Appendix A: Summary of KOL interviews

This appendix summarises the evidence gathered from the Key Opinion Leader interviews according to a number of key themes. These are illustrated by reference to the literature and other evidence as appropriate.

Public library health offer

The current public library health and well-being offer appears diverse and extensive. Indeed, it could be argued that all public library activity contributes to well-being in its widest sense. There is a range of services which underpin social inclusion, encourage individuals to develop their full potential, and impact on the general health and well-being of the public, and which are viewed as part of the core service, rather than being positioned as 'health and well-being' services. These services range from designated health information provision to more generalised activity such as mums and tots groups, housebound services and community activity around reading. Much of the activity in the latter category is not currently positioned as part of the library health and well-being offer. This is seen to be a huge missed opportunity for libraries.

When considering activity which is formally recognised as a health and well-being intervention, the perception is that the offer is diverse and varied, and presented differently in different authorities and indeed, sometimes, even within authorities, but with some common core elements available in most places. As one KOL suggested, "Everybody is doing something but not everybody is doing the same thing".

Some schemes – notably Books on Prescription, Bookstart, support for Patient Choice – are perceived as core to the library offer, while other forms of health and well-being intervention vary between, and even within, authorities. Activities often have a local 'badge', which disguises the scope of any national offer, and makes its extent hard to assess. While all authorities appear to be engaged to a greater or lesser extent (and this will be explored further in subsequent stages of the project), variation between authorities in the extent of provision is related to local issues of resourcing, opportunities, and priorities. One KOL felt there were three main levels of intervention. A small number of authorities are working in a relatively integrated way with local health and social care partners whilst the majority are working independently to initiate a wide range of activity with health and well-being impact that is not connected up to external stakeholders. There is also a third level of limited engagement with the health and well-being agenda. This is evidenced by the varying degrees to which health and well-being features in public library strategic plans, where these are available. Local differences such as these could be seen to restrict the effectiveness of any national offer.

The Memorandum of Understanding signed between the Department of Health (DoH) and the Society of Chief Librarians (SCL) in November 2009 represents an important first step in the formalisation of the public library health offer, outlining as it does a national public library offer on health information and supporting patient choice[1]. A recent report (NIACE 2009[2]) describing research to understand the needs of older people and shape the delivery of appropriate activity includes recommendations concerning the role which the public library network might play. These recommendations, if implemented, would help to shape a national offer.

Key assets in the development of any national public library health offer are seen to be the high level of community trust enjoyed by libraries, and their 'neutral' non-stigmatised status as a community space delivering services open to all. Key areas of activity are felt to be their information and signposting roles, their digital offer supported by trusted intermediaries, and the provision of community activity that builds capacity, promotes inclusion and supports the development of social capital. One KOL remarked that the diversity of services on offer in a library environment is, in fact, a huge strength. Whilst the public access point might be a specific health information need, the resolution is often found in the wider range of leisure, well-being and social care activity on offer.

There is, however, general consensus that the current library health and well-being offer does not appear to be either well articulated or effectively positioned. While libraries may participate in national initiatives such as World Mental Health Day, health and well-being related activity tends to be seen as project led, rather than integrated into on-going programmes. There is no clear consensus on what the offer looks like and often the national vision for this work is at odds with the local experience of a small branch library. Libraries also seem not to think about their potential impact on health in the widest sense. Much of their information and referral work is hidden away as core provision and the more creative community activity is labelled reading development rather than reading for well-being.

Public engagement in the shaping and delivery of library health and well-being activity is relatively underdeveloped, and the strategies are relatively immature although there are examples of good practice. One KOL suggested that libraries were hampered in their public engagement strategy development by the legacy of

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[1]   *http://www.goscl.com/scl-and-the-nhs-sign-mou-on-health/ (accessed 26/2/10)*
[2]   *NIACE / Fiona Aldridge and Yanina Dutton (2009) Building a society for all ages: Benefits for older people from learning in museums, libraries and archives www.mla.gov.uk/what/policy_development/learning/~/media/Files/pdf/2009/Older_Learners_Report_Final_2009_2.ashx (accessed 26/2/10)*

outmoded models such as 'Friends of …'. As a consequence, the library contribution is not made obvious to either policy makers or the wider public.

