Social Interaction within the Lindsay Leg Clubs: Experiencing Value

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2020

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The Lindsay Leg Club Foundation
CRN 1111259

Contents

Foreword 1
Acknowledgements 2
Summary 3
What do the Leg Clubs do? 4
Ethnographic approach to service evaluation 6
The creation of social value in the Leg Clubs 9
The Leg Clubs and the coronavirus 23
Recommendations 26
References 28
Appendix 1. Interview guide ..... inside back cover

Foreword

This report presents the results of a service evaluation of the Lindsay Leg Clubs to demonstrate how the Leg Clubs create social value. The evaluation does not evidence clinical and cost effectiveness of the Leg Clubs, but shows how, exactly, social interaction can lead to positive experiences and improved well-being for individuals in the community in the social sphere. This report may be of interest to individuals who run a Leg Club, or to those who are interested in setting one up. In this report, the words 'research' and 'evaluation' are used interchangeably.

The ethnographic data were collected between October 2019 and January 2020 in six Leg Clubs in the United Kingdom (UK). In March 2020, after the global outbreak of the Covid-19 pandemic, the UK government introduced social distancing measures to stop the spread of coronavirus and most Leg Clubs temporarily suspended their operations. Contact was then successfully re-established with four Leg Clubs to understand their responses to the lockdown. Both sets of data were analysed together to inform this report.

This aims of this report are:

- To show how social value is created through social interaction in the Leg Cubs.
- To offer recommendations for continued Leg Club success in the social sphere.

The objectives of this report are:

- To increase the understanding of the role of social interaction in holistic leg care and wound management in the Leg Clubs for members.
- To highlight the importance of volunteers' support for social value creation in the Leg Clubs.
- To provide examples of promising practice in relation to social interaction based on real-life Leg Club experiences.
- To invite the Leg Clubs to consider actionable advice drawn from some Leg Clubs' responses to the Covid-19 pandemic, so that they can be better prepared for any future service suspensions.

Acknowledgements

I want to thank Mölnlycke Health Care for funding this service evaluation. I also want to thank important individuals who provided ongoing support for this research. Professor Keith Harding from the Welsh Wound Innovation Centre sparked the idea for this evaluation and mentored me in the Innovation Centre as a senior research officer. The Lifetime President of the Lindsay Leg Club Foundation, Ellie Lindsay OBE, helped me get the project off the ground and, throughout the evaluation, directed me to the relevant literature, fostered interpersonal collaborations with Leg Club leads and suggested avenues for wider dissemination of the evaluation results. Professor Tim Edwards, my mentor from Cardiff Business School, was an excellent 'academic critical friend', commenting on new ideas and facilitating my access to the University resources. Thanks also go to the Leg Clubs that participated in the project, who cannot be named for confidentiality reasons. Finally, I want to thank the Leg Club members, volunteers and nurses who supported this service evaluation by generously sharing their stories with me.

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November, 2020

Summary

This report presents the findings of research into the role of social interaction in the creation of social value in the Lindsay Leg Clubs. The Lindsay Leg Clubs are a third sector organisation that brings together people with wounds, community volunteers and publicly funded nurses for social interaction and collective treatment in communal, non-medical spaces. Leg Clubs have a significant potential to be part of a multi-agency integrated holistic wound care provision and a societal attendant system of social support by: encouraging people to take an active part in the care treatment of the lower leg through empathy and education; offering individuals from the community avenues for playing meaningful societal roles in their local community life; and helping to address the pressing issues of loneliness and social isolation of older adults. Research is clear that the Leg Clubs offer clinical effectiveness, member satisfaction, well-being, and cost effectiveness and that social interaction is key to this (Bawden et al. 2018).

However, there is a lack of detailed understanding of the role of social interaction in the creation of social value under the Leg Club model. This research takes an evidence-based approach to demonstrate how Leg Clubs generate social value through social interaction among members, volunteers and nurses. The findings point to four social health determinants afforded by the social set up of Leg Clubs:

1. Creating a sense of community;
2. Fostering collective learning;
3. Safeguarding health;
4. Offering older individuals avenues for continued societal functioning.

This research draws on ethnographic data gathered in six Leg Clubs in the UK. Between October 2019 and January 2020, observations of Leg Clubs and informal conversations with the Leg Club members, volunteers and nurses generated narrative data, which were analysed to find key themes that explain how social interaction creates social value in the Leg Clubs. Moreover, communication with stakeholders from the community, academia and policy revealed there was already a great deal of enthusiasm for the Leg Clubs but building the profile of Leg Clubs was still an ongoing project in need of social resources.

Signs of enthusiasm for the Leg Clubs:

1. Evidence of collaborative arrangements between the Leg Clubs and local councils.
2. Support from local media to raise the Leg Club visibility and awareness.
3. Interest from the community, academia and policy sectors.

Essentials for building the Leg Club profile:

1. Increasing political support for the Leg Clubs.
2. Increasing volunteer support for the Leg Clubs in the community.
3. Monitoring social communication infrastructure within the Leg Clubs.

The report makes the following evidence-based recommendations grounded in the real-life experience of Leg Clubs that participated in this research:

1. **Continue to disseminate information about the Leg Clubs in the local community using a variety of face-to-face and multimedia channels.**
2. **Ensure demographic diversity of volunteers.**
3. **Establish collaboration with local organisations to increase the scope of services offered to members.**
4. **Establish collaboration with the local council to support Leg Club operations.**
5. **Transport to the Leg Clubs should be facilitated by mobilising local community of volunteer drivers or using third-sector services.**
6. **Leg Clubs could consider multiple communication channels (phone, email, social media) for notifying members of unexpected closures or staff shortages.**

What do the Leg Clubs do?

The Lindsay Leg Clubs are community-run peer-support groups for people with concerns about the health of their legs, which make social interaction and real-life social relationships part of a non-clinical therapeutic journey (Queen 2015; Lindsay 2018). The Leg Clubs were established in 1995 in the UK by then district nurse Ellie Lindsay, who observed that elder patients with wounds she was visiting in their homes were experiencing social isolation that affected their well-being and their adherence to treatment. The Leg Clubs function as partnerships between people experiencing, or at the risk of developing, leg wounds (referred to as members), publicly funded nurses, and volunteers from the community. They are based on a psycho-social model of holistic care provision. Members own their Leg Club and can attend it on a drop-in basis to interact with other members, volunteers and clinicians (Queen 2015) in a friendly environment of socialisation and peer support. The Leg Clubs improve members' psychological well-being and address the health hazards of social isolation of older adults with wounds. This translates into better healing rates and reduced wound recurrence (e.g. Edwards et al. 2009).

There are four design principles that distinguish the Leg Clubs from a traditional leg ulcer clinic (Lindsay 2008). Firstly, the Leg Clubs meet once a week in a non-medical setting, such as a community hall or a church. Patients are referred to as members to empower them away from a sick role. Secondly, members are treated collectively in an open area. Those awaiting to be seen by a nurse can join other members for a cup of tea and board games. Activities in the social sphere are organised by volunteers from the community, who run the Leg Club along with a lead nurse that oversees the clinical sphere. It is important to note that the Leg Clubs are self-funded. Although, in the UK, the cost of medical care is covered by the National Health Service (NHS), the venue and refreshments must be paid for with funds raised by volunteers. Thirdly, the Leg Clubs run an open access drop-in policy, such that members can be seen by a nurse without having to make an appointment. Finally, Leg Clubs also run a 'well leg' programme. It means that members whose wounds have healed, or who have concerns about developing wounds in the future, can attend to have their legs washed and creamed for prevention and maintenance rather than treatment. They can also attend solely for social interaction, without seeing a nurse.

A recent review of the effectiveness of the Lindsay Leg Clubs suggests that social interaction plays a crucial role in the creation of social value in the Leg Club context (Bawden et al. 2018). The Leg Clubs know that "social relationships are a key component of quality of life, affecting [our] mental health, health behaviour, physical health and mortality risk" and that, as a social relationship-based intervention, they can help reduce loneliness and social isolation of older adults (Lindsay 2020, p.68). The literature on the Lindsay Leg Clubs identifies a range of positive outcomes from social interaction: as a sense of continued participation in the society (Lindsay 2019), friendships, sociality and camaraderie (Lindsay 2018) and de-stigmatisation (Seymour 2005; Grogan 2019; Mechen 2019). Research also shows that the majority of members attend their Leg Clubs for monitoring and advice of their 'well legs', rather than for treatment[1].

