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BEYOND THE BOOK: Public Libraries as Social Prescription Hubs:
A case study of a London Public Library

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Abstract

**Purpose:** - The aim of this dissertation is to investigate the impact of public library activities on the health and wellbeing of library users. Concentrating on five library activities; knit and knit, rhyme time, learn my way, reading group and adult craft and calming colouring. It seeks to examine the implementation of the joint action path formed by the UK government and Libraries Taskforce in 2016 (DCMS, 2018).

**Methodology:** - Using a mixed method approach comprising of a case study of a public library in London and a survey, a literature review of previous and current debate was carried out together with five semi-structured interviews with stakeholders.

**Findings and recommendations:** - The findings from this research show that most of the previous researchers focused on the value of public libraries rather than the impact of library on individual library user. Anecdotal evidence shows that participating in library activity has a great impact on the health and wellbeing of both the attendees and the facilitators. This dissertation recommends that future research should focus more on individual library users and adequate training should be provided for staff to accommodate their changing roles in the face of digital age.

**Value:** - This dissertation would be of value to library and information professionals and current students of LIS. Another crucial value of the study is evidence that demonstrates the significance of libraries to justify their purpose within the community.
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Abbreviations & Acronyms

APPG: The All Parties Parliamentary Group
CILIP: Chartered Institute of Library Information Professionals
DCMS: Department for Culture, Media and Sport
IFLA: International Federation of Library Associations
LC: Libraries Connected
OECD: The Organisation for Economic Co-operation and Development
ONS: Office for National Statistics
PHE: Public Health England
PL: Public Library
RSPH: Royal Society of Public Health
SCL: Society of Chief Librarian
TRA: The Reading Agency
UNESCO: United Nations Educational, Scientific and Cultural Organisation
WHO: World Health Organisation
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CHAPTER 1

1.0 CHAPTER INTRODUCTION

This chapter will introduce the reader to the title of the study by giving a brief background whilst laying the foundation to set the study in context. It will point to the focus and clarify the author’s reason for choosing to carry out research into public health as an information professional. Public libraries all over the world including the United Kingdom have often come under scrutiny from various parts of the public as to the efficacy and roles they play in the communities they are situated (Hicks, 2013). It will discuss the research methods used, the research limitations, challenges encountered, and values and the originality of the study. Chapter one will also give a brief description of ‘wellbeing and social prescription’ in relation to public library service delivery.

1.1 Background

A public library is a public space for all, usually funded from public funds where users get freedom of information, access to knowledge and non-judgmental services. In short, libraries provide from cradle-to-grave services to members of the community (Libraries Taskforce, 2016). Butler and Diaz (2016) argue that the public libraries are far becoming ‘third places’ because other sectors such as the health care and arts are beginning to see public libraries as ‘critical link’ to a community; more like a social institution because some people see PL as a social problem-solver, for different segments of the society. Previous researchers such as McCabe, 2001; Debono, 2002; and Buschman, 2003, are of the opinion that PLs have a positive social impact on the communities as well as providing users with a sense of security and personal development. They provide statutory duties guided by Public Libraries and Museums Act 1964 which states that libraries are expected to deliver ‘comprehensive and efficient’ service. Cabello and Butler (2017) suggest that the community is always empowered by having public libraries’ excellent services rendered free of charge. These services in the form of activities include reading groups, rhyme and story times, knit and natter, calming colouring, emotional freedom technique, basic computer training etc., alongside signposting to other relevant services in the community.

An Australian study (Field and Tran, 2018) found that libraries are closing all over the world, UK inclusive, because of economic challenges and austerity. The researchers concluded that PLs bridge the gap between the rich and the poor by providing means of eradicating health inequalities and illiteracy. In the UK, the situation is likened to a vicious circle because on one hand, the government is proposing initiatives to support public libraries in their role of public service delivery by granting local authorities the autonomy to take control of their local libraries within their budget, and cutting funds on the other hand. The Chartered Institute of Public Finance and Accountancy CIPFA 2017-18 report shows a steady decline in library funds having a knock-on effect on staffing (CIPFA,2018). This has resulted in loss of funds for some local authorities forcing some to close library or rely on volunteers or to become community-run libraries while some use a third sector such as a social enterprise to
run their libraries (Fujiwara et al., 2015). Internationally, with regards to public services through local authorities, evidence abound that public libraries just like their counterparts in the UK, are setting up collaborative initiatives such as the ‘Book Well Program’ in Australia which is a collaboration between the Public Libraries Victoria Network and VicHealth (McLaine, 2010).