Perception of current levels of health and well-being activity in libraries

The perception amongst the KOLs interviewed was that there is considerable variation in the amount and type of health and well-being activity currently being undertaken in libraries. Most were aware of activity in their own local authority area, and could provide examples, but few could comment on a national scale. While some schemes are clearly well known (Books on Prescription being a prime example) others are not, and some interviewees were concerned that activities were not well resourced, and may not be delivered consistently at local level. Not only are there differences in levels of provision between authorities, but there are also differences within individual authorities. One interviewee noted that the public library network in his authority offers differing levels of provision depending on where you live and the size of the local branch library.

A number of surveys of library activity were uncovered during the research. These were often undertaken by the regional MLAs or regional SCL/library networks and thus provided a regional focus. They also often concentrated on specific aspects of health and well-being. These surveys showed that the range of activities was indeed wide, and confirmed the perception of diversity reported by the KOLs. One noted that the diversity of the landscape, reflected in an inconsistent and patchy picture of provision, could weaken the impact overall.

Three key delivery models were apparent, as outlined above, and in any area all three could be operating for different activities. KOLs were aware of examples of libraries working in an integrated way with local health and social care partners, although this was not thought to be the predominant model. Secondly, there was perceived to be little consistency in partnership development, including internally within a service. More often, activities were thought to be initiated independently, and might be self-supported. The third model was that of core services which had health and well-being impact. Established schemes such as Books on Prescription and Bookstart were seen in this context.

Activity thought to be a core part of the service might not be perceived by the library service as being part of the health and well-being offer, and so may not be badged as such. This is a missed opportunity for libraries to strengthen their position, although the language used may need care. There was a feeling that communication by libraries doesn't always make clear the nature of the offer. Terms such as 'home library service' and 'reader development' are commonly used within the sector but are meaningless to health and social care partners. As one KOL pointed out, once the implications of these terms are unpacked for

potential stakeholders, they begin to see the value of these forms of intervention in meeting their targets. Libraries need to move towards a more commonly shared language if they are to articulate their offer more effectively.

Bibliotherapy was felt by one KOL to present a good example of a shared term which spoke to both libraries and the health sector, although the potential of this term is undermined by confusion within the library sector itself as to its meaning. The KOL feels that "bibliotherapy needs to grow into a consistently identified discipline encompassing a range of reading activity including reading groups as well as more targeted forms of intervention". A clearer definition supported by a stronger evidence base would strengthen this area of work and increase the potential for health sector buy in. It was suggested that whilst this term might not work with the public, the association of the word therapy with reading activity is important use of clinical language that speaks to health sector partners. Terms such as 'reading groups' and 'reader development' do not have the same resonance and were described by the KOL as "too fluffy".

Promotion of activities was also an area of concern. While this raises issues of resourcing and capacity to deliver against raised expectations, it also impacts on the perceived value of health and well-being activities. Public libraries' contribution to health and well-being is built in to the existing, core, library offer, which means it is often invisible to external stakeholders. One KOL noted that the library contribution is less visible than that of organisations such as Age Concern or the WRVS because it is delivered as a core public service, not a specially commissioned and paid for service. Another interviewee felt that the public perception relates primarily to loans of relevant material, while the broader contribution remains generally hidden and could be better promoted. The result is that, in the words of one KOL, "libraries are a long way from achieving the recognition they deserve in this area".

Level and nature of existing partnerships between libraries and the health and social care sector
Although some interviewees felt there was a lot of evidence of individual schemes being run in partnership with various agencies, from the public, private and third sectors, the KOLs generally felt that partnerships between libraries and the health and social care sectors were not strong, and not, in general, well established. Partnership working on a national scale was thought to be undeveloped – for example there are no formal links between libraries and Age Concern, despite the obvious synergies which exist in terms of a shared core audience.

Local Strategic Partnership (LSP) arrangements supporting Local Area Agreements (LAA) were felt to be the obvious place to grow library health and

well-being partnerships, as they provide the focus of local health, well-being and social care delivery in its widest sense. Health and well-being partnership groupings are emerging as a common feature of most LSP arrangements. As one KOL suggests, "they are the place where the social care agenda is being actively broadened. This is where health, well-being and social care are coming together. It is where there are service delivery opportunities for a range of agencies and local authority services".

These groupings can be instrumental in raising the profile of public libraries with health and social care stakeholders. The general perception amongst KOLs was that where libraries are members, the impact on the profile of their health and well-being offer and on the development of supporting partnerships is positive. There was, however, some uncertainty as to whether library membership was a common feature. One KOL identified public libraries as outriders in LSPs particularly compared to the dominant role played by education.