"Their continued attendance indicates a certain level of satisfaction with the Leg Club model as treatment is not necessary ... Initial work on wellbeing suggests that the model improves wellbeing, and that social interaction has a key part to play in this aspect of holistic management. Members' shared experience appears to be the influencing factor here; further qualitative research could be extremely useful in assessing this." (Bawden et al. 2018, pp.37–38).

Summing up, researchers have alluded to the Leg Clubs' potential to generate positive social outcomes and called for a demonstration of how these social outcomes come about (Clark 2010; Bawden et al. 2018), but some questions remain. What exactly are these social outcomes and how do they bring about social value? What is the evidence behind it? What can be done to further capitalise on the potential of the Leg Clubs to generate social value? This report presents the results of the first service evaluation of Lindsay Leg Clubs, conducted to investigate the importance of social interaction in social value generation in holistic wound care provision in Leg Clubs. Based on the investigation, the following definition of social value is offered to guide the presentation of the evaluation results.

Social value in the Leg Clubs is a complex concept, which is relational and collective in nature. Within the Leg Clubs, social value is generated at the nexus of interactions among members, volunteers and nurses, who may experience social value differently. However, social value is not an aggregate of the experiences of different individual groups. It is a whole emergent from the networks of social interaction around wound care and treatment, monitoring of holistic person's health, and informal interaction that centres on creating a sense of community, fostering collective learning, safeguarding health and offering older individuals avenues for continued societal functioning.

[1] 56% in the period 1st April 2017 to 31st March 2018 (Bawden et al. 2018)

Ethnographic approach to service evaluation

This evaluation sought to understand how members and volunteers view social value within the Leg Clubs with a focus on the role of social interaction. The aim was to evidence and conceptualise social value in the Leg Clubs and to offer suggestions for continued Leg Club success. The approach to discovery consisted of three parts that stretched from 1st September 2019 to June 2020.

The first stage, in September 2019, involved a rapid desk-based scan of the literature on the Lindsay Leg Clubs to understand what was already known about the creation of social value through social interaction. The documents reviewed included: Leg Club publications in peer-reviewed journals, official organisational documents shared by the Lifetime President of the Lindsay Leg Club Foundation, Ellie Lindsay OBE, press-releases from the Foundation's website, case studies and position statements in professional and industry journals, and articles about the Leg Clubs that participated in this research published in local magazines, newspapers and on the websites of healthcare practices, GP surgeries, local charities and community groups. Some of these documents were produced by Leg Club volunteers. All were useful, providing an understanding of the context of each Leg Club. Although this phase of research was conducted mostly in September 2019, documents on the Leg Clubs were searched and read continually throughout the evaluation.

The literature scan helped inform the research protocol for the evaluation. Regular communication with the Lindsay Leg Club Foundation Clinical Governance Body, Ellie Lindsay OBE and her Personal Assistant helped review the research protocol and tools, including questions for members and volunteers. Ethical permission was obtained from the Lindsay Leg Club Foundation Clinical Governance Body on 10th September 2019. In line with the ethics-as-process approach (Franklin et al. 2012), after starting the fieldwork, the researcher agreed to conduct most data collection on the social side of the Leg Club venues, giving nurses space to work uninterrupted and only joining the clinical side when called by nurses.

In the second phase, which lasted between 1st October 2019 and 15th January 2020, data for the evaluation were collected in six UK Lindsay Leg Clubs, which for confidentiality reasons are referred to by number in this report[2]. The approach taken was to explore mundane social activities in detail through quiet observations and gentle conversations. To achieve this, considerable time was spent with a relatively small group of people in six Leg Clubs, repeatedly over a period of 3 months from the start of October 2019 to the middle of January 2020, allowing for a break over the festive holidays. Observational and conversational data were gathered during the Leg Club sessions on the social sides of the venues. The researcher spent time with members, chatting to them at the tables while they waited to be seen by a nurse and joining them in their social activities, enjoying the refreshments and participating in weekly raffles. Time was also spent with volunteers at the reception desk, as they welcomed arriving members, and by the kitchen, as they prepared the refreshments.

Although questions had been prepared to guide the conversations (see Appendix 1), the actual tools for gathering data were informal and sensitive to members and volunteers' social situations. Casual chats gave them space to comment on the events that were important to them in their own words. This also enabled the researcher to ask people to describe and explain the unexpected events that the researcher observed but did not first understand. In total, 54 hours of observations were conducted. Moreover, numerous informal conversations were held with Leg Club members, volunteers and nurses. Among plentiful informal chats, 12 members and 13 volunteers provided written consent to share their stories in this study. Finally, a conversation was held with a local councilor, who collaborated closely with the chair of one of the Leg Clubs in view to gaining insight into the political barriers and enablers associated with social value generation in Leg Clubs.

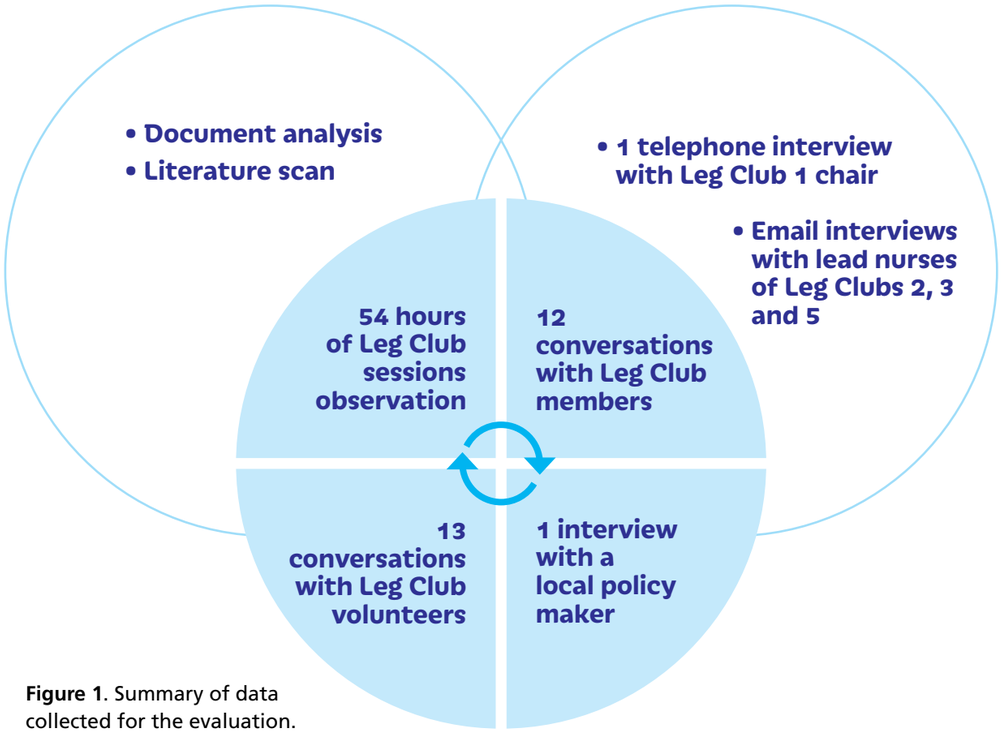

Figure 1. Summary of data collected for the evaluation.