According to World Health Organisation (WHO) good health is a state of complete physical, mental and social wellbeing. In addition, Public Health England (PHE) states that they exist to protect and improve the nation’s health and wellbeing, and reduce health inequalities, but a deeper study of wider determinants of health in local authorities across England shows that other stakeholders must contribute to the achievement of this goal. It is evident that movement in the areas of health inequalities, health protection, life expectancy and causes of death can benefit from a study into the management of this imbalance (PHE, 2018). To further confirm UK government’s commitment to healthier and happier society, a joint action pact called “Libraries Deliver: Ambition for Public Libraries in England 2016 to 2021” was formed between the government and Libraries Taskforce in which Libraries Opportunity for Everyone (LOFE) innovation fund was launched in 2016 with the primary aim of enabling local authority library services to try innovative projects geared towards disadvantaged people and places in England (DCMS, 2016).

Therefore, by taking the above government stance concerning the connection of libraries and the health and wellbeing of public library users as a primary focus, this study intends to examine these activities and present a clear understanding of the issues surrounding the impact of public library activities on the communities they serve from the perspectives of library users. The adoption of the Public Library Manifesto by United Nations Educational Scientific and Cultural Organisation (UNESCO) and International Federation of Library Association (IFLA) in 1994 set the tone for the important roles being played by public libraries in any community. Yet, Aabo and Audunson (2012) argued that it is viewed differently according to individual perspectives; to some, it is a study arena while to others, library is a meeting place. This illustrates the juxtaposition of opinions and difficulties that the libraries and information professionals must navigate.

1.1.1 What is Wellbeing?

In attempting to define wellbeing Dodge et al. (2012) acknowledged several efforts by previous researchers (Headey & Wearing, 1989; Hendry and Kloep, 2002, cited in Dodge et al., 2012) and the complexity of the subject. They argued that several attempts have either been based on an aspect describing rather than defining wellbeing, thus making a final attempt to define it as “the balance point between an individual’s resource pool and the challenges faced” (p. 230). The concept of wellbeing can be viewed from different dimensions which can be either subjective or objective. The National Health Service (NHS 2019), attests to the complexity of what can be described as wellbeing and concluded that it can mean different things to individuals depending on which part it is viewed from. The concept is so broad in nature that it surpasses the knowledge of this researcher, thus making it impossible for the subject to be adequately covered in a MSc dissertation.

Findings from Office for National Statistics in 2012, suggest that the UK is above average for child life satisfaction, happiness, adult self-reported health, meaning in life and happiness
compared to other European countries, and below average for mental wellbeing and child self-reported health, 2012 European Quality of life survey on subjective and objective wellbeing found that happiness increases with age above 65 in the UK but decreases with age across the EU. According to (ONS,2012), social and environmental factors should be considered alongside the annual Gross Domestic Product (GDP) to measure the state of the nation when it comes to wellbeing. People in bad or unstable relationships or the unemployed are more likely to be unhappy or report lower level of life-satisfaction. Through the better life initiative like ‘How’s life?’ OECD uses index to compare wellbeing across members and non-members around the world. The 2017 report shows how inequalities affect every aspects of life and create gaps in the society (OECD, 2019).

1.1.2 What is Social Prescribing?

National Health Service (NHS, 2019) England described ‘Social Prescribing’ as a key component of Universal Personal Care. It is a process of helping patients to improve their health, wellbeing and social welfare by connecting them to community services which might be run by the council or local charities. Social Prescription in a library context can be described as a non-medications problem-solving alternative. That is, prescribing a way of overcoming or managing an ailment without necessarily being on medication. For example, someone can combat social exclusion by joining free community events in the public library. It is a term mostly used in the health sector to describe support given to individuals to take control of their own health with less supervision from health professionals. Here, local agencies refer individuals to a link worker who in turn supports them by referring/connecting them to relevant non-clinical services/community groups within the community, (especially in the public library or community centre) enabling them to manage their health and wellbeing. (Cabello and Butler, 2017).

Public libraries are presented as a ‘social prescription hubs’ in this study because of the range of activities they facilitate in communities. Neil Churchill, Director for Experience, Participation and Equalities at NHS England while delivering his speech at the 2018 Libraries Week noted that libraries are helping the NHS to promote health and wellbeing in several ways which include combating loneliness and providing health information to members of the community (CILIP, 2018). He went further to stress the need for co-location of services which to him, makes it easy for General Practitioners (GP) to refer patients to not-too-distant support within the same building. For example, It is easy for a GP to refer a chain smoker or someone struggling with low-moods or depression to a stop-smoking workshop nearby or encourage them to change their lifestyle by joining any of the social/self-help groups in the library instead of prescribing anti-depressant. Further, people feel more comfortable in their own space with the feeling of being in control of their own health.

