recognition that actually, you know, general health messages are very powerfully, you know, delivered by the mechanism we've set up, so it's enabled us to have conversations and you know, obviously around broader health conversations”

KEY INFORMANT, 1

The messenger not the message

The Community Champions programme showed the value and contribution of volunteers that are of diverse communities working alongside the paid workforce to address health inequalities. In communities across Leeds where there was/is distrust of authorities and governments (and where health inequalities are likely to be high) Community Champions provided a link, and started to build trust, between communities and services – initially about COVID-19 and now more broadly.

“The messenger is as important as the message. And that, in essence, is what Champions are doing. They're changing the face of the messenger. So, it's not a service with a badge, its people talking about things that are important”.

KEY INFORMANT, 2

“I think the Community Champions managed to get to the people we would normally not get to and because they looked and spoke like local residents, they were kind of trusted”

KEY INFORMANT, 14

The Community Champions programme also showed the value of spreading public health messages through informal community networks via influential community members. Champions that were central to local community networks were able to cascade messages in an accessible form. For example, talking about a neighbourhood in Leeds, one interviewee described the Champions' reach to all the Roma families in the area.

“But there's only about seven [families]. And so you get one family, you've got all seven. You know, this kind of thing”.

KEY INFORMANT, 16

Rapid mobilisation

The programme showed the value of having a pool of volunteers who had received adequate preparation to be quickly deployed into a diversity of public health settings. Recent programme monitoring data (up to end of August 2023) records 176 engagement events in community settings, vaccination clinics and online events and 5079 conversations including face-to-face interactions. While rapid mobilisation was particularly apparent during the initial phases of the COVID-19 pandemic response, there has been ongoing value in Community Champions being quickly deployed in response to emerging issues.

“The Community Champions gave us the flexibility to get people at very short notice...these Community Champions/volunteers, were already vetted, DBS checked, so would go through the council and would be given a particular place to volunteer from...it was very clear and well thought out, and it helped us a lot when it came to organising.”

KEY INFORMANT, 7

“The Community Champions it is a separate force and it can be what you want it to be and they don’t have those kind of pressures of KPIs [Key Performance Indicators], you know what I mean?...For us, we ask them to do one thing, we ask them to go out and do outreach and then we got the bonus of that they were so lovely.”

KEY INFORMANT, 14

Community Champions also provided a mechanism to rapidly respond to community need. During COVID-19, for example, Community Champions were able to speak to colleagues quickly and easily in Public Health to answer questions coming from community members.

“It was quite good for [Community Champions] to be able to say "ohh. I've got Public Health at the end of the line, I can just text them." Because that gives them power, doesn't it? With the community. So, the community will go "what about this?" "look well. I don't know. I'll ask them, that's fine". So, I'd respond like that. Because I think that gives them so much more credibility”.

KEY INFORMANT, 16

The small grants funding was another valuable mechanism, providing organisations quickly and easily with extra resources to respond to emerging community need. The monitoring data on grants shows a diverse range of funded organisations, many working at neighbourhood level with specific communities of interest²³.

“I think that the funding, the grant funding was really, really useful and really enabled organisations to do things that they felt were a priority for their community. So I think that they were able to be really responsive to the communities that they were supporting and communicate and engage with them in a way that they felt was the most appropriate way”.

KEY INFORMANT, 3

There was evidence of innovation and creativity at grassroots level which helped tailor health messages. Examples of funded projects included:

- Community radio programmes
- Basketball sessions with young people
- Community fundays with mascots
- Canal boat tours with vaccination information
- Video clips with community leaders
- Community sewing classes

Success factors and challenges

A number of interconnected factors affecting the Community Champions programme were identified. These were:

Role flexibility and expectations

At the beginning of the programme, during the COVID-19 response, there was some confusion about Community Champions' roles and responsibilities. Clearer guidelines and boundaries about what Community Champions could/should be expected to do were subsequently established.

Volunteers valued that the Community Champions role was very flexible, both in terms of tasks and time commitment. They generally liked being sent opportunities and the option to take part or not. Volunteers preferred to know the specific roles and responsibilities before taking part.

“They do send out the days that you can volunteer for and if you are not able to go then you just don't need to go, so in that aspect it is quite good because you can pick and choose when you go. So, it isn't mandatory, which is good”.

“That was really, really critical to the work and also, it's been a very loose programme. You know, you can come on the training and just want to share information with your neighbour, your family and your friends. That's absolutely fine. Or you can get involved in more specific opportunities that Public Health or Health might come up with or communities”

KEY INFORMANT, 2

However, such flexibility could create operational challenges. There has been a high turnover of volunteers – “people will participate on a very short-term basis and then move on” (Key informant, 3) – and an inconsistent number of volunteers, particularly during the summer when university students are not available. It has also been challenging to get volunteers to suggest ideas and lead on community action.

“I think another challenge is the transient group of volunteers that we've got, that dip in and dip out and disappear, and we don't know where they have gone and they've stopped engaging and then we get new ones, so it that ebb, and flow isn't it? Of volunteers dipping in and dipping out”.

KEY INFORMANT, 5

“Getting volunteers to lead on social action and getting them to lead the way hasn't been as easy as we would have hoped it would be”.

KEY INFORMANT, 3

While this flexibility is understood and accounted for within the Community Champions programme itself, it can be challenging for partner organisations. Partner organisations may prefer more consistent volunteers that they can plan into their delivery. Some partner organisations have also misunderstood the nature of Community Champions; assuming they are readily available to substitute paid staff rather than providing a specific set of complementary skills.

“...ongoing challenges around expectations about the project. So, you know, we still got requests for Community Champions: ‘We need 110 people that have all been DBS checked tomorrow morning to turn up here at Elland Rd.’”

KEY INFORMANT, 6

“On other occasions, it hasn't [gone well] - where organisations assume they can just kind of tap into a pool and we'll go along and someone will manage and support those people and they'll just kind of get a free service with minimal investment”.

