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Citation for final published version:

Galazka, Anna 2020. Leg Clubs re-entering a post-lockdown world: an update. *British Journal of Community Nursing* 25 (Supple) , S41-S42.
10.12968/bjcn.2020.25.Sup9.S41

Publishers page: <http://doi.org/10.12968/bjcn.2020.25.Sup9.S41>

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Leg Clubs re-entering a post-lockdown world: an update

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As coronavirus social restrictions are gradually easing across the United Kingdom and we are re-emerging into a less locked-down society, finding ways of unpicking the effects of enforced social isolation on seniors experiencing intensified feelings of loneliness is one of the things that springs to mind for individuals involved in organising and running a Leg Club. Some Leg Clubs have remained open since the introduction of general social distancing rules by the UK Government on March 23rd 2020 – although in a different format to the pre-lockdown time, with appointments, reduced operating capacities and closure of the social side. Others temporarily shut, while managing to create small online communities for volunteers, and even some members, to stay in touch. Yet others had to suspend their operations, awaiting guidance from the NHS and GP consortia on the next steps. In all cases, the social element that makes the Leg Clubs special was, to a large extent, lost. The very issues of loneliness and social isolation that Leg Clubs tackled (Seal, 2018) have become even more pressing to address via Leg Clubs' responses as the enforced lockdowns are being relaxed (Day et al., 2020).

Throughout the lockdown, Ellie Lindsay has been sharing tips and hints for older adults on how to tackle the feelings of loneliness and isolation they may have been experiencing with greater intensity as they could no longer attend their weekly Leg Club and keep in touch with fellow members and volunteers. With hard work from Ellie and her Personal Assistant, Lynn Bullock, the website of the Lindsay Leg Club Foundation and its Facebook page disseminated information for members on staying healthy and connected with their loved ones, and calls for Leg Clubs to come forward and share their lockdown initiatives were made and responded to by some Leg Clubs.

Moreover, new guidance was published in June on how Leg Clubs can reopen safely, now that the rules are being loosened. It includes advice for COVID-19 infection and prevention control (IPC) for volunteers, with checklists and risk assessment information. Volunteers are urged to maintain the highest standards of hand and respiratory hygiene, keep a safe distance, safely handle packages, surfaces and materials, and look after themselves in line with the latest government guidelines if they become unwell. Calls have also been made for Leg Clubs to regularly follow the updated government guidance.

The advice came at a time when Prime Minister Boris Johnson was announcing a relaxation of the 2 metres physical distancing rule in England, which in late June 2020 was still in place in other nations in the UK. In the dynamic and ever-changing situation, various Leg Clubs in the UK were doing plenty of contingency planning to reintegrate members into the environment of collective care and treatment as soon as it would be deemed safe to do so. 'What can we do to keep up a collective spirit?' has been a question on the minds of creative and entrepreneurial individuals involved in organising and running Leg Clubs, whose imagination was reignited by the challenge of the coronavirus lockdown. Some fantastic examples of different responses come from two UK Leg Clubs.

In Weymouth, the lead nurse running five Leg Clubs managed to keep the service open to members throughout the lockdown five times a week, although all Leg Clubs were run from a single community venue and operated under a new safety measures and reduced treatment capacity. At any time, only two nurses and two members were allowed in the venue, working at a safe distance of 2.5 metres from each other. Members were given an appointment slot and had to wait outside the venue until they were called in by a nurse. The social side of the Leg Clubs was closed, but in line with the holistic care principles, the whole person care continued. For example, food boxes were prepared for

members who were struggling to help themselves and a telephone raffle was run in April 2020. Moreover, as time went on, the lead nurse began making plans for reintroducing at least some of the social activities to make up to the members for socialisation opportunities lost under the lockdown. The appointment system would remain. However, willing volunteers would be welcomed back, too, helping with serving refreshments, although under a new sanitary regime with only two members allowed to enjoy a socially distanced 'coffee and a cake' at a time.

In Nailsea, the award-winning Leg Club had to temporarily close in an immediate reaction to the introduction of the restrictions, but a scaled down substitute for social interaction between volunteers and members was maintained. A WhatsApp group was set up for some volunteers and nurses to keep in touch, and newsletters for volunteers were also organised. A fantastic idea developed around an initiative to keep some members connected with the volunteers. Every week, two Leg Club volunteers called a handful of members who had given written consent to have their telephone number securely stored on the Leg Club's documentation to liaise between their members and DBS-checked volunteer drivers in relation to Leg Club pick-up and drop-off times. Given the success of this initiative, the Leg Club Chair began planning the introduction of a consent form to register members' preferred modes of contact in case of any future temporary closures.

Now that the lockdown rules have loosened a little in some parts of the country, individuals involved in organising and running the Leg Clubs can begin cautiously exploring new ways of restarting, within social distancing guidelines. The desire to get Leg Clubs back up and running again is understandable as the feelings of loneliness and social isolation among senior adults may be intensifying under enforced lockdowns. While at the moment it may not be entirely clear what is and is not possible, Leg Club nurses and volunteers are hard at work, looking for creative solutions to reassure members about the benefits of returning into a new, safe collective social and treatment environment.

References

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