The final phase of this evaluation covered the period between March 23rd and 30th June 2020, from the introduction by the UK government of social distancing measures that led to indefinite closures of almost all UK Leg Clubs to the write-up of this report. The purpose of this final phase was to start sketching an understanding of the implications of Covid-19 for the future of the face-to-face Leg Club model. Because a sense of community was the strongest theme to emerge from conversations with members and volunteers, it was crucial to gain insight into what the Leg Clubs did to maintain the collective spirit. However, this was a difficult task for three reasons. Firstly, under the requirements of the General Data Protection Regulation, the Leg Clubs did not routinely collect and share members' contact details, including names, telephone numbers and email or postal addresses. Secondly, significant social movement and face-to-face contact restrictions put in place under the lockdown would have made research travel impossible, even if the Leg Clubs had stayed open. Thirdly, persistent contact with the clinical Leg Club staff posed ethnical challenged as nurses concentrated on their vital roles in NHS that operated in the pandemic mode. Therefore, although one-off email contact was made with gatekeepers for the six Leg Clubs, responses were obtained from only four Leg Clubs. In the case of Leg Club 1, a telephone conversation was arranged with the Leg Club chair. Figure 1, above, summarises the data that informed this report.

[2] The numbers reflect the order of the first visit to each Leg Club

Observational and conversational data were recorded in the researcher's fieldnotes. Informal conversations were not audio-recorded as per the terms and conditions of the ethical approval granted for the evaluation. Contextual information about the six Leg Clubs gathered from reviewing grey literature was treated as an extension of the fieldnotes. The notes were repeatedly read to group the data around:

- the unique Leg Club contextual features,
- the processes of social activity and interaction that could be seen as socially valuable,
- the outcomes that showed evidence of social value from these processes.

The grouped data where assigned to emergent themes that spoke to four dimensions of social value through social interaction within the Leg Clubs. The analysis focused mostly on social activities and processes that lead to social outcomes, rather than on outcomes per se as these were acknowledged well in the Leg Club literature (e.g. Seymour 2005; Upton et al. 2015; Lindsay 2019; Seckam 2019). Further analysis allowed for a synthesis of the signs of enthusiasm for the Leg Club model, essentials to continue building the Leg Clubs' profile and as a set of general recommendations for how the Leg Clubs can continue their success in the social sphere.

The creation of social value in the Leg Clubs

This section presents three key themes about the role of social interaction in the creation of social value in Leg Clubs, which emerged from observations and informal conversations with members, volunteers and nurses. The following findings are limited to the ethnographic data from the evaluation of the six Leg Clubs that took part in the research. Because the conversations were not audio-recorded, the quotes from members and volunteers have been paraphrased, but every effort was made to present them in the context in which they were used.

Creating a sense of community

'Community' has always been a solid foundation of the psycho-social Lindsay Leg Club model for two reasons. Firstly, leg ulcer care and management are key activities of community nursing (Shuter et al. 2011). In the UK, it is estimated that as much as 70% of district nurses time in is spent on leg ulcer management (Galazka 2018). Secondly, the Leg Clubs are a unique model of care provision in a community-based setting (Lindsay 2000). Leg Club members and volunteers were clear that the social value was anchored in the role of the Leg Clubs as nuclei of social connectedness that created a sense of community.

Repeatedly, when members and volunteers were asked about their experience of attending or volunteering in the Leg Clubs, they started by highlighting that the Leg Clubs were, mainly, 'a social occasion'.

"I enjoy the social side of things. I enjoy having a cup of tea and a cake and also just having someone to talk to. It's terrific. I wouldn't change anything about it." (male member, Leg Club 1, November 2019)

Six key factors that supported the Leg Clubs' role as a social occasion emerged from the observations and conversations conducted on sites:

- location in community settings;
- drop-in no-appointment system;
- 'well leg' programme;
- open flexible physical layout;
- volunteer panel for organising and running the Leg Clubs;
- ownership-based model.

Firstly, members praised the location of Leg Clubs in community settings. This enabled them to build new social relationships with people they did not know as well as renew contact with persons they may have once known but lost contact with to reinforce their neighbourly ties.

"There is a lot of benefit to be taken from the fact that it does not happen in a surgical environment, but that it happens in a community club. That it is a community." (female member, Leg Club 5, October 2019)

It must be acknowledged that not all members used the Leg Clubs to build social connections. Some members admitted that their social networks were within their familial and friendship context. However, even such members appreciated the informality and sociality afforded by Leg Clubs that gave members a feeling of not being alone, safeguarding them from social isolation.

"I realise that for older people, the interactive social side might be very important and the only way to have a social side to their life. For someone my age [43], I have a varied social life anyway. But some people who are not as mobile as me might indeed only have this." (male member, Leg Club 3, November 2019)

Secondly, the fact that the Leg Clubs welcomed everyone on a drop-in no-appointment basis gave members a sense of belonging, which had a positive effect on their well-being. A member in Leg Club 3, who lived alone and admitted having struggled with mental health, said that his Leg Club gave him 'social gains' and 'a sense of acceptance' (fieldnotes, October 2019). He said he never felt unwelcome and that he sensed the volunteers were always happy to see him. 'Some members don't always want to chat, but others do, those who are house-bound in particular,' he added.

Thirdly 'well leg' programme meant that people who did not have wounds but were at the risk of developing wounds, or people whose wounds had healed, could also regularly attend the Leg Club activities. The researcher met many individuals who attended their local Leg Clubs for a chat over a cup of tea. 'Look at this lady here. She has nothing wrong with her legs, but she lives alone and in a remote area so she's here every week to have her legs washed and creamed and checked', said the chair of Leg Club 1 on the researcher's first visit (fieldnotes, October 2019).

As that specific member later explained:

"They are all so good here. You come in, by the time you've sat down the helpers will give you tea and coffee. I will always put some money in [for tea and coffee], not £1 but £2 because they are all so good here, and I will also have some cake and fruit to take home." (fieldnotes, Leg Club 1, November 2019)

Numerous tiny acts, subtle behaviours and gentle conversations revealed the prime value of positive attitudes towards humane care and the collective positive emotional atmosphere. What was visible was the embodied compassion shining through these events. Members and volunteers' encounters were guided by a kind appreciation of their unique needs and personal circumstance expected of a social relationship.

Fourthly, the physical layout of Leg Club venues encouraged inclusive conversations. A flexible, open-plan with members awaiting to be seen by a nurse sitting in a cluster table arrangement facing each other put people into micro-communities to encourage informal chats. Not knowing other members at the table may be a source of discomfort and anxiety, but with time and through repeated encounters, the feelings of uneasiness would subside, and members began to build relationships in a jovial atmosphere:

A male member asked another male member where he got his haircut. It turned out the barber was on the same street where he lived. "Let's swap numbers. Next time you get your haircut, give me a call and you can come up for a cup of tea", he says to him. (fieldnotes, Leg Club 1, November 2019)

Communication was not only verbal, but also written. Leg Club 4 placed notebooks on the tables, inviting members to write down their stories and share their experiences. This was relevant for members who may not have felt comfortable talking but found it easier to express themselves in writing. The notebooks were regularly picked up by new members to browse through, easing the feelings of discomfort and introducing members to the Leg Clubs through real-life stories of other members.

The Leg Clubs were physical spaces where many members and volunteers met and spent time together, but they were also a springboard for the widening of their social network outside of the Leg Club venue, solidifying a sense of connectedness to a community. A volunteer in Leg Club 3 recounted being stopped and greeted in a supermarket by a former member, who had healed while attending the Leg Club. 'It was nice of her to stop and say hello', the volunteer explained (fieldnotes, October 2019). Familiarity established within the Leg Club provided a fertile ground for people to connect not just on a superficial interactive level, but also on a humane level of a deeper interpersonal connection through understanding each other's concerns and unique circumstances. In Leg Club 4, a volunteer recalled a member who had never engaged with anyone in his Leg Club and had always sat quietly, waiting to be seen by a nurse. One day, the volunteer met him in a local supermarket, with his wife in a wheelchair. Since that encounter, the member would then open up in the Leg Club to the volunteer to discuss the difficulties he was experiencing in his familial life.