KEY INFORMANT, 3



Coordinator role

The Community Champions volunteer coordinator role has been invaluable in delivering the programme. The joint coordinators have led with enthusiasm and have been flexible to the needs of both volunteers and volunteer involving organisations. The role has evolved with the programme, moving from doing a lot of hands-on delivery in support of the COVID-19 response to becoming a volunteer manager and enabler of volunteers.

“What helped was the coordination of the cohort of volunteers by the leads from Forum Central and Voluntary Action Leeds”.

KEY INFORMANT, 15

“I think having an enthusiastic lead was very important”.

COMMUNITY CHAMPION, 19

Volunteers' skills, attributes, and motivations

Volunteers' skills, attributes and motivations undoubtedly contributed to the success of the Community Champions programme. Volunteers having shared life experiences with the communities in which they were working helped build trust and make connections. Volunteers often had more specific skills and knowledge, such as from previous employment or from current studies, that they utilised as Community Champions.

“What has been helpful to me is that I have worked in a hospital in my home country before coming to the UK [...] so I think that trained me about some very heavy energy that could come from people”.

COMMUNITY CHAMPION, 17

However, volunteers lacking the role-specific knowledge for some Community Champions assignments could be problematic for volunteer-involving organisations. Community members could also be disinterested in talking with someone that thought was ‘just a volunteer’.

“Sometimes they are not very keen on speaking to you because they are thinking oh it is just a volunteer, so they are not a professional”.

KEY INFORMANT, 14

Diversity of volunteers

The diverse cultural backgrounds and heritage of volunteers also contributed to the success of the programme. Monitoring data on Equality and Diversity on Community Champions show that volunteers were drawn from different areas of the city and represented a broad range of ages (18-75 years), ethnicities and religious beliefs.

“From again what I've seen, it drew a lot of diverse volunteers into it. There was a lot of representation from various backgrounds. And even now when I do go volunteering, I find that still and that's been quite nice going into different communities, different areas.”

COMMUNITY CHAMPION, 19

Community Champions were often able to talk to community members in their first language, translate in real time between community members and Public Health staff, and help translate written material. Beyond language, Community Champions also had greater cultural awareness, such as around vaccine hesitancy, that helped build trust and engage with community members.

Informality

The informality of the Community Champions approach – people from communities sharing information with their peers in a non-clinical setting/way – contributed to the success of the programme. Community Champions very often did not look or talk like ‘professionals’ and ‘authorities’ and they held conversations where community members felt comfortable. This included, for example, not wearing the same high-vis jackets as Public Health colleagues during COVID-19 door-knocking deployments. Community Champions were often seen as not having alternative agendas, they were just people trying to help.

“[Community Champions] were quite gentle. It was quite informal. When I go, I wear a lanyard and put on jeans and a t-shirt, but they were informal, friendly, accessible and quite funny and I think that went away to, a long way to them getting people in to get vaccinations that wouldn’t normally have had them”.

KEY INFORMANT, 14

“You know, you couldn't have brought in a Public Health professional to talk to a bunch of blokes [about getting the COVID-19 vaccine] and convince them. So that was great”.

KEY INFORMANT, 13



Training

Training given as part of the Community Champions programme helped to upskill volunteers. The training about how to start and end conversations with community members was talked about positively.

“Before I went to my first actual volunteering event, there was an online training and videos that told you how to initiate conversations, knowing when the door is shut and not to push it and all those sorts of things. So, I would say that is a good structure of it, the training prior to having to go out, because you are not just thrown into the deep end thinking what is going on”.

COMMUNITY CHAMPION, 17

There was no consensus about whether the right amount of training was given or not. There was an acknowledged risk that too much training becomes onerous and off-putting to volunteers. However, one Community Champion commented that they were surprised at how little training – particularly on-the-job-training – was required before starting.

“You go along to your first event and you find out what you are doing”.

COMMUNITY CHAMPION, 18



Cross-sector collaboration

The cross-sector collaboration involved in delivering the Community Champions programme was one of the reasons for its success; each partner contributed different expertise. While there were some tensions at the beginning of the programme as roles, responsibilities, and targets were negotiated (all while partners were also involved in COVID-19 responses), these were rectified over time. The Community Champions programme was also successful in stimulating more partnership working, particularly between Public Health and local VCSE groups.

“The partnerships have been really positive. So kind of working with the local authority and the voluntary sector as well and the infrastructure kind of organisations. And so I think that that's been really positive because everyone's been able to bring different things to the table”.

KEY INFORMANT, 3

However, a perceived lack of stakeholder involvement was one reason for confusion about Community Champions' roles and responsibilities (see above - Role flexibility and expectations).

“I think we should have jointly done the low-risk assessment, that is being conducted by the voluntary organisations themselves because they wouldn't have understood what the scope of the role was...had we been involved in developing that risk assessment, I think we would have negotiated a different approach”.

KEY INFORMANT, 15

176

Events attended by
Community Champions



Challenging conversations

The Community Champions programme asks volunteers to have conversations with community members about potentially emotive and complicated public health topics. Whilst Community Champions were generally very happy to be involved in these activities, instances where volunteers were in challenging situations occurred. Sometimes Community Champions were ignored when trying to speak to people in communities. Some community members had strong opinions about COVID-19 and the vaccines.

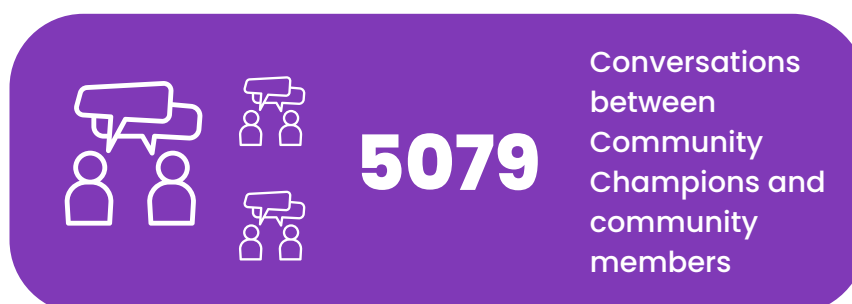
“The conversations that we had with some people during COVID could be challenging, especially when we were going into the areas that had a high number of people who didn’t want the vaccine for whatever reason or hadn’t taken up the opportunity to have it”.