PCTs were also seen as key potential partners, but involvement at local level was thought to be low. Libraries need to be making a clear offer to PCTs, meeting a need which PCTs could not meet alone, but this implies libraries having a better knowledge of both national and local health and well-being priorities and targets than was thought to be the case. Libraries need to build a strong business case, with clear evidence of outcomes, to engage health partners. This business case needs to present clear evidence of the value of their contribution in relation to PCT priorities, including cost savings, early intervention and prevention and addressing health equalities.

KOLs were aware of both formal and informal partnerships with the NHS, both of which had advantages. For example, informal partnerships enable organic development of services, while formal partnerships generally quantify outcomes and require evidence of impact. The partnership with NHS Choices, in particular, was thought to have potential. However, the Department of Health was thought to have a conservative perception of what libraries could offer, and this perception would need to be changed in order for such potential to be realised.

One KOL observed that NHS Choices and Choose and Book had been important flagship programmes for libraries within government, raising their profile and challenging existing preconceptions of the value of working with libraries.

Several interviewees expressed the view that much library activity and partnership working in health and well-being was champion-led, rather than being embedded in authority structures. A mixture of these approaches – structured interventions and champion-led working – was thought to be mutually supportive, however. An

example was given of Essex Libraries' partnership with social care, which had been strengthened by bringing the library into the Adult Health & Well-being Directorate of the council; however many current partnerships within the authority continue to rely on personal contacts.

Champions, who may be senior library managers, or, increasingly, health and social care managers, on both sides were thought to be real drivers for success. It was thought to be difficult for health partners to navigate library structures and vice versa, due to a lack of clear pathways on both sides. Champions were beneficial in making, and maintaining, relevant contacts, and developing informal and formal communication channels, although the disadvantage of such relationships is often their time-limited, person-specific nature.

A second driver for partnership working was seen to be the need to cut costs and broaden health and social care provision. Adult social care directorates were perceived as becoming aware that they cannot afford to deliver on targets as sole providers. Libraries need to learn the language of potential partners, and show how they could save the health sector money whilst delivering early intervention and prevention services to take advantage of this. Clear targeting of activity and audience was important, and this might be more easily established around a project rather than starting to build strategic and high-level partnership structures. Where such structures were in place, they were valuable, however – for example, the Health and Wellbeing Partnership Group chaired by NHS Wirral's Director of Public Health and attended by the Head of the library service, is a key forum for the development of joint working. One interviewee noted that Directors of Public Health are often a joint appointment between the PCT and local authority, and provide an appropriate entry point to PCTs for libraries.

A key barrier to effective partnerships was thought to be insufficient knowledge in libraries of how health organisations work – they do not have the right language and are unsure of the access points. It might be helpful to invest in the research and development of an indicative map of these as a guide for librarians wanting to build connections.

Difficulty in finding the appropriate point of entry is not just an issue for libraries, but also for their potential partners, particularly at a national level. There is no single obvious point of entry to the library sector for potential partners, and they lack sufficient knowledge, and the time and energy, to navigate existing structures. One KOL felt that the work of the various national bodies representing libraries was not sufficiently coordinated, and that better joined-up working was desirable.

Potential activity gaps and opportunities for new strategic development

KOLs identified a wide range of areas where libraries could make a valuable contribution to the health and well-being agenda, both in extending existing services and developing new ones.

- Peer recommendation is an extremely powerful form of advocacy that would really help to put libraries on the health, well-being and social care map. This could be achieved by creating health professional champions for libraries in the same way as publishers have become advocates for the library service through The Reading Agency's Reading Partners Scheme.

- The new commissioning framework provides a key opening for libraries particularly if they can position themselves as providing cost efficient services that meet health and social care targets. The major commissioning opportunity for libraries is likely to link to the provision of face-to-face and online signposting and information provision to support health and social care services. There is potential to develop commissioning opportunities relating to creative community activity but more work needs to be done to develop the business case for support in this area.

- There is an opportunity to formalise the contribution which reading development activity and reading groups play in mental health, including in restricted environments (e.g. prisons). Whilst work needs to be done to develop a more rigorous evidence base for this area of activity, there is potential to link into accepted existing evidence around the value of creativity and the development of social capital.

- There is strong evidence that 'mental health promoting' schools have been important in building the emotional resilience and well-being of young people, and this concept could be extended to the development of 'mental health promoting' libraries. Transferring the principles of the schools model, the 'mental health promoting' library would work with the community to use the library space and targeted activities for a range of audiences including teenagers, older people, people approaching retirement and the unemployed to promote and support public mental health and well-being.

- Libraries have an ability to bridge the digital divide and provide assisted access to online services and consultation. This is an area of key opportunity for libraries that provides cost savings to health sector partners, supports public accountability and promotes digital inclusion.

