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Leg Clubs and the coronavirus: keeping a community feel in times of physical distancing

By Dr Anna Galazka, Carole Brooke and Demelza Spencer-Veale

In January 2020, the British media called for tackling Britain's loneliness amongst older adults to be a priority for the new year (Rantzen, 2020). Only weeks later, the World Health Organization declared an outbreak of the COVID-19 pandemic. To curb the spread of the dangerous respiratory disease, in March 2020 the UK government introduced the rules of general social distancing, urging everyone to significantly reduce their social interaction (GOV.UK, 2020). The regulations have been particularly stringent for the over-70s, with talk of extending them even after the relaxation of general restrictions (Busby, 2020; Hill, 2020). However, older adults are already at the risk of feeling isolated, and a 'blanket ban' could have negative side effects of exposing them to greater loneliness. This, in turn, could lead to significant deterioration in their mental well-being and physical health (Armitage and Nellums, 2020; Neumann, 2020).

In the wound care community, then district nurse, Ellie Lindsay OBE spotted the link between a reduction in social connectedness amongst the elderly and their negative health outcomes. This observation was an important mechanism driving her to establish the Lindsay Leg Clubs. Leg Clubs are community-run peer-support groups based on a psychosocial model of holistic care provision for people of all ages – those who have concerns about their legs, from pain through rash to wounds and those who want to offer them social support on their therapeutic journeys. The Leg Clubs operate as partnerships between NHS local provider and GP consortia nurses, community volunteers and patients, referred to as members, who meet regularly, on a drop-in basis, in a non-medical setting for collective leg care and social activities.

Leg Clubs are about more than just wound management. Since the launch of the first Leg Club in 1995 in Suffolk, England, the Leg Clubs have paved the way in developing a psychosocial model of holistic wound care based on empathy, education, social and peer support empowering the whole person through social interaction as part of the therapeutic journey (Lindsay, 2018). On the social side, this shows as a smile and gentle touch on the arm when volunteers greet members at the door, caring looks when refreshments and healthy treats are served, the willingness of the volunteers to

sit and listen to members talk about their way of living, their engagement with the community and their overall state of happiness. On the medical side, nurses care for more than just wounds on members' bodies. For example, in Weymouth, the lead nurse of its five Leg Clubs described how they care for the whole person:

We do blood tests as part of our assessment and we will do other blood tests if members have any due. If we are able, we will often complete diabetes or respiratory reviews whilst doing our main assessments as these co-morbidities have an impact on healing. Obviously, this will depend if the nurse has the relevant skills in this area. Frequently, we identify social or care issues that need addressing and will liaise with the GP to address this.

In March 2020, almost all Leg Clubs in the UK had to temporarily pause to fulfil the self-isolation, social distancing rules and due to many venues being closed for public gatherings. The provision of preventative and medical wound care may have returned to the surgeries or members' homes. However, as for the provision of social health through "communication, the prevention of isolation and depression, and the creation of a community" (Lindsay, 2008, p. 52), there are fewer alternatives available for the Leg Clubs to maintain the collective spirit that flourished in face-to-face encounters before the lockdown.

Leg Clubs are, in essence, a face-to-face service where social relationships are formed between persons in physical proximity to one another. It is through these social relationships that afford a constant social engagement with others that everyday concerns can be relieved. On the one hand, Leg Club closures under the coronavirus lockdown have meant protecting members' physical health from the threat of the virus. On the other, they have enforced the very social isolation that Leg Clubs have always sought to address. This may have negative long-term consequences for members' and volunteers' mental and physical health through causing them anxiety about reintegrating into public life (Lindsay, 2020), or even returning to Leg Clubs to receive wound care. As explained by the Chair of the Nailsea Leg Club, there might be apprehension among members around returning into the collective environment. Therefore, it is important for the Leg Club network to find ways of reintegrating

members into the community in a way that stresses reassurance and communication and encourages positivity and the maximisation of interpersonal relationships.

This begs the question – what can Leg Clubs do to maintain a community feel and to keep members feel engaged and part of their Leg Club in times of coronavirus, or similar, lockdowns? A solution that springs to mind is temporarily replacing real-life relationships with virtual connections enabled by online technologies. It is true that, in general, Zoom, Skype, or WhatsApp have the potential to help older adults maintain a sense of belonging and social connectedness (Newall and Menec, 2019; Newman and Zainal, 2020). However, successful deployment of technological contact tools depends on people having access to digital devices and the competence to use them (Vincent, 2020). Where do Leg Club networks sit within the movement that affords importance to using online tools to keep up the community spirit?

Research done in Leg Clubs suggests that Leg Clubs had begun introducing technology into their daily organization before the lockdown. Years before the coronavirus outbreak, Queen (2015) proposed the creation of an online Leg Club community, noting that most health consumers already used online media. However, recent research into social interaction in Leg Clubs in the months preceding the pandemic painted a mixed picture (Galazka, 2020). On the one hand, many Leg Clubs were 'embracing tech' and producing videos with some receiving support from their NHS or GP provider. For example, the Weymouth Leg Clubs had created their own Facebook page that those interested in attending, exploring or setting up a Leg Club could join. On the page, the Leg Clubs shared updates on their work, photographs of everyday sessions, and videos from special social events. Another example came from the Nailsea Leg Club, which had established its own YouTube channel hosting high quality videos that show what the Leg Clubs are really about. These are some examples of fantastic initiatives that go with the spirit of the digital times, extending the warm welcome to online viewers.