KEY INFORMANT, 5

As the programme evolved (beyond the COVID-19 pandemic) to focus on health and wellbeing more generally, some Community Champions found themselves in difficult situations that they had not necessarily been trained for, such as trying to deal with people experiencing complex and challenging situations.

“One person coming to [the VCSE organisation] who was in a very bad state, was quite aggressive, verbally, and I just said to him “I’m sorry, but I find what you are saying threatening”, and which made things worse. Any case, a couple of people from [the VCSE organisation] came in and he was swearing and, so yeah, that was quite a challenge”.

COMMUNITY CHAMPION, 18



RQ2: What contribution did/does the programme make and for whom?

The Community Champions programme made positive contributions to a range of different groups and organisations, including volunteers themselves, community members, and local organisations and services. While it is not always possible to make a direct causal link between Community Champions and positive outcomes – such as COVID-19 vaccine uptake – there is generally positive feelings about the contribution of the programme to the public health landscape.

For volunteers

For volunteers the positive impacts were:

Employability

Some volunteers have gone on to gain employment in public health related jobs, building their knowledge and skills through their experience as Community Champions. Others have used the programme to get references for jobs or further education.

“From a selfish point of view, it definitely helped to get that job in public health. Having that ground-working understanding really definitely helped me get where I wanted to be. It definitely pointed me in the right way and say ‘this is what I want to do with my future’”.

COMMUNITY CHAMPION, 20

194



Community
Champions
volunteers

Interpersonal skills & confidence

Community Champions used the experience to gain more confidence speaking to people. This appears to particularly be the case for people whose first language is not English.

“The good thing is it increased my confidence, talking English to people, try to see people face-to-face and talk to them and understand their reaction when they hear something”.

COMMUNITY CHAMPION, 17

Knowledge & awareness of illness and different social circumstances

Community Champions gained expertise around COVID-19 and other health and wellbeing related issues (e.g. obesity, dementia, the cost-of-living crisis, etc). For some, volunteering as a Community Champion has given them an insight into the lives of people experiencing health inequalities.

“This is an area that is very diverse, a lot of poverty, deprivation, you know...[Community Champions] gives some people, who might not otherwise be exposed, a real insight into the struggles that we face in this area”.

KEY INFORMANT, 7

Enjoyment & fulfilment

Community Champions generally enjoyed their experiences of being able to help and contribute to their communities. For some, it provided a sense of purpose, particularly during the pandemic when other opportunities for interaction and activity were limited.

“It's something that I really hold dear and I do really enjoy that space of being able to go and contribute to the community”.

COMMUNITY CHAMPION, 19

£121,870 in grants funds distributed to community organisations



For communities

For the communities where Community Champions were deployed, the programme had positive impacts during the COVID-19 response and after.

COVID-19 prevention & vaccine inequalities

Community Champions were thought to have had a generally positive impact supporting reducing COVID-19 infection rates and vaccine uptake; however, it is not possible to definitively prove their impact. Community Champions had a complementary role in a larger system-wide effort, such as doing community engagement in support of vaccine pop-ups. Impact data submitted to DLUHC in July 2021 recorded that 2754 people had been vaccinated with the roving vaccination bus and that “without Community Champions the bus would not have reached as many residents, they were very useful in supporting the vaccination effort and the diversity and unique language skills of the champions offered was very helpful.” Champions were also involved in the enhanced community testing and door-to-door engagement.

“They played their role within a really big system, within a really big cog, and they played it really well and ultimately we had a decent amount of uptake”.

KEY INFORMANT, 16

“The vaccination bus, it was a door knocking success. We would have never vaccinated that number of people without champions going out, chatting to people in the street, going into the barbers, going into the local shops and then talking to people in the language they understand”.

KEY INFORMANT, 2

Community Champions had success engaging with communities that Public Health teams had traditionally struggled to involve, such as ethnically diverse communities. They achieved this through building trust, speaking in their own language and in informal and accessible ways.

“You can spend thousands and millions on, you know, just printing out things and giving them to people. But nobody's gonna have a look and they'll just go straight in the bin. But you have one meaningful conversation and that lingers. And then that next person will end up saying it to somebody else”.

COMMUNITY CHAMPION, 19

There were also examples of Community Champions being able to counter COVID-19- and vaccine-related misinformation.

“They definitely reached people and those definite individuals that wouldn't have been reached, but they're probably quite small numbers”.

KEY INFORMANT, 1

“The Swahili-speaking community, 11 women attended and a couple of them went on to get a vaccination. So, only a couple, but that's massive for community group that were very concerned about [the vaccine]”.

KEY INFORMANT, 19

Other inequalities

Since the focus of the programme has evolved beyond the pandemic, Community Champions have continued to make a positive contribution to addressing health inequalities. They have been useful for raising awareness in communities of local services and support, and signposting individuals. By informing community members, Community Champions were also thought to be helping in empowering communities to take control of their own health and wellbeing.

“It’s like we are promoting all the services across Leeds, aren’t we? We should be on commission. But no, I think we, yeah, so we are advertising the specific services that are across Leeds, so we are advocating on their behalf”.

KEY INFORMANT, 5

Community Champions have been able to provide support to community members through being a friendly face to talk to. One volunteer said about her experience talking to a community member in a local community centre:

“I knew she was very happy inside, having been able to speak to someone. So, in that sense of someone caring, looking out and knowing what you are going through... some are lonely without people to speak to, so it means to speak to someone, the Community Champions provide that platform”.