- Linked to the availability of ICT services to the public, there is also the potential for libraries to become a locality for the provision of cCBT if the right environment can be created.

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- New models are being developed in some areas for the provision of day care services, replacing building-based provision with a service based on support groups and therapeutic courses. One example is Suffolk, where the provider uses library resources to deliver this new model, including library space as a non-stigmatised environment.

- There is potential to build on libraries' obvious contribution to language and communication skills development, e.g. through Surestart. The issue here seems to be about making the library contribution known rather than doing more.

- There is also the possibility of positioning activity more clearly against linked health and well-being agendas such as worklessness, informal adult learning, social inclusion and the building of social capital.

- There is real potential to deliver existing social care services in partnership, and to link community based library activities such as volunteering, housebound services, reading groups, to the health and well-being agenda. Much of this work is currently undervalued in this context.

- Partnerships could be developed by co-location with other services. Promotion to potential partners, such as Age Concern, could also help to realise the potential for joint working with a wider range of agencies, including those from the voluntary sector.

- There are also opportunities for libraries to position themselves strategically in relation to new models of primary care mental health service development, that require support from a wide range of agencies and staff that come into contact with people with mental health problems, and opportunities for engagement in mainstream early intervention and prevention activities.

All but one of the KOL interviewees commented on missed opportunities in the ways in which the library contribution to the health and well-being agenda was promoted to key stakeholders in the health and social care sectors. Suggestions included improved evidence gathering, more effective communication, and better alignment with national and local priorities and targets.

Libraries would benefit from a higher profile, and should position themselves within local and national agendas, not just for health and well-being but also areas such as employment and social inclusion. However, if they want a serious profile for their health and well-being offer it is vital that they influence commissioners and the commissioning cycle. They will need to provide clear evidence of potential savings rather than just rely on the 'righteous truth' if they are to do this effectively. Better evidence of the value of libraries to health and well-being is needed, in

terms of financial benefit and patient outcomes, in a way which satisfies funders, and can hold its own against hard evidence on drug-based therapies. Libraries must build the case for their contribution against specific policies and priorities, however, as PCTs will not be interested in activity not on their list of targets.

Most KOLs felt that there were serious failings in the way that the public library sector is currently articulating its health and well-being offer, particularly to health and social care stakeholders. This could be addressed by clearer consensus on what the offer looks like supported by better marketing, particularly of more creative activity, which is not widely known about outside the library sector.

Part of the barrier may be the use by libraries of specialist language which is not widely understood by stakeholders. The development of a commonly shared language with health sector partners would enable more effective articulation of the key message that libraries do have something valuable to offer. This language will need to be adapted according to audience; as one KOL observed, libraries will need a different language to articulate their offer to stakeholders to that used with the public. In marketing to older people as a community of users, for example, it would be better to use everyday language that focuses on learning, having fun and meeting people, while health professionals would respond to a more technical approach.

One KOL felt that a key failing was the current library focus on DCMS agendas and priorities. It was suggested that in order to build bridges with new partners particularly at government level, the sector needed to align with wider policy in the areas of health improvement and health inequalities, "rather than focussing on specific services such as information or books". In particular the Smarter Government White Paper[3], which focuses on the digital delivery of cheaper and more effective public services, presents opportunities for libraries to position themselves as an environment providing supported access to online services, and could be a key driver for their health offer.

There is also a real need for a strong national voice for libraries that will 'opportunity spot' in relation to the health and well-being agenda and actively deliver against it. For example, early intervention and prevention are key policy priorities, but libraries will need to make a convincing case for their contribution. Partnered with this is a need for greater consistency in terms of local delivery. A note of caution was sounded over issues of funding and staff capacity, which

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[3] *http://www.hmg.gov.uk/frontlinefirst.aspx* *(accessed 26/2/10)*

would need to be resolved in order to realise fully the opportunities for strategic development.

Supporting policy frameworks

There is a variety of policy frameworks at all levels of government which define and support the health and well-being agenda in its broadest sense. National indicators of well-being encompass all aspects of life, and are increasingly being used to make international comparisons of the quality of life, in preference to the more traditional economic measures.

Smarter Government will provide one key policy hook for libraries, while other drivers include Patient Choice, healthy lifestyles (in the run up to the 2012 Olympics), Putting People First (2007)[4], Transforming Social Care (2008)[5] and New Horizons (2009)[6]. Core policy messages are on prevention and early intervention. One KOL observed that the policy messages are as much about improving access to mainstream community services and activity as they are about the personalisation of support services. Most Public Service Agreements have underlying mental health elements that are either implicit or explicit. KOLs were agreed in the view that libraries should position their offer more effectively against relevant policies.