Fifthly, volunteers' input into the organisation and running of the Leg Clubs played a crucial role in building and sustaining a sense of community. Generally, more volunteers in a Leg Club session meant that social interaction among members was livelier, both inside the Leg Club and outside. For example, some Leg Clubs had a sufficient number of volunteers who would remain at the tables throughout the session to make everyone feel at ease and strike up informal conversations. The majority of volunteers were female, but Leg Clubs 1 and 3 had male volunteers, who stressed there was value to be gained from having a greater gender balance among the volunteers. This is evidenced in the following account from a male volunteer at Leg Club 1, who reflected on his experience of joining and supporting the Leg Club:

"Three years ago, I went shopping to the local farmers' market. There was an information stall there, manned by a lady I knew. We got chatting and she told me the Leg Club needed more male volunteers, so that they could sit at the table and simply just chat to other men, about football etc. At the time they had no male volunteers and there was a need. I have since been coming every fortnight or so. I help with serving tea and coffee and with washing up the dishes, too. I like that I have personally gotten to know many of the members. Some members, I had known prior to joining the Leg Club, but I didn't realise they were members until I became a volunteer. I like just being helpful to them. I like having something to get me out of the house since I retired. This is, very much, a social gathering." (fieldnotes, Leg Club 1, November 2019)

Volunteers were also heavily involved in the organisation of social events for Leg Club members. During this evaluation, these events included:

- Afternoon teas in a garden centre (Leg Club 2)
- Trips to the Christmas market in town centre (Leg Club 6)
- Christmas lunch in a town café (Leg Club 2)
- Christmas carol singing (Leg Club 1)
- Saturday Bingo night in a Church hall (Leg Club 4)
- Saturday joint Christmas party in a community hall (Leg Clubs 3 and 5)

Participation in such events generated the feelings of belonging and inclusiveness among the volunteers and members alike.

"We're a good bunch and we know how to have fun." (Leg Club Treasurer, Leg Club 2, fieldnotes, December 2019)

"We are not just a team of volunteers, we are a family of volunteers here, and we support each other." (Leg Club Chair, Leg Club 6, fieldnotes, October 2019)

To support the creation of a sense of community in the Leg Clubs, members and volunteers suggested:

- Staffing the Leg Clubs with a variety of volunteers from diverse demographic backgrounds.
- Placing notebooks on tables for anyone in the Leg Clubs to share their experiences.

Collective learning

The distinctive way in which the provision of wound care is organised in the Leg Clubs brings medical knowledge benefits for members and nurses, offering members easier access to rich information about their condition and treatment options, as well as ensuring that nurses can consult and learn from one another. Participants highlighted a set of key variations between the Leg Clubs and traditional leg ulcer clinics that foster the circulation of informational supply:

- Opportunistic attendance on a drop-in basis reducing the wait for an appointment.
- More time with a nurse than in a tradition one-to-one timed appointment in a surgery.
- Opportunity for members to share experiences with others with similar concerns.
- Opportunity for nurses for informal supervision and guidance.
- Regular access to advice on dressings and compression from representatives of the Leg Club Industry Partners.

Most Leg Club members appreciated the possibility to be seen by a nurse without having to arrange an appointment in advance. Their accounts implied the no-appointment drop-in system gave them speedy and regular access to specialist care and information they needed to lead as healthy and independent a lifestyle as possible. This was evidenced in the experience of one male member who regularly attended Leg Clubs 3 and 5, in addition to another Leg Club in his locality (not included in this evaluation).

In Leg Club 3, a male member tells me that there is room for him to learn from the nurses. For example, the iodine he was given for his wounds made his skin sting. He therefore bought a tub of an antiseptic cream over the counter and brought it here to show the nurses to ask if he could use it instead. The nurse responded by saying that this was only good for cuts and grazes and that he should keep the cream for that … a couple of days later, I meet him again, in Leg Club 5. He waves me over and I ask how his leg is doing. He tells me that he was 'silly' yesterday morning and didn't put the shower sleeve on properly, getting his dressing wet. Fortunately, he had been to the doctor's and he had had the right type of dressing at home, so his mother was able to change it for him. But he said he also noticed that his toes were bleeding a little more than usually and that there was a lot of dry blood collecting in his dressing. He said he actually had a few questions for the nurses. He wanted to be shown clearly how to change the dressings, because he wanted to be able to change them on his own. (fieldnotes, Leg Clubs 3 and 5, November 2019)

The space to ask questions without being judged was empowering for members because it offered them a better understanding of their health and the ability to take an active part in their care and treatment without having to rely as much on medical or familial support. This gave members more knowledge and information about their health and wound conditions, as well as a greater sense of control over their lives (Greenaway et al. 2015).

Moreover, both members and nurses appreciated the opportunity for actual wound care to take as much time as was needed. As explained by a nurse in Leg Club 3, there was no limit on the duration of the consultation. To make sure all members attending the Leg Club on a given day could be seen, nurses would normally aim to spend 30 minutes with each member. However, this was informal guidance. In reality, they could take as long as was required. A nurse in Leg Club 4 explained that it could be anything between five minutes to an hour. 'At the surgery, you can only spend 15 minutes with a patient, which often is not enough', she added (fieldnotes, Leg Club 4, November 2019).

Leg Clubs were not a replacement for one-to-one surgery appointments, but one benefit of non-timed consultations was the space to support people's health in way that focused on the person.

"I like the fact that the nurses here do not have to work to time. In the surgery, I had 10-minute appointments, so a maximum of 20 minutes on both my legs. However, here, this morning only, a nurse spent an hour with me [emphasis added]". (male member, fieldnotes, Leg Club 1, January 2020)

"I used to go to see my GP three times a week, but now I only go on Mondays and Fridays, coming to the Leg Clubs on Wednesdays instead. I sometimes might drop a GP appointment if I don't think I need it, but I have never missed my Leg Club. This is because here they can spend as much time with you as is needed, rather than the 10 minutes." (male member, fieldnotes, Leg Club 1, January 2020)

The lack of limits on how much time nurses could spend with members in the Leg Clubs improved members' positive feelings about the quality of care they received because they felt that their unique circumstances were considered. The Leg Clubs provided patients with mechanisms for a conscious interruption of paternalistic healthcare routine. This was

visible when they stressed that they themselves could decide when to come to the Leg Club. They took ownership of their wound journey and they were free to do more of what suited them. This demonstrated that the Leg Clubs empowered individuals on their own terms. There were no repercussions of a missed appointment and no overstaying of one's welcome. They could choose what time to come, and whether or not to leave right after being seen by the nurse. They took ownership of both the time and the space of their Leg Club care (Courpasson 2017).

The members also stressed that they trusted nurses' expertise and they particularly valued the fact that nurses would remain focused on leg care only during the Leg Club sessions. The focus on care of the lower leg meant that nurses could avoid mental distractions from having to attend to other conditions, as they sometimes would in a surgery environment. Members observed that Leg Clubs also offered space for nurses to learn from each other. As explained by a male member in Leg Club 3, sometimes when the nurses were not sure about something, they were seen asking a colleague for advice. A volunteer in Leg Club 2 – a retired GP specialising in dermatology – commented that, in the past, district nurses used to only be shown in the hospital how to apply dressing:

"Then, they would be off and not be monitored by anyone. Whereas here, they are supervised by each other. Here, they have an opportunity to learn from each other and correct each other. This is why this place is good." (fieldnotes, Leg Club 2, November 2019)

Leg Clubs were an egalitarian environment for nurses with no hierarchical division of labour:

The lead nurse introduces me to another nurse, who tells me to follow her to the clinical area behind the screen. I ask for permission to observe the appointment from a member and her daughter. The daughter says that a practice nurse told her mother to come to the Leg Club because she might have an ulcer coming on. An area around her ankle is a little red. The is touching the area around the ankle, feeling the temperature with the back of her hand. She is also rubbing it and saying that it does not look very swollen so possibly there is not an ulcer there. The member insists the leg is sore and the knee "gives way". "Excuse me for interfering," we hear from a nurse seeing a member sat in the next chair to us, "but I overheard. Have you been to the physio? If your knee is giving way then self-referral to the physio might help, some exercise can strengthen the knee," she says. (fieldnotes, Leg Club 2, October 2019).

What is more, members did not mind being treated and having their conditions discussed in a collective area because they all had similar medical problems. In any case, there were protocols in place for the protection of their personal and confidential information. Members also spoke about the importance of learning from one another. Many stressed that because they all had similar concerns about the health of their legs, they could openly share their experiences. As explained by a male member in Leg Club 3, once their health concerns were attended to, there was an opportunity for everyone to learn from one another. 'It can be something simple, such as, "Oh, comfortable shoes – where did you get them?" Or, "How is this ointment?" People can just bounce ideas.' Knowledge that others in the room had the same problems and the communal spirit of the social side of the Leg Clubs also empowered people to talk to each other about their conditions and treatment. In such situations, members were seen sharing photographs of their wounds and demonstrating the functionalities and use of compression stockings to one another.