COMMUNITY CHAMPION, 17

For services and systems

The Community Champions programme was thought to have positively impacted local health and wellbeing services and systems.

Supporting organisational capacity

Community Champions provided additional capacity for a myriad of organisations to continue delivering services. This was significant during the COVID-19 response and included the volunteers and the small grant funding.

“We knew that we needed more boots on the ground. And that's why we needed the Community Champions so badly...and they were, they were also still full of enthusiasm”.

KEY INFORMANT, 16

“It was the champions model that allowed us to be more effective in delivery...without the champions, we would have struggled in-house”

KEY INFORMANT, 7

Access to volunteers has continued to be a positive impact as the Community Champions programme has evolved, particularly for VCSE organisations that could struggle to recruit and train volunteers. It has also enabled VCSE organisations to access different types of volunteers with different skills and experiences, beyond just local residents.

“During COVID, I think it proved that having a flexible volunteering role, with a trained pool of volunteers that were available to reach out to, to support well-being messages across Leeds, whether it is COVID, or not, I think that was a massive benefit to the city and the communities in the city”.

KEY INFORMANT, 5

“It is a different demographic of volunteers as well. Our volunteers have always been from our area, but we get [Community Champions] who are educated and are professionals and are coming to support us at our events and our supporting our members a lot more than our volunteers usually would, so it is good to get that mix of really good volunteers”.

KEY INFORMANT, 7



Community engagement

Community Champions provided Public Health with 'reach' into communities that it had previously struggled to engage with. At a programme level, better connections with communities were achieved by working with organisations with trusted relationships including Leeds City Council Safer Stronger Communities, VAL, Forum Central, Hamara, Migrant Access Project and Leeds Refugee Forum. Through their own networks, Community Champions enabled public health messages to be shared with communities and for communities' needs to be fed back to Public Health.

“I think it was just reach, reach into the niche communities that we couldn't, we couldn't do it on our own. That's the biggest thing”.

KEY INFORMANT, 16

“The Community Champions had contacts in some of the areas and some of the neighbourhood family, culturally appropriate, erm social media, they could get into that and you know, we got a bit of advice from them and they would come back and tell us stories and we would get insights from them”.

KEY INFORMANT, 14

Monitoring data from August 22-Feb 23 shows the different settings and variety of community events and activities that Community Champions were engaged in. Some of these were community-led activities supported by small grants. Examples of events attended where vaccination and health advice was given included:

- Holbeck Moor football club
- St Aidan's food bank, Harehills
- Family fun day at Hamara Centre, Beeston

- Pop-up vaccination clinic at Asda, Harehills
- Multicultural event at Ramgarhia Board (Gurdwara), Chapeltown
- Community health day at Bilal centre, Harehills
- East End Park Bowling club
- Winter wellbeing events at schools – both primary and secondary.

Perceptions/understanding of volunteering

The Community Champions programme, because it has involved multiple partner organisations, has been effective at improving understanding of volunteering in a health and wellbeing context. During the COVID-19 response, volunteers, including Community Champions, were incredibly valued. This may have led to a longer-term change. Organisations, particularly statutory services, have become more aware of the contribution that volunteers can make and what is needed to support volunteers effectively.

“It's definitely got people thinking about volunteering in health in a different way”.

KEY INFORMANT, 1

“I think there's much more understanding of volunteering and its limitations from health because of Community Champions, but also a better understanding of what goes into volunteering and volunteering is not just like a free workforce”.

KEY INFORMANT, 6

For volunteer involving organisations, particularly the third sector, the Community Champions programme raised their awareness of the importance of volunteers to their service delivery and contained lessons about effective volunteer recruitment and management. For example, the capabilities of the BeCollective (volunteer matching) system was effectively tested during the COVID-19 response.

Building connections

Finally, the Community Champions programme has contributed to building greater connections between organisations in Leeds, especially between Forum Central, VAL, Leeds City Council (Public Health and Safer Stronger Communities) in administering the programme. Whilst the shared priority of the COVID-19 response was a unifying force at the beginning of the programme, relationships have continued as the programme has evolved because partners have appreciated the value of joint-working.

“I think it developed a partnership. And it’s ongoing still, isn’t it? I mean, you know that partnership between third sector between Voluntary Action Leeds, Forum Central, Public Health, NHS, local authority...our partnership is still going not because there’s a national emergency, I mean, because people want to continue the work”.

KEY INFORMANT, 6

The Community Champions programme has also stimulated connections beyond the core delivery partners. Organisations that have utilised Community Champions created stronger connections with delivery partners. The Community Champions newsletter has continued to build a network of partners and organisations throughout the programme’s evolution.



RQ3: What needs to be taken forward in embedding the programme, incorporating key learning and linked to the new Leeds volunteering strategy?

Due to the perceived success of the Community Champions programme during the COVID-19 response and since, everyone interviewed or who took part in a focus group agreed that the programme should continue. Issues for consideration for continuing the Community Champions programme are detailed below:

Maintaining the new normal

The Community Champions programme was associated with a 'new' way of working that was more collaborative, agile to need, and innovative. While this may have been a reflection of the broader Public Health landscape during the COVID-19 response (rather than a specific programme attribute), there was a desire to see Community Champions continue in this manner. This included maintaining a partnership approach and continuing the small grants scheme to enable hyper-local working.

“I think funding community health organisations was a massive, massive positive for the project because entrusting those grassroots organisations, in those particular communities, to deliver in the way they know best, erm, so I think that was a real, I think that needs to continue”.

KEY INFORMANT, 5

An earlier evaluation report on the 2021 grants scheme had found that the process of allocating funding at a very local level was easy and quick. This funding model, which involved trusted local organisations, was seen to support a “tailored approach with a personal touch, so workers felt able to provide people within their communities of interest with what they needed”²³.