For example, New Horizons, the new government strategy for mental health, is an area where libraries can make a key contribution. The strategy focuses on whole population mental health and on helping people to look after themselves and keep well. It recognises the vulnerability of particularly at risk groups such as those living in poverty, BME communities and older people, and emphasises the value of non traditional interventions including those that improve literacy, build social skills and develop self esteem.

The need for good health information services, the Association of Directors of Adult Social Services (ADASS) strategic framework for council information and advice strategies and the Putting People First agenda are all key hooks for public libraries' work with health and well-being The policy framework provided by Putting People First also provides opportunities for libraries beyond the information agenda.

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[4] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_081119.pdf *(accessed 26/2/10)*

[5] http://www.dh.gov.uk/en/Publicationsandstatistics/Lettersandcirculars/LocalAuthorityCirculars/DH_095719 *(accessed 26/2/10)*

[6] http://www.newhorizons.dh.gov.uk/Resources/reports/New-Horizons-Full-Consultation-Document/index.aspx *(accessed 26/2/10)*

There was a difference of opinion on the effectiveness of Local Area Agreements as a platform for this work – one KOL thought that libraries' health and well-being work was likely to be poorly embedded in LAAs at present because of the library focus on participation in this context, while another commented that it was well rooted in the LAA in some areas, but not all, and that it depended on the local indicator set. National indicators do, however, offer opportunities for libraries to position their work more strategically in a policy context.

Those policy and strategy documents originating in the DoH examined for the literature review include reference to the need for information about health and well-being issues, but do not, on the whole, mention libraries as providers of this information. There is one notable exception – the Patient Choice agenda and the role for libraries in supporting this. The recent Memorandum of Understanding between the DoH and libraries was welcomed by one interviewee in this respect. It was also noted that, although libraries are not mentioned in the NHS Operating Framework for 2010/11, they were included in 2009/10. At a more local level, only four out of the ten Strategic Health Authority strategic plans mentioned libraries. Two of these were in a policy context, while the other two were examples of partnerships already in place.

Health and well-being is beginning to feature in library planning, although the profile varies. Formal Library Plans are no longer required by DCMS, and many library authorities do not have a current plan publically available. A majority of plans identified in the evidence framework (31 out of 48) did, however, mention the health and well-being agenda to a greater or lesser extent. KOLs felt that there was a general awareness of value of library work in mental health promotion, for example, but felt it had not always been formally integrated into the broader policy frameworks, perhaps because libraries see it as core business, and do not badge it in such a way that potential health sector partners understand that it contributes to their work streams.

There has been a national shift in emphasis from health and social care to care and communities, and one KOL felt that libraries had not yet caught up with this. Libraries did not appear to have been involved in developing local authority policy supporting this new social care agenda; a view borne out by the relative invisibility of libraries in SHA strategic plans. Libraries need to make it clearer that they have something to contribute in this respect. There is clear value for libraries to slot into the preventative approach in most areas of the health and social care agenda, if they can argue the value of existing services (e.g. reading groups) as a low dependency form of early intervention. There is an interesting debate, mentioned by one KOL, as to whether the library reading group offer should be focused on the provision of specially designated activity for vulnerable groups or on the

integration of such groups into mainstream activity. Currently there is a combination of the two approaches on offer, although the KOL's view was that the latter form of provision was the most powerful.

Resourcing and capacity

The capacity of the library service to deliver activities with a health and well-being outcome did not appear to be an issue for the KOLs, although one pointed out that the community value and nostalgia attached to libraries could be a strength but could also be a barrier to progress, if the library estate does not work well for such activity. How the services could – and should – be resourced was of concern, although one interviewee pointed out that the current financial situation may offer opportunities as well as threats. For example, more integrated working with health and social care could provide a means to achieve efficiencies, and hence cost savings, in service delivery. Coordinating providers would also enable limited resources to be used more effectively.

A mixed approach to funding and support, depending on each service under consideration, was thought to enable the most appropriate structure to be used. At present, the commissioning process is a relatively unusual funding model for library involvement, and PCTs were not key partners, perhaps because they were ignorant of the potential. There was thought to be potential for commissioning, if the focus was on delivery of new services, targeting specific groups of people. Libraries would need to present a business case, showing value for money, with health gains and cost savings in order to secure commissioning funding. Very little health funding comes to libraries, but there was thought to be more potential for support from the social care sector. Another suggestion was that libraries could tender to pooled health and social care funds for relevant work. It was also suggested that a key driver would be a national health and well-being partnership funding scheme on the scale of the Wolfson reading development programme.