However, not all aspects of holistic care can be digitised. As the Nailsea Leg Club Chair explained while commenting on the video on the Club's YouTube channel, "at the end of the film, the last view was of a volunteer holding a member's hand. This is so important – human touch can convey so much. Leg Clubs rely on face to face interaction and they do not work otherwise". The beautifully mundane determinants of

social health that make the Leg Clubs, such as a hug or a hand on the shoulder, evade substitution with interaction via modern online technologies. Moreover, in contrast to Queen's (2015) suggestion, not all members use technology. In another Leg Club that Galazka (2020) researched, a male member and Chair explicitly admitted that he was 'not very techy' and handled all his communication with the Leg Club on paper or over the telephone. "ICT [information and communication technologies] are a challenge for Leg Clubs. Because we are a face-to-face to service, ICT is not in the model," the Chair of the Nailsea Leg Club explained. "I wouldn't even know if some of our members own a computer", she added.

Given the 'wicked problem' (Head, 2008) around the potentials and pitfalls of technology use in the present Leg Club context, what can Leg Clubs do in the immediate future to keep up the community feel in case of any future closures? Some valuable insights come from the experiences of the Nailsea and Weymouth Leg Clubs.

The Nailsea Leg Club managed to tap into the connective powers of technology and creatively used the contact details they held for some members ensuring Data Protection (GDPR). The committee of its volunteers created a WhatsApp group for the committee and two nurses to keep in touch for general emotional support. The volunteer lead also launched a monthly electronic newsletter to maintain a sense of camaraderie among the Leg Club's 40 community volunteers. To stay in touch with some members, the Leg Club accessed the repository of details for members who use its volunteer driver service to travel between their home and the Leg Club; a handful of members had given written consent to the committee of volunteers to record and use their telephone numbers to coordinate their pick-up and drop-off times. This initiative inadvertently created a toolkit for communication to stay connected during the coronavirus lockdown. Now, two Leg Club volunteers contact members on Leg Clubs days to check how they are doing and how their treatment is going. However, in so doing Leg Club leads need to discern what some members need. As explained by the Leg Club Chair, when asked if he would like another ring, one member replied he was used to being on his own and told the Chair not to worry about him. Moreover, as the Chair added, "the only details we have for members are members who use the Leg Club transport ... it is more difficult to keep members connected to each other."

Many things have been lost with not having the Leg Club network running like it used to. Leg Clubs normally direct people to other agencies if they happen to know that the people are struggling. However, this is not something volunteers would ask directly about calling members on the phone. The Nailsea Leg Club, like some other Leg Clubs, run a gentle exercise programme, which also has been stopped until the Leg Club resumes on a face-to-face basis. Nurses may have lost some support from each other and expertise from the Leg Club Industry Partners field representatives, who normally visit the clubs. Volunteers, too, may suffer from loneliness and isolation, as many admitted to Galazka (2020) that the Leg Clubs were that 'thing' they enjoyed the most that would get them out of the house. The opportunity for social interaction with people in the Leg Clubs is the very reason why people volunteer. That is why it is so important to bring to the attention of people involved in community wound care provision a variety of ways that are possible to keep up the community feel.

Different experiences came from Weymouth, where five Leg Clubs operated on each day of the week. In an initial response to the announcement of the lockdown in March 2020, four venues closed, but one remained open – although in a way that differed from the typical model of a social gathering prior to the closure. The lead nurse managed to ensure that all five Leg Clubs she had been coordinating run from a single community-based hall. However, members wanting to be seen at the Club were given an appointment slot and had to wait outside the building until they were 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 integrated team nurses, while members able to self-care at home were followed up with phone calls. Efforts were in place to keep up the community spirit through ensuring the provision of services in a community rather than in a clinical setting. 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.

In June 2020, the Weymouth Leg Clubs began planning to reopen their social side. Although the lead nurse felt the appointment system would remain and the five Leg Clubs would continue to run from a single base, she was looking forward to welcoming back the willing volunteers and to reintroducing refreshments. Members would arrive and be checked in by the volunteer before having their legs treated. They would then

be asked by a nurse if they would like any refreshments and have their order taken. A volunteer would make the refreshments and place them on the table ready for them once their treatment has finished. Careful preparations were also underway to ensure safety for everyone through appropriate physical distancing on the social side. Clinician will be guided by their NHS or GP provider and guidelines, specifically for the Leg Club volunteers, had been prepared by the Infection Control and Prevention (IPC) trustee and circulated to all volunteers and clinical teams. As explained by the lead nurse:

We will arrange four chairs at an appropriate distance apart with tables appropriately situated so once the members have finished their treatment they can move to the area where they can have coffee and cake. Once finishing their refreshments, they will leave from a separate exit. This system will work on rotation so there is never more than four members at the treatment stations or refreshments area (NB: this could change, but any changes will adhere to the Government's rules as updated). The refreshment area will be cleaned between groups as the treatment stations are, as well as all door handles etc., and all other infection control measures maintained.