Gathering and sharing intelligence

Community Champions could continue to provide a mechanism to gather intelligence about community need. This could be through informal (e.g. conversations with neighbours) or formal activity (e.g. community consultation during events). Community Champions could also be gatekeepers into communities for decision makers. It was felt that Community Champions could support a more ‘bottom up’ Public Health approach.

“We are always short of people to do that sort of thing and they could gather so much information and then because we have got so many health needs assessments to do, they would be great to do some community consultation, you know, in the loosest way, just give them iPad or something”.

KEY INFORMANT, 14

“Again, it's trying to move away from that sort of top-heavy approach. About rather than us giving messaging, how can we use this group to tell us what the messaging we should be giving should be?”.

KEY INFORMANT, 6

Flexible resource

The most consistently held view about what needs to be taken forward from the Community Champions programme was the value of maintaining an established pool of volunteers that are prepared to be deployed quickly in response to community need. This included in response to future public health emergencies or more local activities (e.g. community events).

“People who are quite flexible in the work they do in the messages they give and, you know, can be stood up and stepped down...And it's having flexible capacity around volunteering. I think it is brilliant. I think we could do more of that”.

KEY INFORMANT, 1

“Maintaining a core group in readiness of any events that might occur of a similar nature, keeping them up-to-date and as trained as you can for meeting the uncertainties of the future, I think that is something that I recommended in the post-pandemic discussions that we had with Public Health”.

KEY INFORMANT, 15

“If we've got this going forward, it'll just mean there's a pool of people to respond to a number of agendas”.

KEY INFORMANT, 8

This idea also corresponds to the idea of 'volunteer passports', whereby individuals that have been preapproved and trained can move between volunteer roles.

An alternative proposition is that Community Champions could become more embedded within organisations, particularly local VCSE organisations, to support ongoing capacity issues. Or they could be deployed into GP surgeries to engage with community members.

“I wanted them to go in to support some charities that I knew were struggling with capacity but have a more, not a permanent basis there, but have regular people that go there because then they'll get to the charity. They get to know the people who work at the charity and the community. And I think that's what's required that kind of trusted local face. And then we could support them”.

KEY INFORMANT, 16

However, while Community Champions could continue to be available to provide additional resources to support community need, they provide a complementary role to public health professionals and should not be seen as a replacement or cheaper alternative for paid staff.

“They should never ever replace paid staff, but I think a lot of those lines became blurred in COVID. Understandably, and I think we were a lot more flexible around that, but I think it's important moving forward that we do refocus on that. Now you know, the NHS has got big challenges in recruiting staff. But this shouldn't be seen, and I'm sure it's not - people are aware, but I just think it is important that this is not seen as a way of compensating for that challenge at the moment”.

KEY INFORMANT, 6

Maintaining a clear scope and role

One of the perceived strengths of the Community Champions programme, particularly during the COVID-19 response, was the clear focus of the programme that was understood and shared by all stakeholders. A revised focus should be agreed to help maintain the effectiveness of the programme.

“We need to have that again, I keep saying, a clear message and drives it forward because [the coordinators] did so well with the COVID pandemic side of it, they could still do it again really well, if we had another message”.

COMMUNITY CHAMPION, 21

There was no consensus as to whether the Community Champions programme should have a broad or narrow remit. A focus across the breadth of health and wellbeing would enable Community Champions to be deployed in more settings. Alternatively, a narrower focus on specific topics (e.g. mental health) or populations (e.g. students) would enable Community Champions to provide more detailed information/support.

“So I think that needs to continue in terms of having that, that specialist group of people that understand health and wellbeing, understand the range of organisations that they can signpost people to and can kind of get out in communities”.

KEY INFORMANT, 3

“The group of people I would suggest helping are the students. So, if it was possible for the Community Champions to explore the student community. So, it could be student advice, a student well-being team, we could get a programme for them because there are a lot of schools and students in Leeds and a lot of students are struggling with a lot of things, especially in terms of mental health”.

COMMUNITY CHAMPION, 17

Suggestions for changing the Community Champion role included more highly trained Community Champions that can be contacted via email or telephone to provide more detailed advice/support and Community Champions leading peer-support groups in communities.



Volunteer centred

Another strength of the Community Champions programme was its flexibility for volunteers. Moving forward, the programme could continue to accommodate the needs of volunteers. Working to make the 'volunteer journey' more inclusive of different volunteers, particularly those living in communities at risk of health inequalities, could support the diversity of Community Champions, which will support engagement with diverse communities. This could include ensuring training is accessible and in multiple languages, opportunistic recruitment through existing networks, continuing to offer a range of Community Champion roles aligned to volunteers' experiences and preferences, and providing development pathways for volunteers.

“Make sure that training is inclusive. Acceptable. Does it need to be in different languages, for instance? Deaf and hard of hearing. Do you need uh saying that British Sign language? Translators, you know, you gotta think a little bit beyond the obvious”.

KEY INFORMANT, 16

“So maybe something learned is how could we bring the service to people rather than making them find the service. Because I think there would be a lot of people out there who are interested, who might have an interest in healthcare and want some experience. It is a really good way of getting into it. The only way I heard about it was through researching to be a volunteer. Because I was just searching for volunteering in healthcare and public health and this sort of came up”.

COMMUNITY CHAMPION, 20

“A lot of the volunteers are university students, so I think a lot of them just volunteer to put it on their CV, but there has to be a goal. They volunteer to make them look good, but what are they doing then? For me, it is not good utilisation of time and efficiency. I am not knocking what everybody does, but it’s using people’s skills to the best”.

COMMUNITY CHAMPION, 21

Allowing Community Champions greater input in programme design, based on their tacit knowledge of community need, was also suggested; however, there appeared to be limited desire among Community Champions to do this during the programme’s early phases.