It was pointed out that much health-related activity in libraries, especially provision of health information, was seen as core business, so that libraries are resourcing much of this work from mainstream allocations. Further, not all new developments need significant funding, for example providing library spaces for health workers. Libraries are beginning to tap into external funding opportunities, but it was felt that this was not being done systematically.

One interviewee suggested that it might be harder to secure support for the more creative aspects of public library health and well-being activity because so much is seen as core library business, and because it is difficult to provide robust evidence of impact. This has consequences for the effectiveness of delivery, as a lack of resources can hamper the best intentions. Further, short term funding creates

difficulties in sustaining provision, and uncertainty over, for example, voluntary sector funding, makes planning difficult. The Skilled for Health pilot project is one example – this was deemed successful[7], but the central funding was not extended, and authorities had to find new sponsors in order to continue.

Impact and outcomes

All interviewees agreed that evidence of impact and outcomes was essential, but that this was lacking. The value of the library health and well-being contribution was described by one KOL as a "well-kept secret". The literature search reinforced this perception, as very little evidence of evaluation was found. It seems unlikely that activity is not evaluated in some form, and the library authority survey in Phase 2 of this project will investigate this further, but published evidence of evaluation is scarce. It is also possible that libraries are collecting evidence relevant to their own internal needs rather than that which speaks to health and social care partners.

Several interviewees commented on the lack of evidence, and suggested approaches to remedy this. Libraries were thought not to understand that they need to prove their value to be seen as a powerful partner. Presenting convincing evidence is seen as difficult, however, as the eventual impact may be far removed from the initial intervention. There is a need to go beyond engagement data, but it may not be possible to prove an impact on health. One KOL suggested that a compromise might be to look at how the intervention causes changes in behaviour or results in actions that may in the long term have an impact on health. More research was suggested to create appropriate methodologies in this respect.

The approach to evidence and evaluation needed to respond to health decision makers' priorities, concentrating on potential outcomes, and slotting relevant work into the existing evidence base. One option for a future focus might be in measuring impact in terms of reduction in the use of health and social services, with a suggested redirection of savings into library services. It is important to ensure that the right things are counted, and to provide evidence of savings. It was noted that the National Institute for Clinical Excellence (NICE) has a mental health wing, with potential for a review of the impact of libraries on mental health and well-being. One KOL also suggested the adjustment of existing tools such as the PLUS survey to build up a longitudinal evidence base.

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[7] *MLA London (2009) Skilled for Health in library services - Recommendations for rollout http://www.mlalondon.org.uk/uploads/documents/SfH_rollout_report_updated_April_2009.pdf (accessed 26/2/10)*

Evidence should be presented in terms the commissioners understand, showing the offer meets their needs. Libraries therefore need to understand how they can contribute to relevant targets. While the NHS Operating Framework appears to have little relevance to libraries, there is potential for libraries to position themselves against its focus on health inequalities. One interviewee noted that the mental health field places emphasis on an evidence-based approach, and that some activity was easier to evaluate in this respect.

Anecdotal evidence can be very powerful, but it needs a body of compelling studies, and to be backed up with solid quantitative evidence, to appeal to all potential stakeholders. Qualitative evidence can be as important as hard data, as long as it reflects the views of both the client and health sector stakeholders. It can be effective in winning over sceptical health service staff, but a clearly defined evidence base that can be related to longer term outcomes is important to winning the funding battle. One future research priority could be the development of a body of case study evidence for identifying good practice.

The evidence uncovered in the literature search was largely descriptive of the various schemes and activities rather than evaluative, and any evaluations were more concerned with participation levels than with impact. One interviewee described this as the weak link – data are collected, but there is little longitudinal evidence of impact, and this weakness in the evidence base undermines the value of the library contribution with potential partners. KOLs were aware of some studies, in particular of national schemes such as Bookstart and Books on Prescription.

Several KOLs mentioned the existing evidence base for the therapeutic value of creativity, which could be built upon by libraries with respect to their own particular areas of activity. Jane Davis' work[8] on the value of creative reading as a well-being intervention was also thought to be convincing. Recent research based on the latest national survey of the Millennium Cohort children has shown that five-year-olds who were taken to the library every month showed significantly better reading skills than those who were not[9]. This scale of research is beyond the resources of individual library authorities, but provides very convincing evidence of the value and impact of libraries.

