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Galazka, AM

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Evidence of social value in the Lindsay Leg Club network: results from an ethnographic evaluation of six UK Leg Clubs

By Dr Anna Milena Galazka

The end of 2010s saw an increased interest in unconventional approaches to delivering health and care services to people in communities through de-medicalising care facilities, building sustained, trusting, compassionate relationships and empowering people to avoid a sick patient role while taking control of their social health (Collins, 2019). Greater calls for the new ways of delivering care have been made especially in relation to caring for the elderly suffering from chronic conditions, such as non-healing and hard-to-heal wounds (Dainty et al., 2018). As an innovative third sector organisation, the Lindsay Leg Club network is now recognised as a sustainable way forward for the provision of wound care (Greener, 2019) and a public health approach to tackling loneliness of the elderly, which has been aggravated by enforced social isolation in the coronavirus pandemic (Day et al., 2020). However, there is a need for stronger evidence on the effectiveness of interventions aimed at reducing loneliness for older adults (Nesom, 2019).

Coincidentally with calls for more evaluation research to ascertain if programmes that tackle loneliness have the desired results (Nesom, 2019), in autumn 2019, six Leg Clubs in the UK took part in an ethnographic evaluation to demonstrate how value is created from interaction in Leg Clubs. Conceptual guidance for the research was sourced from theories of social relationships in social sciences. The evaluation, conducted by Dr Anna Galazka, received ethical approval from the Clinical Governance Body of the Lindsay Leg Club Foundation and was supported with funding from Mölnlycke Health Care, the Leg Club Industry Partner, via Welsh Wound Innovation Centre. The focus of the evaluation was on understanding the social health meaning of minute everyday activities on the social side of the Leg Clubs through watching how members and volunteers interact and having lots of gentle, informal chats with various Leg Club visitors. The evaluation lasted between 1st October 2019 and 15th January 2020. The data gathered consisted of 54 hours of observations in six UK Leg Clubs and plentiful conversations with people met in the Leg Clubs, out of whom 12 members and 13 volunteers gave written consent to sharing their stories. This update summarises four substantial findings that detail the ways in which the Leg Club network can create social value through interaction through: (1) creating a sense of community; (2) fostering collective learning; (3) safeguarding health; and (4) offering older individuals avenues for continued societal functioning.

Firstly, the key theme that was dominant throughout the informal chats was creating a sense of community. When asked about their Leg Club experiences, both volunteers and members repeatedly stressed that Leg Clubs were, first and foremost, a social occasion. Members said they enjoyed coming in for a cup of tea and chats with other people to learn about what was happening in their lives. They formed and reinforced their neighbourly ties; for example, two male members were seen arranging an exchange of telephone numbers to meet for a cup of tea outside of their Leg Club. Some members who bravely admitted to the researcher they had been struggling with their mental health prized their Leg Clubs for their open-door policy, which gave them a feeling of acceptance and a sense of perspective. Members were keen to support their Leg Clubs with symbolic donations to express their gratitude for being looked after – from a warm welcome at the door, through a coffee and a chat at the table to fruit and occasion gift bags to take home.

Secondly, the evaluation demonstrated that Leg Clubs are hubs of collective learning about wound care and management and about the preservation of health, for members, volunteers and nurses. First, the researcher witnessed how members felt encouraged by the informal design to ask specialist

nurses questions about ointments and dressing change techniques. Second, nurses could consult each other on how to best treat individual members if they were not sure because they worked together in an open clinical area. Third, members could share first-hand experiences with ordering and wearing compression stockings; in some Leg Clubs, members were invited to describe their own wound journeys and experiences with their Leg Club in open notebooks left on the communal tables. Fourth, regular visits from Leg Club industry partners gave nurses, members and volunteers opportunities to learn how to apply and care for compression stockings.

Thirdly, the evaluation showed that Leg Clubs safeguard members' health on at least two levels. On the level of wound care and management, the informal atmosphere on the social side helped ease nervousness associated with an imminent medical consultation, and the open-plan physical layout rendered the treatment visible, reducing anxiety around not knowing when members would be seen and what treatment or health maintenance would look like. On another level, beyond wound care, Leg Clubs safeguarded members' health from other conditions that posed risk to members' physical and mental health. This was about caring for the whole person holistically in line with the philosophy of a person-centred care. Leg Club volunteers could speak to members about their overall well-being to identify additional health needs, and Leg Club nurses could liaise with GPs to facilitate referrals to additional services. Moreover, some Leg Clubs performed flu vaccinations and diabetic checks in addition to caring for members' legs, relieving elderly members of the need to make further travels to their health centre. Finally, for some members who admitted struggling with their mental health, the possibility to speak to other members gave them a feeling of belonging and a sense of perspective, improving their mental well-being.

Finally, the evaluation confirmed the many ways in which Leg Clubs were creating avenues for older adults to participate in society in socially meaningful ways. Leg Clubs provided retired members of the community with spaces for continued application of their professional skills, often informed by personal experiences, to serve a valuable cause. In some Leg Clubs, local retired drivers would provide transport to and from Leg Clubs to members who struggled with their mobility or could not rely on family support or local transport services. Volunteers were often seen bringing their professional knowledge into the Leg Clubs, looking after publicity, fundraising, or building a programme of educational and social activities. Members, too, participated in the life of their Leg Clubs in extraordinary ways. For example, in one Leg Club, a member with experience in graphic design provided input into his Leg Club's logo. In another one, a member heavily involved in running a charity organised a generous donation to his Leg Club in gratitude for the services it provided to his local community. Members and volunteers alike were regularly donating home-made cards or paintings to their Leg Club, with sales proceedings fuelling their Leg Club fund invested into refreshments and a social programme of activities within and outside the Leg Club.

This update has summarised and highlighted the key findings from the six Leg Clubs that participated in the evaluation. Due to time and resource constraints it was impossible to evaluate all UK Leg Clubs at the time. However, the evaluation has shed light on the mechanisms for the generation of social value that are likely to be at work across the entire Leg Club network and should be reviewed at a later date to paint a fuller picture of how Leg Clubs are supporting their members and volunteers.

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