5 DISCUSSION; WHAT IS THE LEARNING?

We sought to gather a broad range of perspectives on the programme, looking back to how it worked at the height of the pandemic and what the current issues are. There were three main research questions:

- (i) what was learnt from implementing the Leeds Community Champions programme
- (ii) what outcomes resulted
- (iii) how the learning can be applied going forward.

This section discusses each of these questions in turn, based on our findings and wider evidence.

Learning from the pandemic

Looking back, dealing with a global pandemic in Leeds communities required very different ways of working. The rapid mobilisation of Community Champions, in part supported by UK government funding, fitted into broader local strategies to reduce health inequalities and mitigate the worst impacts of COVID-19. Monitoring data confirmed other evidence that these models are a way of rapidly mobilising volunteers from communities where needs are highest⁸. In terms of implementation, this evaluation has highlighted that close partnership working was key to the effectiveness of this programme. It was a facilitator at a strategic level between the city council, VAL and Forum Central, and at a neighbourhood level where engagement activities and vaccination clinics were delivered.

Champions undoubtedly brought additional capacity at a neighbourhood level, but also energy, local knowledge, cultural awareness and ability to connect with others. Engaging in informal conversations about vaccination and how to keep safe supported public health efforts. The importance of language, framing information in an accessible way and communicating in diverse community languages was highlighted. Champions, even when they were not from the immediate community, often had the language and cultural skills to engage with disadvantaged communities. This

confirms previous evidence pre-pandemic⁸, and more recent UK evaluations^{19, 21}, that the champion role helps improve reach by informal communication and connecting to communities who face barriers to accessing services.

Very few, if any individuals, can have had experience of outbreak management at the scale needed in the COVID-19 pandemic. This evaluation shows that Community Champions and champion coordinators were part of a rapid cycle of learning on the ground. This could be epitomised as 'engage, act, learn' and meant that small changes could be implemented quickly to improve how services were delivered. It also meant that activities that were not working could be stopped. The champion coordinators were undoubtedly an enabling factor supporting successful community engagement with at-risk communities. The small grants scheme was also a linked mechanism to get meaningful community-led engagement activities off the ground.

Overall, the Leeds Community Champions programme worked well as an integral element of a wider partnership approach in the pandemic. Going forward, the implications are that Community Champions should be considered in emergency planning and future local responses. Critically, this is about mobilising community volunteers, and grassroots VCSE organisations, who can close the gap between statutory services and vulnerable communities. As the evaluation shows, rapid mobilisation of champions, supported by coordinators on the ground, is a pragmatic action to increase trust, spread information and connect people to services.

What were the impacts?

This evaluation identified diverse impacts from the Leeds Community Champions programme. Different perspectives of what was achieved were captured across different sectors and roles. One of the strongest themes was around improvements to the local pandemic response. Many interviewees were cautious about the extent to which the programme reduced health inequalities associated with the pandemic. Community Champions made an important contribution to a wider team effort. Increasing capacity through community volunteers who could connect with others and have those critical conversations was regarded as impactful. Mistrust and vaccine hesitancy were reported as significant issues and champions helped increase trust in local services and in public health information for the most at-risk populations. Trust has been shown to be a significant factor in COVID-19 prevalence and was a rationale for the government scheme²⁶.

Interviewees were generally very positive about the contribution of Community Champions, often citing specific situations where an individual took on board information or made a decision to be vaccinated. It is difficult to attribute vaccination rates to the Leeds Community Champion programme, but monitoring data shows activities involving champions were associated with vaccination uptake.

For the champions themselves, our findings highlighted the benefits from being a Champion. Champions valued gaining knowledge and confidence as well as fulfilment from being involved. This is also borne out by wider evidence on the benefits of volunteering²⁷ and these type of public health roles⁸. Champions really appreciated having public health information at their fingertips as it often helped them navigate other situations at work and home. There are implications for recruitment as these findings suggest that volunteers are motivated by gaining public health knowledge, which has been the basis for other health champion and health promotion training schemes⁶.

Future directions

Leeds Community Champions programme has continued beyond the COVID-19 pandemic, with Champions supporting broader activities that promote health and wellbeing as well as continuing to encourage vaccination uptake. There are a variety of perspectives on future directions as this is a complex area with both opportunities and new challenges, such as the cost-of-living crisis.

Overall, there is strong support for close working relationships strengthened in the pandemic to stay. This is seen as a valuable legacy because it will result in the best outcomes for communities. This could fit with a place-based approach to public health developed through localities as well as mirrored at a strategic, city-level. The Community Champions steering group offers a platform to facilitate this.

Another major theme on future directions was the value of maintaining a champions approach that both strengthens connections into diverse communities and increases capacity to respond to inequalities. Stakeholders saw Community Champions as a generic approach that can be applied to many health issues in the pandemic recovery. Champions were also keen to see this approach maintained. Other UK evidence shows that community champion approaches have been applied to a diverse range of health, wellbeing and social issues⁸.

There are questions about the focus for future recruitment. Our findings support maintaining a broad recruitment strategy that involves recruiting from less advantaged communities through community networks but also from workplaces, places of worship and higher/further education settings. There are wider questions of whether Community Champions need to be true 'peers' matched to the target community. The learning from Leeds Community Champions indicates that this is less important than community volunteers with cultural understanding and ability to have conversations with people. In some circumstances, having champions with specific language skills is critical.