Further support for learning for all came from frequent visits to Leg Clubs from representatives of the Lindsay Leg Club Foundation's Industrial Partners. For example, representatives of the Industry Partners would regularly attend the Leg Clubs to give support to nurses with applying and measuring for compression stockings, as well as their general care. The advice was appreciated by members and volunteers, too. In Leg Club 4, a female member who healed between July and November 2019 with expert help from nurses and while using the recommended compression, brought a hand-written letter with her for the representative of the company to take to his bosses to express her gratitude and experience with using the compression. With her permission, the letter was circulated around the Leg Club tables, letting other members in on her first-hand experience that led to the healing of the ulcer. Likewise, in Leg Club 5, one volunteer told the researcher than she heard a representative advise a member against drying compressions stockings on the radiator to maintain their durability (fieldnotes, Leg Club 5, October 2019). Because information flew freely throughout the Leg Club, there was opportunity for everyone to learn about leg care at the nexus of members, volunteers, nurses and medical solutions representatives interacting in an open, communal space.

To support collective learning in Leg Clubs, members, volunteers, nurses and Industry Partner representatives suggested:

- Encouraging one another to openly share experiences verbally and in writing (for example, via open notebooks for use by all).

Safeguarding health

Research has shown that social relationship-based interventions, like Leg Clubs, improve people's mental and physical health (Holt-Lunstad et al. 2010; Holt-Lunstad et al. 2015). This is because social relationships are a key component of quality of life that affects people's health behaviours (Lindsay 2020). The building of social relationships was encouraged by the philosophy of collectivity in Leg Clubs in the provision of wound care and in the organisation of the social Leg Club sphere.

"Collective treatment is good from the holistic point of view." (female member, Leg Club 5, October 2019)

The majority of Leg Club members agreed that it was good for their physical state that wound care was provided in a non-medical environment. A combination of factors mattered for members' general health. Firstly, the community setting de-medicalised the encounter, removing physical stressors associated with the white coat effect. As one male member said:

"The Leg Clubs work because the healing is better, probably because of the informal atmosphere. Because it is not a hospital, so people do not get stressed and their blood pressure does not go up so much." (fieldnotes, Leg Club 4, October 2019)

Secondly, members waited to be seen by nurses not in a waiting area, but in a social area, where they were encouraged to exchange pleasantries with other members over refreshments. Such distractions to pass the time made the wait a pleasant social experience. As explained by one female member:

"I have been here for an hour. I would have been huffing and puffing in a hospital, but I don't mind it here because there is a sense of community and an opportunity to have a cup of tea and some cake." (fieldnotes, Leg Club 5, October 2019)

Thirdly, the open-plan Leg Club layout made members feel less nervous about their treatment, compared to a traditional setting where care happens behind closed doors. Members could see that nurses were hard at work on the clinical side and this helped them gauge when they would be seen, helping them feel less impatient. Greater transparency made new members, who were concerned about what would happen, feel less anxious:

"This is my first visit. I was a little unsure as to what would happen, but coming in and having everything transparent makes me feel less scared and more relaxed because I know what is coming – there is transparency like there is transparency in a restaurant when you can see what goes on in the kitchen." (female member, fieldnotes, Leg Club 5, October 2019)

While members placed most focus on the benefits to health from the social set-up of the Leg Clubs, they also spoke of medical gains from accessing specialist wound care as and when needed. What members praised the most was that they were almost guaranteed to be seen every time they came to the Leg Club. They did not have to worry about going too long without seeing a healthcare professional and their wound getting worse. One male member explained:

"You have to wait to be seen in a surgery, but here you are almost guaranteed to be seen. In the surgery, they will not always have the right dressings for my wound, but they have the dressings here because here they only do wounds." (Leg Club 1, October 2019)

The Leg Clubs offered health protective benefits because they safeguarded members' health from adverse effects of stressors associated with traditional medical appointments, such as waiting times, not knowing what is happening behind closed doors, uncertainty around getting a timely appointment, and the white coat effect. Moreover, for members who attended the Leg Clubs under the 'well leg' programme, it was possible that the nurses' gentleness with the washing and the creaming of her legs, volunteers' nutritional care and the general sociability improved members' health and quality of life.

Further medical benefits came from having easy access to additional health and care services. These varied across the Leg Clubs, depending on the collaborations the volunteers and nurses established with local health organisations, the council and private workers. For example, in Leg Club 5, members could get flu vaccinations if they advised the nurse they would like to access the service there instead of going to the surgery. In Leg Club 2, members could use a monthly nail cutting service from an age charity and a massage from a local reflexologist. In Leg Clubs 3, 5 and 6 they could book in with a podiatrist once a month, and in Leg Club 1 they could enjoy a monthly manicure and occasional visits from a social worker supported by the local council. Members saw value in having access to these services, with the Leg Clubs seen as one-stop-shops for a streamlined holistic care.

"I can talk to the social worker about things that I would not normally be able to talk about in the surgery. For example, I wanted to sell my car and [she social worker] gave me some advice." (male member, fieldnotes, Leg Club 1, December 2019)

"The reflexologist is great, she massages my legs and they always feel better after, they are quite stiff otherwise." (male member, fieldnotes, Leg Club 2, November 2019)

Moreover, individuals providing such services also saw value in collaborating with the Leg Clubs, finding enjoyment in helping older members of the community. 'These are my charity days', said a podiatrist in Leg Club 6.

Three of the Leg Clubs offered an exercise programme to their members, each under a different arrangement. Leg Club 6 had weekly visits from a personal trainer, who would set up an exercise space in the corner of the room. Members were encouraged to sit in the chairs and use light bottles of water to follow the exercise plan set out by the trainer. Raffle tickets for the following week were offered to members who decided to join in the exercise.

Leg Club 2 had a weekly exercise organised by volunteers, who would line the chairs along the screens, allowing members to remain seated and do gentle exercises in their chairs. Finally, towards the end of this research, Leg Club 1 was approached by the local council that had received a small sports grant and decided to use it to fund a private sport specialist to introduce gentle physical exercise into the Leg Club daily programme.

Moreover, the Leg Clubs recognised that some older people living in remote areas struggled with transportation to health centres. This increased the risk of physical health issues from not seeing clinicians regularly and mental health issues from social isolation. For this reason, some Leg Clubs located in remote areas away from bus stops provided subsidised transport for members to and from the Leg Clubs, using volunteer drivers from the community (Leg Club 1) or services from the third sector (Leg Club 2) or having deals with local bus companies (Leg Club 6). For members, access to transport took away the stress of having to find a way to get to the Leg Clubs and back. As described by one male member:

"In the past, the Leg Club did not have any drivers, and we had to make our own way to the club. I used to either walk or take a bus. But the buses have since changed their routes quite a lot, so it is hard to get here on the bus. I now use the Leg Club drivers, who call me the night before to confirm that they will be picking me up." (fieldnotes, Leg Club 1, January 2020)

Some members highlighted the gains from attending the Leg Clubs for their mental health. The Leg Clubs were described a place where they could connect to the wider social network and enhance not just their physical health but also their social and mental well-being. Loneliness and social isolation in particular were an issue raised by the volunteers who were concerned about members often living alone and far away from the family, but sometimes by the members themselves:

"I live on my own and this means that sometimes I get a little lonely and isolated and I get in a lower frame of mind. When I come to the Leg Club, this puts me in a high frame of mind. I like to speak to other people and learn about their life experiences and their life events, like what they did a week before. This gives me a sense of perspective." (male member, Leg Club 1, October 2019)

Research is clear that social relationships may provide emotional and informational resources that help deal with stress and loneliness. The Leg Clubs as an example of a social relationship-based intervention provide members with avenues for social connectedness, which may encourage people to look after their physical and mental health.