Currently, the national government is supporting social prescribing by setting up ‘Academy for social prescribing’ in October 2019. The health secretary Matt Hancock, in his launching speech informed that ‘every patient in the country would have access to social prescribing schemes on the NHS as readily as they do medical care’ (Gov.UK, 2019). The Academy which will be led by Professor Helen Stokes-Lampard, developed in partnership with Sport England, Art Council England and other voluntary sector partners from the health, culture and housing will receive £5 million of government funding and work on the principle that:
‘prevention is better than cure’. The health secretary also said: “The National Academy for Social Prescribing will act as a catalyst to bring together the excellent work already being done across the NHS and beyond, building on our NHS Long Term Plan’s ambition to get over 2.5 million more people benefitting from personalised care within the next 5 years”.

In contrast, Beccy Baird in a blog post; Social Prescribing: a part of something bigger argues that social prescribing can only work when the policy makers and government desist from funding cuts that are affecting the services being prescribed to patients. Suggesting that it is not enough to launch ‘Academy for Social Prescription’ without the fund to run the service (Baird, 2018). One of the promises made by the government through the health secretary is to increase awareness of the benefits of the scheme and look at new models and sources for funding. This may be the source of Beccy’s fears as it is currently unclear what will happen to the scheme when the £5 million initial capital is exhausted.

1.2 Inspiration

Borrowing from Field and Tran’s (2018) observation in their article: Reinventing the public value of libraries, it seems right to say that with developments come challenges, the high level of expectation and the desire to satisfy the community with services tailored to their needs have a great effect on the way public libraries provide services to their users. The change in user behaviour, advent of technology and socio-economic demographics are among factors seen to affect the changing status of public libraries. ‘They are no longer simply repositories of old books’ (p. 113). Having worked in the library for over 8 years, the author of this work is well versed in the public demand on public service from which inspiration has been drawn for this study. Also, as this is a social research study, seeing the public using the library space to access information in various ways and go about their information seeking lives now and again has inspired the researcher to find out why they are in the library at a particular time whilst gaining an understanding of the benefits derived from such exercise (Hicks, 2013). In the past, going to the library means that one has a book in mind, but other activities such as seeking information on certain ailment, socialising and combating loneliness have started to gain traction in the 21st century public libraries (Shukla, 2018).

In 2014, Department of Health launched Wellbeing and health policy and reiterated the importance of health in relation to people’s wellbeing when making health policy. Wellbeing was recognised as an important tool to health in various areas including longevity and reduction in health cost burden on government. As one of the 36 members of Organisation for Economic Co-operation and Development (OECD), continuous comparison with other countries in the area of health and wellbeing performance is important (OECD, 2019). This offers a better way to gauge what works well in different communities thereby encouraging community policy makers to strive to achieve the best for their residents.

Currently, UK is in the top 20% in 4 out of the 11 wellbeing dimensions which include education, access to services, health, income, environment, jobs, housing, safety, civic engagement and governance, community, and life satisfaction. Data available via OECD shows that UK is above OECD average in life expectancy but below average in the area of safety on 0.8% as against 3.4% on regional wellbeing. World Health Organisation is
launching a new European health policy framework called ‘Health 2020’ as part of its strategic objectives to improve governance for health and reduce health inequalities in all nations. This data is now five years old, is the situation still the same? The answers may be found in the findings of this current research into the impact of library activities on the health and wellbeing of the users/population.

Studies have shown that public libraries offer a great deal of comfort to a vast majority of the populace through collaboration/co-location with other stakeholders/service providers Gabrielson (2014) and Shukla (2018). Furthermore, another rationale for this research has been drawn from the theme of 2018 Libraries’ Week which focused on wellbeing, suggesting that health and wellbeing of the residents are the current issues. Settle (2016), explaining one of the outcomes of the Action plans set out by Libraries Taskforce in a blog post; *Healthier and Happier lives: how libraries deliver*, opined that councils help people and the community to manage their health and health inequalities thereby reducing the burden on NHS. This was further confirmed by The Chartered Institute of Library and Information Professionals (CILIP) who reported that the 2018 Libraries Week celebrated all over London was a huge success with a range of wellbeing activities delivered by PLs across London (CILIP, 2018). This shows good practice and commitment on the part of library workforce to improve the wellbeing of their communities.