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[8] *Jane Davis, Jen Tomkins and Stephanie Roberts (2008) A reading revolution on the Wirral, , Public Library Journal, 23(3), p. 25-28.*

[9] *Jane Waldfogel and Elizabeth Washbrook (2010) Low income and early cognitive development in the U.K: A Report for the Sutton Trust, available at http://www.suttontrust.com/reports/Sutton_Trust_Cognitive_Report.pdf (accessed 26/2/10)*

In terms of the tools which might be used to evaluate library health and well-being activity, two KOLs mentioned the Warwick Edinburgh well-being scale[10]. This is an evaluation tool recognised by PCTs that might be relevant to libraries, and Derbyshire are testing its use in the evaluation of their health and well-being creative programme. Generic Social Outcomes have also been used for evaluation in some areas, and can be benchmarked. Questionnaires and collection of usage statistics were also mentioned.

It was suggested that a future research priority might be to map the evidence needs of stakeholders as a basis for developing evaluation tools and methodology that would be acceptable to libraries and produce evidence that their partners will understand and accept.

Blue sky vision- what could the future library health and well-being landscape look like?

KOLs had different views as to what the ideal library health and well-being landscape might contain. Several felt that library health and well-being activity is part of the core service - it is what libraries do and have always done very effectively. However, it is difficult to define in such a way that health, well-being and social care professionals understand the library contribution. The challenge is not therefore to develop something new but to deliver what already exists as part of a sustainable and coherent programme that can be effectively articulated to external stakeholders. The key elements – People's Network with trained staff; printed health information; library space and community activity that builds social capital and promotes inclusion – need to be offered in a way that is attractive to health and well-being partners. Key opportunities for future development were seen as existing in relation to mental health promotion, public health and social care.

There was some concern about the concept of a national offer, in respect of potentially low base lines and tension with local priorities, particularly where authorities struggle with providing a core service. Such an offer would have to be multi-layered, so that all libraries could deliver it, and should be built on existing strengths (buildings, staff, ICT, etc) with sufficient capacity/funding to develop. There was also the suggestion that research into the value of reading and language development on mental health and well-being is needed first.

The overall vision seems to be of a library offer adopted by all library authorities, understandable to users, recognised by health, well-being and social care

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[10]   See Tennant et al, 2007, available at _http://www.healthscotland.com/documents/2352.aspx_ _(accessed 26/2/10)_

stakeholders and supported by a resource bank of tools and resources. As one KOL put it, "Relevant organisations / people working together at the planning stage, across local government, health, voluntary sector, etc. focussing on the client groups and their needs, and designing services to meet those needs in an integrated way that builds on the expertise from all the sectors involved, that gains best value from the funding since it is outcome driven not based on source / organisation." Carole Devaney encompassed this in her Library Well-being Wheel (Figure A.1). Such a vision would be useful, but its real impact would be in how it was used, interpreted and delivered locally in relation to local opportunities and resources.