In terms of future development, the findings from the evaluation indicate that the programme needs to be built on a firm foundation of four principles:

- **Clarity of purpose** about what the champion contribution is and what expectations are. There was a single focus in the pandemic which may have helped with acceptance and utilisation. Moving forward, Community Champions could be deployed widely but there is a potential overlap with other volunteer schemes.
- For the volunteers and for organisations working with Community Champions, there is a need for some **consistency of focus**. This could be about the champion role, health topic, or community they are working in. This helps champions and organisations build up and share skills and knowledge. Induction and training are important to prepare champions for their roles, but the training offer needs to be flexible and not over formalised. Other evidence points to the value of combining knowledge elements with a participatory approach that builds confidence and connections⁸.
- Maintaining an **inclusive volunteering approach**, including recruiting from communities most impacted by inequalities or marginalisation, is important. The Leeds programme during the pandemic epitomised a volunteer-centred approach, which led to a diverse cohort of volunteers who contributed their commitment, cultural knowledge and skills. The key elements of success were an asset-based approach that values what people bring, active community engagement 'on the ground', opportunistic recruitment and an inclusive approach to ongoing support. These approaches fit with new local Leeds Volunteering strategy and with the ambitions of the national Vision for Volunteering²⁸.
- Finally, there needs to be excellent **coordination 'on the ground'**. Practically this means having volunteer coordinators working closely with Community Champions. Findings show that these are essential posts when activities need to be adaptable to community need.

Strengths and limitations of evaluation

This has been a small scale, rapid evaluation that has provided insights into how the Community Champions programme worked during and immediately after a public health emergency and what the next steps might be. The evaluation has been an opportunity both to look back when experiences are still fresh in people's minds and to explore stakeholder views on options for future development. The collaborative approach to the evaluation, working closely with Leeds City Council (Safer Stronger Communities and Public Health), Forum Central and VAL, allowed us to collect and analyse a range of primary and secondary data, which provided a rounded picture. A strength of the evaluation is the inclusion of multiple perspectives including public health practitioners, voluntary sector staff, NHS staff, those with strategic roles and Community Champions themselves.

There are limitations to the evaluation and what conclusions can be drawn. It is very difficult to attribute any specific health outcomes to the programme. This is because Community Champions were part of a broad partnership approach during the pandemic, and particularly in the vaccination drives. As many of our interviewees suggested, it is likely that the programme did help reduce health inequalities, but it was only part of the picture.

The monitoring data provided interesting background information but was collected for the purpose of feeding back on the government scheme. A complete data set would be needed for more robust analysis. This is an understandable limitation given the rapidly changing demands and other areas will have experienced similar challenges with measurement²⁰.

The evaluation did not include interviewing members of communities where Champions were working. This would have required more extensive research. Another limitation is the small number of Community Champions interviewed despite the Community Champion coordinators working hard to set up different sessions. Many champions have moved on to new employment, and personal circumstances may have changed. Going forward, it will be important to get ongoing feedback from Community Champions to shape the next steps. Champions appreciate being listened to and having opportunities to give suggestions.

6 RECOMMENDATIONS

Strategic planning & commissioning

- Having established a successful Community Champions programme during the pandemic, there is a strong case for continuing to invest in this innovative programme to build organisational and community capacity to address health inequalities and incorporate community knowledge and skills into local prevention services.
- Consideration should be given to including a champion approach in emergency planning to mitigate the effect of inequalities during an emergency. Mobilisation of Community Champions, supported by coordinators on the ground, is a practical way to increase trust, spread information and connect at-risk communities to services.
- Close partnership working at a city and local level is a legacy of the COVID-19 pandemic in Leeds and this should be built on. Co-design and co-delivery involving Public Health, NHS, and VCSE organisations could be a vital part of delivering change as Leeds becomes a Marmot city. An agile approach to commissioning of VCSE organisations maximises the contribution of the sector in terms of drawing on expertise and connections to the most vulnerable communities.

Programme development and delivery

- Based on learning to date, future programme development should be based on four principles:
 - Clarity of purpose based on the special contribution of Community Champions to support community engagement activities, building connections and informal conversations.
 - Consistent focus – so everyone knows what the champion offer is and how they can contribute. Having a sense of purpose, solid training, and a shared ‘campaign’ can be impactful.
 - Inclusive volunteering – valuing what people bring whatever their social circumstances and supporting them on their volunteer journey.
 - Excellent volunteer coordination on the ground.
- The email newsletter should be continued as it is highly valued as a means of connecting people with the latest information.
- Lessons from Leeds Community Champions programme should be linked to the new Volunteering strategy by offering an example of inclusive volunteering at scale. There is an opportunity to consider volunteer ‘passports’ as a way of reducing bureaucratic hurdles and allowing people to maintain their volunteering as their circumstances change.

Research

- The programme needs a robust monitoring system to collect the most relevant data on recruitment, engagement and (where possible) impacts. This will provide a platform for later quantitative analysis. The indicator set could include: numbers of champions recruited and currently engaged (capacity); demographic characteristics of champions (diversity & equality); communities targeted in champion activities (programme reach); uptake of any services e.g. vaccination or support offers (uptake).
- Further qualitative research to gather the perspectives of Community Champions and the communities they volunteer in. Having good community insights will help Public Health build a better picture of the challenges faced by communities and the potential solutions.
- There is potential to develop a shared evaluation framework between Public Health, Forum Central and VAL to allow ongoing evaluation of the champions programme. Suggested priorities are looking at the strength and extent of social connections generated through the programme, tracking the personal development outcomes for champions and measuring impacts.

7 CONCLUSION

During the COVID-19 pandemic, Leeds established a successful Community Champion programme to improve health messaging and vaccination uptake in the context of widening health inequalities. The programme has gradually evolved to have a broader health and wellbeing focus. We have gathered a broad range of perspectives about how the programme has evolved, what it has contributed and the success factors and challenges going forward.

Leeds Community Champions programme has been effective at engaging with, and reaching into, diverse communities at risk of experiencing significant health inequalities. In neighbourhoods and communities, Community Champions became those trusted messengers, able to have informal conversations and connect with others. Community Champions also provided flexible additional capacity to support and complement local organisations and projects. A strong partnership approach between statutory services and VCSE organisations at all levels has been a major factor in the success of the programme. Overall, this flexible, responsive approach has helped services reach some of those communities with the greatest needs. Going forward, learning from the programme - on inclusive volunteering, on utilising the commitment and knowledge of Community Champions, and on co-design and co-delivery - can be used to shape future action on health inequalities and help strengthen volunteering in the city.