Avenues for continued societal functioning

In an ageing society, where the number of people over 60 is expected to double by 2050 (World Health Organisation 2015), problems around loneliness and social exclusion of older adults require solutions that create opportunities for their social engagement (Lindsay 2020). The psycho-social Leg Club model offers relevant responses by making provisions for members and volunteers to enjoy actively participating in the civic sphere in a way that lets public life thrive and private spirits blossom (Lindsay 2019). Informal conversations with evaluation participants confirmed that members and volunteers thrived in the Leg Clubs by turning outwards towards social life, through common action based on their professional and creative support to keep the Leg Clubs going. The most important points highlighted were:

- Volunteers continued applying their professional skills after retiring or developed new skills.
- Members took ownership of their Leg Club, exploring funding support or building Leg Club identity.

The Leg Clubs are membership-based organisations, meaning that volunteers and members own their Leg Club. Volunteers play an important role in organising and running their Leg Club. Their responsibilities include: welcoming members and processing their notes, preparing and serving refreshments, chatting to members, assisting them with transport to and from the Leg Club, coordinating social activities and fundraising to cover the cost of venue rent. Volunteers involve members in these organisational activities, inviting them to contribute fundraising ideas. In fact, some volunteers are members themselves.

It was up to the individual committees of volunteers to decide on the details of how they organise their Leg Clubs. While all the Leg Clubs had to adhere to NHS health and safety protocols within the Foundation, there was a lot more freedom within the Leg Clubs to do things the way the volunteers and members wanted them done. It was not surprising, then, that the Leg Clubs that participated in this evaluation offered different avenues for continued societal functioning for their volunteers and members. To start with, the number of volunteers varied across the Leg Clubs – from three in Leg Clubs 3 and 5 to forty in Leg Club 1. In some Leg Clubs, for example in Leg Clubs 1 and 5, volunteers worked to a roster, whereas in others, such as Leg Club 2, volunteers attended out of personal choice as and when they could. Each Leg Club had a committee with a chair, a treasurer and a secretary with their set responsibilities, but individual Leg Clubs did create other valuable roles for volunteers depending on their numbers and Leg Club constitutions.

In some Leg Clubs, the roles were assigned informally. This gave volunteers a chance to enjoy doing different things in different weeks. For example, in Leg Club 5, two out of three volunteers who attended a single Leg Club session took turns between greeting members and doing administrative tasks at the reception desk and serving refreshments while chatting to members. In Leg Club 3, normally all three members would attend, with one manning the reception desk, one working in the kitchen, and one selling raffle tickets and 'doing whatever needs doing' (male volunteer, Leg Club 3, October 2019).

Other Leg Clubs organised volunteers' work around workplace protocols and based on work division. For example, there was a Volunteer Lead with healthcare managerial experience, who coordinated the weekly roster as far as two months in advance to make sure the Leg

Club was never short of volunteers; recruited and interviewed new volunteers; and arranged training in safety and health for all volunteers in collaboration with a lead nurse. The Public Relations Volunteer regularly liaised with local magazines and news portals that published 300-word Leg Club updates to raise awareness and visibility of the service and recruit new volunteers to meet members' growing numbers and needs. Finally, the Leg Club Chair, with healthcare managerial experience, applied for grants and funds and liaised with a town clerk for local political support. One output of such a collaboration was the organisation of clinical waste collection from the Leg Club.

"In the past, nurses had to put the clinical waste in bags and boxes and take it in their own cars to the hospitals. I played a role in helping the Chair change that. What happens now is that a local clinical waste collection bin from a local health centre takes a slight detour and collects the waste from the Leg Club. Prior to that, they relied on the goodwill of the nurses." (town clerk, December 2019)

The Leg Club also had Volunteer Nurses, who were retired nurses that wanted to continue putting their wound care skills to a good use. Once trained up by the general nurses, they would assist them by preparing members for treatment. The value of letting retired nurses work in the Leg Clubs was that, for them, it was good experience that gave them a feeling of being part of something bigger for longer.

Volunteer Drivers were individuals from the community who often had worked as drivers or police officers before retiring. They were interviewed by the Lead Volunteer in the Leg Club to get a preview into the environment they would be joining. As explained by the Lead Volunteer:

"This is not a taxi service. You have to be comfortable with potentially unpleasant smells and understand some members might have reduced mobility." (fieldnotes, Leg Club 1, November 2019)

Volunteering for the Leg Club, the drivers used their own cars to transport members between their houses and the Leg Clubs. They were DBS checked and registered with RSVP, who then seconded them to the Leg Club. They spent the time between rounds in the Leg Club, chatting to members and volunteers, which gave everyone a strengthened sense of community. The drivers could claim back on the mileage, but they hardly ever did. As explained by one Volunteer Driver:

"I never claim on the mileage with the Leg Club because they work for the just cause." (fieldnotes, Leg Club 1, October 2019)

The volunteers were also very well looked after by the Leg Club, as they would in the workplace. For example, if a volunteer was ill or lost a family member, there was a process of a phased return to work. They also had monthly get-togethers to socialise and develop new skills. One such session that took place during this research was an explanation on what the Doppler machine is and how it is used to enable them to inform members. As explained by the Lead Volunteer:

"I want other volunteers to be the ambassadors for the Leg Club and so they need to have at least some essential knowledge about the medical side of things [that we undertake]." (fieldnotes, Leg Club 1, November 2019)

The Leg Clubs offered their volunteers an opportunity for a continued meaningful engagement in the society after retiring. They could exercise their professional skills, such as managerial acumen or leadership, and apply them to a new setting for the benefit of the local community. They could also acquire new skills outside of their professional domain of previous practice to increase their compassionate understanding of what it is like to leave with wounds. Retirement, as a change in life, can put all people in a state of temporary loneliness, which the Leg Clubs helped address:

"What would I do then if I wasn't needed? We get something out of it, too. I stopped working 18 months ago but didn't want to stay at home. I didn't want to take up a full-time job either, so I got involved in the Leg Club because it gets me out of the house and because it means I am doing something for other people rather than sitting at home and doing things for myself." (fieldnotes, Leg Club 1, October 2019)

Volunteers were also expected to contribute to fundraising. The most common technique used were informal requests placed on the tables for small donations for the refreshments. These were always donations, and never a set price and volunteers showed an empathic concern for the member's well-being:

I'm pouring my own tea into a mug the volunteer has just given me and the volunteer from the welcome desk approaches us. She tells the other volunteer that she is worried about one of their elderly members who she hasn't seen for a while. The member used to come to the Leg Club with her daughter and never paid any money for the tea. "It looked like she really couldn't pay,' she tells us. One day, she said she would have to put £3 in on her next visit, but that visit never happened. The volunteer is now "worried" that she is not coming back because she feels under pressure to give money. (fieldnotes, Leg Club 3, October 2019)

Such socially responsible attitudes among the volunteers show the primacy of looking after one another on a caring, gentle and benevolent level, separate from the managerial responsibility for ensuring the Leg Club's operation and in the absence of financial transactions.

In all the Leg Clubs, many of the members were also supporting other charities. Being able to use their fundraising acumen to support the Leg Club charity gave them a sense of fulfilment:

"I love it here and I had no idea what it was all about. I was gob smacked – in a positive way – about how well these places work. I am involved in lots of charity work and I was in a meeting yesterday where I discussed making a donation to this Leg Club. I won't tell you how much I am going to donate – this is top secret and I'm not meant to – but I will donate because there needs to be more of those places, because they work. You get a lot more attention here than at your GP surgery. Gob smacked how you may come and go have a cup of tea. I will raise money. They sort you out here." (male member, Leg Club 5, October 2019)

Other fund-raising events included:

- Sales of occasion cards hand-made by members (Leg Clubs 2 and 4)
- Sales of chutneys and jams home-made by members (Leg Club 2)
- Sales of teddy bears hand-crocheted by a nurse (Leg Clubs 3 and 5)
- Sponsored walks attended by volunteers (Leg Club 1)
- Sponsored parachute-jump by a Leg Club chair (Leg Club 6)

Many members and volunteers expressed a sense of identification with their Leg Club (Haslam et al. 2016). This manifested in a variety of touching ways. In Leg Clubs 1 and 4, volunteers wore themed tabars and uniforms to communicate their ownership of and responsibility for the club. In Leg Club 2, the chair designed the Leg Club's own headed paper, which he used to create letters for the local village magazine to increase the visibility and awareness of his Leg Club. Finally, in Leg Club 4, a member with a background in graphic design created a logo for the Leg Club, which reflected its affiliation with the Lindsay Leg Club model and affinity with the local area through the incorporation of its historical and local landmarks. In his further explanation captured in the fieldnotes:

He tells me that the success of the Leg Clubs nationally depends on the strength of the advertising. His design aims to communicate the Leg Club's identity. He adds that you do not need to be clinical, you do not need to be a doctor, to make a difference. "If I can help somebody as I journey on, then my living will not be in vain," he poetically concludes. (fieldnotes, Leg Club 4, December 2019)

To provide older individuals from the community with pathways for meaningful participation in the society, volunteers and members suggested:

- Establishing collaboration with local businesses and councils.
- Seeking and engaging with fund-raising ideas from members.