Greater preparedness comes from hard-earned lessons, and the sample of experiences from the Nailsea and Weymouth Leg Clubs can spark ideas about how to be better prepared to deal with closures should future disease outbreaks occur. For example, the Chair of the Nailsea Leg Club began planning to introduce new contact procedures: “a new contact sheet for our members, which includes all manner of things such as email address, what social media they use, telephone numbers, and that includes a statement of consent that they could be contacted with anything related to the Leg Club”, she explained. “To assure them we wouldn’t send any other stuff to them!”, she humorously added, recognising that the volunteers would need to practise cultural competence and discern which members might want to stay connected outside of the Leg Club.

While this case study highlights the responses of only two Leg Club localities to the enforced lockdowns, there are plenty of other exciting initiatives unfolding in the Leg

Club network, which should be reviewed at a later date. In the meantime, we invite all the Leg Clubs and individuals interested in the psycho-social model to consider a number of questions that can spark new ideas. Are there any other ways to keep social contacts going in the future, if another lockdown happens again? Could there be any other preventative measures in place? Moreover, are there plans to share and disseminate any monthly newsletters and updates from various Leg Clubs on the Foundation's website, for example by contacting Ellie Lindsay's Personal Assistant, Lynn Bullock? Do Leg Clubs that have WhatsApp groups plan to expand them to other regions and volunteers? Are there plans to share future multimedia via the Leg Club website? We invite other Leg Clubs to come forward and share their questions, experiences and ideas!

References

Armitage, R. and Nellums, L.B. (2020), "COVID-19 and the consequences of isolating the elderly", *The Lancet Public Health*, available at: [https://doi.org/10.1016/S2468-2667\(20\)30061-X](https://doi.org/10.1016/S2468-2667(20)30061-X) (accessed 1 May 2020).

Busby, M. (2020), "'It's very lonely': older people's fears of extended lockdown", *The Guardian*, 28 April, available at: <https://www.theguardian.com/uk-news/2020/apr/28/older-people-in-uk-anxious-about-being-put-in-longer-lockdown> (accessed 1 May 2020).

Galazka, A.M. (2020). Social interaction in Lindsay Leg Clubs: evidencing value. Unpublished report (work-in-progress).

GOV.UK. (2020), "Guidance on social distancing for everyone in the UK", *GOV.UK*, available at: <https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults> (accessed 21 April 2020).

Hill, A. (2020), "Older people could face extended coronavirus lockdown, Lords hears", *The Guardian*, 23 April, available at: <https://www.theguardian.com/world/2020/apr/23/older-people-could-face-extended-coronavirus-lockdown-lords-hears> (accessed 1 May 2020).

Head, B.W. (2008), "Wicked problems in public policy", *Public Policy*, Vol. 3 No. 2, pp. 101-118.

Lindsay, E. (2020), "Tips on Loneliness". [LinkedIn] 8 June 2020, available at: https://www.linkedin.com/company/the-lindsay-leg-club-foundation?trk=organization-update_share-update_actor-text (accessed 22 June 2020).

Lindsay, E. (2008), "The Leg Club® Model: promoting the health of patients' lower limbs through collaborative working", *Wounds UK*, Vol. 4 No. 2, pp. 49–60.

Lindsay, E. (2018), "The importance of social interaction: a therapeutic journey", *Wounds UK*, Vol. 14 No. 4, p. 111.

Neumann, A. (2020), "Loneliness endangers the body as well: how to stay connected with elderly loved ones", *The Guardian*, 31 March, available at: <https://www.theguardian.com/society/2020/mar/31/elderly-people-coronavirus-stay-connected> (accessed 20 April 2020).

Newall, N.E.G. and Menec, V.H. (2019), "Loneliness and social isolation of older adults: why it is important to examine these social aspects together", *Journal of Social and Personal Relationships*, Vol. 36 No. 3, pp. 925–939.

Newman, M.G. and Zainal, N.H. (2020), "The value of maintaining social connections for mental health in older people", *The Lancet Public Health*, Vol. 5 No. 1, pp. e12–e13.

Queen, D. (2015), "The use of an online community to take the 'Leg Club' model to the next level", *International Wound Journal*, Vol. 12 No. 2, p. 119.

Rantzen, E. (2020), "Let 2020 be the year we tackle Britain's elderly loneliness epidemic", *The Telegraph*, available at: <https://www.telegraph.co.uk/news/2020/01/01/let-2020-year-tackle-britains-elderly-loneliness-epidemic/> (accessed 4 January 2020).

Vincent, D. (2020), "Lockdown lessons from the history of solitude", *The Conversation*, available at: <http://theconversation.com/lockdown-lessons-from-the-history-of-solitude-134611> (accessed 13 April 2020).