Suggested citation:

South, J. & Southby, K. (2023) Leeds Community Champions: Evaluation & Learning: Summary. Leeds, Voluntary Action Leeds, Forum Central, Leeds City Council.

8 REFERENCES

1. Press release: Community Champions to give COVID-19 vaccine advice and boost take up. gov.uk, 25th January 2021. [Available from: <https://www.gov.uk/government/news/community-champions-to-give-COVID-19-vaccine-advice-and-boost-take-up>]

2. Press release: National effort to vaccinate vulnerable communities receives funding boost. gov.uk, 13th January 2022. [Available from: <https://www.gov.uk/government/news/national-effort-to-vaccinate-vulnerable-communities-receives-funding-boost>]

3. Office for Health Improvement & Disparities. Community Champions programme: guidance and resources. Guidance. Office for Health Improvement & Disparities, 2022. [Available from: <https://www.gov.uk/government/publications/community-champions-programme-guidance-and-resources/community-champions-programme-guidance-and-resources#fn:4>]

4. National Institute for Health and Care Excellence. Community engagement: improving health and wellbeing and reducing health inequalities. London: National Institute for Health and Care Excellence; 2016.

5. Public Health England, NHS England. A guide to community-centred approaches for health and wellbeing. London: Public Health England; 2015.

6. Royal Society for Public Health. Tackling health inequalities: the case for investment in the wider public health workforce. London: Royal Society for Public Health; 2014.

7. Royal Society for Public Health. Young health champions London: RSPH [Available from: <https://www.rsph.org.uk/our-work/programmes-hub/young-health-champions.html>]

8. Public Health England. Community champions. A rapid scoping review of Community Champions approaches for the pandemic response and recovery. London: Public Health England; 2021.

9. Shepherd JL, O'Caña F. Committed to the community: the Atlas HIV Prevention Program. *Health Promotion Practice*. 2013;14(6):824-32.
10. Bedson J, Jalloh MF, Pedi D, Bah S, Owen K, Oniba A, et al. Community engagement in outbreak response: lessons from the 2014-2016 Ebola outbreak in Sierra Leone. *BMJ Global Health*. 2020;58:e002145.
11. McGowan VJ, Bambra C. COVID-19 mortality and deprivation: pandemic, syndemic, and endemic health inequalities. *The Lancet Public Health*. 2022;7(11):e966-e75.
12. Public Health England. *Beyond the data: Understanding the impact of COVID-19 on BAME groups*. London: Public Health England; 2020.
13. Marmot M, Allen J, Goldblatt P, Herd E, Morrison J. *Build Back Fairer: The COVID-19 Marmot Review. The pandemic, socioeconomic and health inequalities in England*. London: Health Foundation, Institute for Health Equity; 2020.
14. Whittaker J, McLennan B, Handmer J. A review of informal volunteerism in emergencies and disasters: Definition, opportunities and challenges. *International Journal of Disaster Risk Reduction*. 2015;13:358-68.
15. South J, Stansfield J, Amlôt R, Weston D. Sustaining and strengthening community resilience throughout the COVID-19 pandemic and beyond. *Perspectives in Public Health*. 2020;140(6):305-8.
16. Scientific Advisory Group for Emergencies S-B. *The role of Community Champion networks to increase engagement in the context of COVID-19: Evidence and best practice 2020*. [Available from: <https://www.gov.uk/government/publications/role-of-community-champions-networks-to-increase-engagement-in-context-of-COVID-19-evidence-and-best-practice-22-october-2020>]
17. Minkah PA, Borg A, Ryan GW, Goulding M, Perrone D, Castiel M, et al. Empowering Youth Vaccine Ambassadors to Promote COVID-19 Vaccination in Local Communities: A 7-Step Approach. *Health Promot Pract*. 2023;15248399231178542.

18. Quinn KG. Applying the Popular Opinion Leader Intervention for HIV to COVID-19. *AIDS and Behavior*. 2020;24(12):3291-4.
19. Jenson J, Pordes Bowers A, Gregson J. Transformations in community collaboration: Lessons from COVID-19 Champions Programmes across London. London; 2023.
20. IFF Research. Community Vaccine Champions Evaluation Report. London: Department of Levelling Up, Housing and Communities, 2023.
21. Kamal A, Bear L. Community Champions Policy: Key Principles and Strategic Implications for Recovery from COVID-19. London: London School of Economics; 2023.
22. Frost S, Rippon S. An Evaluation of the Communities of Interest Network: Final Report. Leeds: Forum Central; 2021.
23. Warwick-Booth L, Coan S. COVID19 Grants Evaluation Communities of Interest. Final Report. Leeds: Leeds Beckett University; 2021.
24. Gale NK, Heath G, Cameron E, Rashid S, Redwood S. Using the framework method for the analysis of qualitative data in multi-disciplinary health research. *BMC Medical Research Methodology*. 2013;13(1):117.
25. Braun V, Clarke V. Using thematic analysis in psychology. *Qualitative Research in Psychology*. 2006;3:77-101.
26. Bollyky TJ, Hulland EN, Barber RM, Collins JK, Kiernan S, Moses M, et al. Pandemic preparedness and COVID-19: an exploratory analysis of infection and fatality rates, and contextual factors associated with preparedness in 177 countries, from Jan 1, 2020, to Sept 30, 2021. *The Lancet*. 2022;399(10334):1489-512.
27. Tabassum F, Mohan J, Smith P. Association of volunteering with mental well-being: a lifecourse analysis of a national population-based longitudinal study in the UK. 2016;6(8):e011327.
28. Vision for Volunteering. The Vision for Volunteering 2023 [Available from: <https://www.visionforvolunteering.org.uk/>]



PARTNERS