Being part of a social network in the Leg Clubs gave members meaningful roles to play in their local social life, which helped them build their self-esteem and define a new sense of purpose. The strength of the Leg Clubs as a service run by volunteers and members is that they can act creatively in a way that professionals bounded by protocols might not be able to. A sense of social engagement and collective responsibility for keeping the Leg Clubs going fueled greater sociability between volunteers and members (Garrett et al. 2017). It also gave them a sense of self-esteem and purpose in life (Holt-Lunstad et al. 2010; Jetten et al. 2015). Most importantly, it represented an interruption of the societal view of older adults as frail and lonely. The Leg Clubs were organisations where people could be themselves. They were not a support group where people are surrounded by other patients, but an organisation with a much freer agenda premised around collaborative work, fluidity and community.

The Leg Clubs and the coronavirus

This section of the report collates the responses of a sample of Leg Clubs to the outbreak of the Covid-19 pandemic, which lead many Leg Clubs in the UK to temporarily close to safeguard the health and well-being of their members, volunteers, and nurses (Lindsay, 2020). It is based on data gathered between the announcement of the introduction of lockdown measures by the UK government and the production of this report. The data included a rapid desk-based scan of information available on the Internet, as well as email and telephone contact with clinical leads from Leg Clubs 2, 3 and 5 and chair from Leg Club 1. The information provided below was valid as of the end of May 2020, but the situation was rapidly changing and it was monitored.

From the review of available online information, it was clear that the Lindsay Leg Club Foundation's website and its Facebook page were continuing to support Leg Club members, volunteers and nurses with the directories for nursing staff and volunteers and advice on exercise, quality of life and calls for maintaining a sense of camaraderie. As individual Leg Clubs were rapidly faced with having to find their own ways of dealing with the crisis, the Foundation's website was also encouraging the sharing of ideas, coping strategies and "positive uplifting stories of our Leg Club communities … working together".

For the most part, wound care provision in Leg Club localities returned to traditional delivery in the surgery and through home visits from district nurses. Therefore, this report focuses specifically on the examples of real-life practical reactions within the Leg Club setting to the temporary cessation of social health services associated with "communication, the prevention of isolation and depression, and the creation of a community" (Lindsay 2008, p.52). It also aims to offer insights into Leg Clubs efforts to recover and protect a sense of community, which was threatened by the Covid-19 pandemic.

Leg Club clinical and volunteering leads played a crucial part in strategies to maintain

a community spirit. Out of the four Leg Clubs that responded to requests for information on their practices during the coronavirus lockdown, two continued running both medical and social dimensions of their services, but in an altered, Covid-19 resistant way. The coronavirus lockdown showed that under the General Data Protection Regulations it was impossible to contact members in the social shock brought on by Covid-19.

New members registering for the Leg Club need to already be registered with the local GP surgery, who store their personal details and medical notes. As part of their Leg Club induction, they only need to provide their date of birth, which is written on their personal folder along with their unique membership number. First names are often exchanged among volunteers and members, but any sharing of personal details amongst them is done at their own discretion.

At the end of May 2020, Leg Club 2 was cancelled until further notice. The clinical lead for the Leg Club kept in touch with all the volunteers via telephone. She reported that the volunteers developed their own informal channels to keep in touch with one another. Members were doing their dressings themselves, were attending their local healthcare centres or were being visited by district nurses, with whom they could also speak via the telephone for support and advice if they felt anxious or concerned.

Leg Clubs 3 and 5 were running their services jointly out of the Leg Club 5 venue to continue operating from a community-based hall, rather than moving into a clinical setting. However, members seen at the Club were given an appointment slot and had to wait outside the building until being called in by a nurse. At any time, there were only two nurses in the Club, each one caring for one member and sat at least 2.5 metres apart. High-risk members were being visited at home by the nurses, while members able to self-care at home were followed up with phone calls. Unfortunately, the social dimension of the Leg Clubs was lost, but efforts were implemented to keep up a community spirit. The lead nurse kept in touch with volunteers by sending them periodical email updates. Efforts were also under way to produce a newsletter for members to let them know any changes as they were occurring.

Leg Club 1 also discontinued its provision of medical wound care, with members attending their local surgery, self-caring at home or being visited by district nurses. To maintain a community feel, in the first instance, a WhatsApp group was created for the Leg Club committee and two nurses to keep in touch for sporadic emotional support. Secondly, volunteers have also created a monthly electronic newsletter emailed to 40 individuals from the community to maintain a sense of camaraderie. The situation of the Leg Club far from a bus stop or a train station means that Leg Club members use the services of volunteer drivers. Shortly before the outbreak of the virus, out of about 20 active members nine used the volunteer drivers, and provided their telephone numbers for Leg Club volunteers to facilitate the driver-member communication. This additional service provision made it possible for two Leg Club volunteers to contact the nine members in the first week of a lock down. One member politely declined the volunteers' offer of a weekly phone call.

The circumstances of the coronavirus lockdowns have shed light on the challenges for the continuation of community interaction for members and volunteers outside of the distinct physical Leg Club venue. However, from a practical point of view, there was potential to spark ideas about a model of Leg Club operations that could help them be prepared to deal with any future (un)expected (dis) continuation of the social health provision.

One constructive and actionable lesson from the coronavirus lockdowns for individual consideration by all Leg Club committees could be the introduction of a universal 'consent to contact' form. The form could register members' contact details and their preferred method of contact in case of an unforeseen, short-, mid- or long-term Leg Club closure during any future disease outbreak.

The form could be signed as part of Leg Club induction and consent could be periodically revised for active members. The data would not have to be shared with health authorities, but an established and up-to-date list of contact details for active members could be activated without a delay. This could reduce negative effects of Leg Club suspension for members who rely on the Leg Clubs for social interaction. While the introduction and monitoring of a 'consent to contact' procedures could be an operational decision taken at a local Leg Club level, rather than the general Foundation's level, there might be a case for some uniformity across the Board's central repository in the future.

Recommendations

The Leg Clubs are organisations that provide wound care but they are focused on persons not conditions. Leg Clubs are places where people connect to increase their well-being – a sense of being involved, having commitments and being valued. Leg Clubs are spaces for doing things to tackle loneliness and social isolation – even if these different people can be a different kind of lonely. It is a streamlined social care, which is collegial, non-competitive and reciprocal and that makes provisions for people to be included in the society.

There are already signs of enthusiasm for the Leg Clubs:

1. Evidence of collaborative arrangements between the Leg Clubs and local councils.
2. Support from local media to raise the Leg Club visibility and awareness.
3. Interest from the community, academia and policy sectors.

However, essential future steps for continually building the Leg Club profile:

4. Increasing political support for the Leg Clubs.
5. Increasing volunteer support for the Leg Clubs in the community.
6. Monitoring social communication infrastructure within the Leg Clubs.