Figure A.1: Library well-being wheel
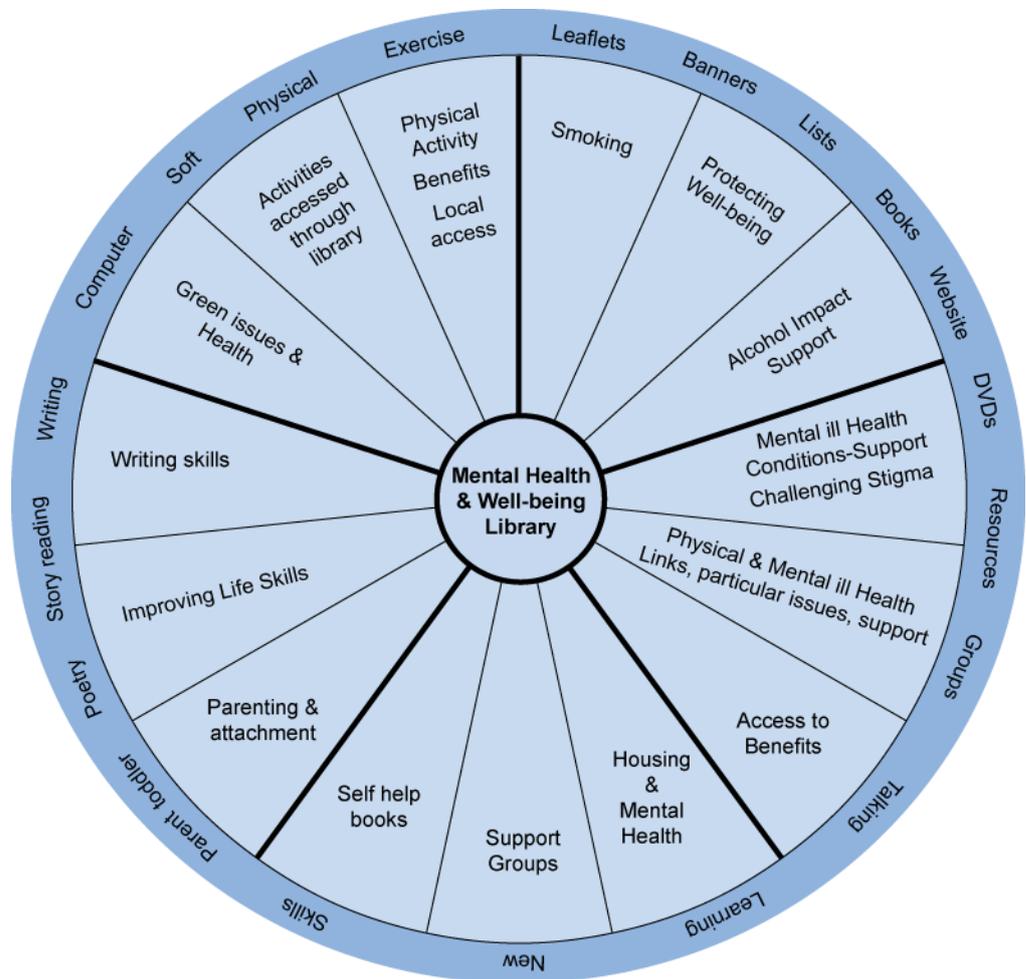
Appendix A1: Interview framework

Overarching aim of research
To map English public library activity aiming to promote health and well-being

KOL interview objectives
To build the evidence framework of libraries' health related activities and contributions

To capture perceptions about current partnership arrangements with health and social care sectors

To identify key issues on the development of a library health offer

To inform investment in future impact research in this area

Interview protocol
Permission will be requested for interviews to be recorded.

All transcripts/content will be cleared before use

Content will be ascribed to representatives of an organisation or sector. Permission will be requested if directly ascribed quotes or references are considered necessary/desirable.

Main areas of enquiry for phase 1 interviews
The following areas of enquiry will provide a guiding framework for the interview. The framework is not intended to be prescriptive and will be used flexibly to allow both the interviewer and KOL to develop and reflect particular areas of interest or relevance.

Perception of current levels of health and well-being activity in libraries
Type, range, level, location, intensity and spread of activity

How does the work of libraries rate alongside that of other sectors in this area?

Levels of user engagement

Level and nature of existing partnerships between libraries and the health and social care sector
What sort of partnerships exist – formal/informal, short or long term, structured and integrated or one off

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Strengths and weaknesses of current partnership structures

Are these partnerships formally recognised at policy and strategy level? If so, how and where?

Where does the impetus for partnership come from? Is it strategy driven or motivated by individual champions?

What do the partnerships deliver in terms of capacity and resourcing?

What are the issues and challenges of partnership building? How might they be overcome?

Potential activity gaps and opportunities for new strategic development
Is there greater potential for library health and well-being activity?

Where might libraries be making an impact/adding value where they are not currently? What are the gaps? Where are the opportunities?

Supporting policy frameworks
Where is library health and well-being activity currently represented at policy level?

Where and what are the policy opportunities?

How might it gain a higher policy profile?

Resourcing and capacity
How is this library based health and well-being activity currently resourced?

Is this approach adequate and appropriate?

What are the opportunities for new and different approaches to resourcing and delivery?

Impact and outcomes

How is library activity in this area currently being evaluated? What is being measured? Is there a coherent national approach to evaluation and data gathering?

What evidence of impact is being collected? Is it the right evidence and who is it for?

Where should health outcomes research focus in future and why?

Why is this work important for libraries, for health and social care partners and for clients/users?

What might a public library health and well-being offer look like?
What are the key elements?

What are the issues and challenges to the development of such an offer?

Blue sky vision – what could the future library health and well-being landscape look like?
What is your personal vision for the future potential of library activity in this area?

Any other points/comments

Concluding comments
Transcript of main points will be prepared following the interview for clearance by the KOL

KOLs will be asked if they wish to comment on overall research findings

KOLs will receive a copy of the final report at the end of the project