The report makes the following evidence-based recommendations grounded in the real-life experience of Leg Clubs that participated in this research:

Continue to disseminate information about the Leg Clubs in the local community using a variety of face-to-face and multimedia channels

All the Leg Clubs had an established presence in the local news media, both print and digital, and some were also present on social media to increase their visibility and awareness in the community, which led to increased community support. However, all the Leg Clubs spoke of the need to build their profile to raise awareness of the service and increase support from local communities in terms of human (volunteer) and financial resources. Volunteers were key for the creation of a sense of community and safeguarding members' social and mental health, because they made members feel at ease welcoming them with a smile, chatting to them at the table, offering them refreshments and liaising between members and nurses and looking after their mental and physical well-being. The more people know about different ways of supporting the Leg Clubs and the more local community organisations are willing to come forward and offer the resources, the greater the scope for the Leg Clubs to generate social value will be.

Ensure demographic diversity of volunteers

The diversity of volunteers' interests is key to the liveliness of social interaction in the Leg Clubs. The Leg Clubs recognise that every member is a unique individual, and a broader range of volunteers across categories such as gender, or age, will increase the vivacity and interactional dynamism on the social side. Volunteers are also keen to share their professional knowledge and personal experience on topics such as healthy eating, benefit claims and coping with illness in the family, increasing the scope of social support from social connectedness in the Leg Clubs.

Establish collaboration with local organisations to increase the scope of services offered to members

There was evidence that members valued additional services offered in the Leg Clubs. These included visits from podiatrists, reflexologists, exercise instructors, social workers and nail cutting services. Members benefitted from the efficiency of a streamlined access to social and health care services, and the providers of these services found fulfilment in doing things for other people. However, questions remain with regards to how many more services the Leg Clubs can offer without overburdening the nurses.

Establish collaboration with the local council to support the Leg Club operations

Local level political support is crucial for helping the Leg Clubs innovate and provide better service with little money. It is important to get the local council involved, because it might provide the Leg Clubs with access to resources that can increase the Leg Club efficiency and solidify their relationship with the NHS as part of integrated multi-agency care provision. This is best illustrated by the collaboration between Leg Club 1 and the local town clerk to extend clinical waste collection service to the Leg Club, solidifying the Leg Club's presence on the map of support for NHS operations.

Transport to the Leg Clubs should be facilitated by mobilising local community of volunteer drivers or using third-sector services.

Many Leg Clubs offered such a transportation service already, but there was an ongoing need for more volunteer drivers and collaborations with third sector organisations. Advertising the need for volunteer driver support in local magazines, newspapers and online can increase the number of volunteer drivers, who might find enjoyment in helping older adults in the community in getting to and from their Leg Clubs safely.

The Leg Clubs could consider multiple communication channels (phone, email, social media) for notifying members of unexpected closures or staff shortages.

An effective and rapid communication system would mean that members and volunteers would not need to spend time unnecessarily travelling to the Leg Clubs. Furthermore, it would be easier to maintain contact within the Leg Club community in the case of an extended Leg Club closure, like the one caused by the 2020 coronavirus outbreak. Some Leg Clubs already had their own social media channels, which were effective tools for fast communication. However, using modern technology to stay in touch may be a barrier for some Leg Club members. A question to end this report that Leg Club stakeholders are invited to consider for the way forward is: could members be actively invited to say how confidential they want their information to be treated and when as part of their induction?

References

Bawden, R. et al. 2018. Research into the effectiveness of the Lindsay Leg Club® model. *Wounds UK* 14(4), pp. 36–39.

Clark, M. 2010. A social model for lower limb care: the Lindsay Leg Club model. *EWMA Journal* 10(3), pp. 38-40.

Courpasson, D. 2017. The politics of everyday. *Organization Studies* 38(6), pp. 843–859.

Edwards, H. et al. 2009. A randomised controlled trial of a community nursing intervention: improved quality of life and healing for clients with chronic leg ulcers. *Journal of Clinical Nursing* 18(11), pp. 1541–1549.

Franklin, P. et al. 2012. Research ethics in accessing hospital staff and securing informed consent. *Qualitative Health Research* 22(12), pp. 1727–1738.

Galazka, A.M. 2018. *Managing stigma: a relational analysis of wound healing in the UK*. PhD Thesis, Cardiff: Cardiff University.

Garrett, L.E. et al. 2017. Co-constructing a sense of community at work: the emergence of community in coworking spaces. *Organization Studies* 38(6), pp. 821–842.

Greenaway, K.H. et al. 2015. From "we" to "me": group identification enhances perceived personal control with consequences for health and well-being. *Journal of Personality and Social Psychology* 109(1), pp. 53–74.

Grogan, L. 2019. Person-centred wound care — reflections from the 2019 EWMA conference. *Wounds UK* 15(4), pp. 68–69.

Haslam, C. et al. 2016. Groups 4 Health: eEvidence that a social-identity intervention that builds and strengthens social group membership improves mental health. *Journal of Affective Disorder*s 194, pp. 188–195.

Holt-Lunstad, J. et al. 2010. Social relationships and mortality risk: a meta-analytic review. *PLoS medicine* 7(7), p. e1000316.

Holt-Lunstad, J. et al. 2015. Loneliness and social isolation as risk factors for mortality: a meta-analytic review. *Perspectives on Psychological Science* 10(2), pp. 227–237.

Jetten, J. et al. 2015. Having a lot of a good thing: multiple important group memberships as a source of self-esteem. *PLOS ONE* 10(5), p. e0124609.

Lindsay, E. 2000. Leg Clubs: a new approach to patient-centred leg ulcer management. *Nursing & Health Sciences* 2(3), pp. 139–141.

Lindsay, E. 2008. The Leg Club® model: promoting the health of patients' lower limbs through collaborative working. *Wounds UK* 4(2), pp. 49–60.

Lindsay, E. 2018. The importance of social interaction: a therapeutic journey. *Wounds UK* 14(4), p. 111.

Lindsay, E. 2019. Valued impact of seniors working alongside clinicians in the Lindsay Leg Club network. *British Journal of Community Nursing* 24(Sup12), pp. S34–S35.

Lindsay, E. 2020. Are we an ageist society? *Wounds UK* 16(2), pp. 68–69.

Mechen, C. 2019. Wound care nurse of the year 2019: runner up. *British Journal of Nursing* 28(15), pp. S20–S22.

Queen, D. 2015. The use of an online community to take the 'Leg Club' model to the next level. *International Wound Journal* 12(2), p. 119.

Seckam, A.M. 2019. Reflection: patients' experiences of being treated in a Leg Club setting. *Journal of Community Nursing* 33(2), pp. 42-44.

Seymour, E. 2005. Managing and promoting change: implementing the LEG CLUB model. *British Journal of Community Nursing* 10, pp. S16–S22.

Shuter, P. et al. 2011. Leg Clubs-Beyond the ulcers: case studies based on participatory action research. *Wound Practice and Research* 19(1), pp. 16–20.

Upton, D. et al. 2015. Contribution of the Leg Club model of care to the well-being of people living with chronic wounds. *Journal of Wound Care* 24(9), pp. 397–405.

World Health Organization 2015. *World Report on Ageing and Health*. Available at: https://apps. who.int/iris/bitstream/ hand le/10665/186463/9789240694811_ eng. pdf?sequence=1 [Accessed: 10 June 2020].

Appendix 1. Interview guide

Questions for members and volunteers

1. Before we get to the Leg Club, I'd like you to tell me a little about yourself.
2. Please tell me about your role in this Leg Club.
3. What are you most hoping for in the Leg Club?
4. What is it like being treated in the same room as others?
5. What is it like seeing other people being treated?
6. What have the volunteers done for you?
7. What have other members done for you?
8. What have the nurses done for you?
9. Will you give me your permission to tell/share your story?

Questions for nurses

1. Before we get to the Leg Club, I'd like you to tell me a little about yourself.
2. Please tell me about your role in this Leg Club.
3. What are you most hoping for in the Leg Club?
4. What is it like treating patients in the same room as others?
5. What is it like seeing other nurses treating other members?
6. What have the volunteers done for you?
7. What have the members done for you?
8. What have other nurses done for you?
9. Will you give me your permission to tell/share your story?

The Lindsay Leg Club Foundation
CRN 1111259

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Published by The Lindsay Leg Club Foundation. Designed by Boothman Design