From the outset, this researcher wishes to take a positivist stance by proposing that public library activities have a positive impact on the health and wellbeing of their users. In light of the above, this study aims to show that it is time for the narrative surrounding public libraries to change and will therefore, examine relevant documents including the strategic document released by Libraries Taskforce after its creation in 2014 in order to ascertain whether or not they are able to implement their objectives for UK public libraries five years on. The researcher is keen to gain a better understanding of how the government provides better life outcomes to their citizens by using tested measures to ascertain what works and encouraging collaborations among service delivery organs such as the library and public health professionals.

1.3 Research Focus/Scope

A greater number of public library users visit the library for several reasons other than loaning books or other rental materials (Field and Tran, 2018). Dudman (2018) reported that visitors use library facilities for other reasons such as meeting someone, socialising, attending activities or just somewhere to take a short break. It can therefore be argued that public library acts as a ‘social institution’ as observed by Aabo & Audunson (2012). Other reasons for visiting the library will be investigated to gain a better understanding of the benefits of the services the library can offer and the impacts they have on the users. Therefore, the study will endeavour to gain an insight into the link between activities such as knit and natter and the wellbeing of the knitter or find out if there is any positive impact on the health and wellbeing of the parent after bringing their child to a rhyme time session.
Furthermore, whilst investigating the health benefits of activities in PL unfortunately, this dissertation is unable to cover the whole spectrum. It would also be impossible to cover all public libraries in London while trying to compare services with other parts of the United Kingdom or the rest of the world because this would be an unrealistic aim within the limitations of this study and time constraints of a Masters dissertation format. The fact that public library services are free provides the public a variety of options to deal with issues surrounding social integration through referrals or signposting by library staff. This is possible because the law requires every visitor to a PL to be served irrespective of age, race and social status (DCMS, 2016). Thus, whilst this research explores the impact of the activities of public libraries on small sample of attendees and the community it cannot generalise because, as ACE report (Fujiwara et al., 2015) observed, services defer according to the needs of each community.

This study will look at the current debate, government data, studies mentioned above, and limit the literature review to scholarly articles from year 2000 to date in order to keep the information valid for today’s society and reduce information overload. It is pertinent to state that this is not an attempt to disregard previous scholars, instead it is trying to avoid using dated materials for this dissertation.

1.4 Overall Research Aims and Objectives

According to Biggam (2015), it is necessary to spell out the main aims in a research process in order to remain focus throughout and prevent the researcher from drifting unknowingly. Therefore, this study aims to explore the activities public libraries provide to the community and ascertain the impact of participation on the health and wellbeing of the attendees. It is therefore anticipated that this study will provide answers to these research questions:

- Has the quality of life increased as a result of attending activities such as knit and natter, craft, rhyme time, learn my way or reading group? For instance, how do any of these activities help someone to cope with depression or mental health?
- What is the cost effect of maintaining a healthy community to the government and the libraries in terms of funding and manpower? At the end of this study, it should be clear if participating in library activities has reduced visits to hospitals and other medical health providers which would in effect cost the government since most public library services are free.
- Is the funding of public libraries justified? that is, is it helping local authorities to fulfil their goal of having a healthier community by using public libraries?

The researcher intends to achieve these aims by meeting the following objectives:

- Identify the main library activities, the drivers and challenges of these activities that impact on the wellbeing of users.
• Explore the framework behind these activities and the views of participants in relation to the overall objective of the service providers.
• And formulate recommendations for improvements where necessary in the process of this research in order to open avenue for further study in the future.

1.5 Research methods and Timescales

This study will use a mixed method approach comprising of survey questionnaires and few semi-structured interviews with some stakeholders (activity facilitators, library staff, volunteers and library visitors). Following Biggam (2015) and O’Leary’s (2018) advice, a survey will be carried out using a London public library as a case study. The chosen library will remain anonymous as requested by the management. A wide range of users will be approached by the researcher during the data collection period to see if they wish to take part in the study by completing a questionnaire whether they participate in any activities or not. Using a mixed method approach which will produce qualitative and quantitative data from which a form a methodological triangulation will occur.

Survey questions asked include finding out if there are any impacts, positive or negative, on individual’s wellbeing as a result of using the library, the cost involved, and availability of government funding. Some key opinion leaders (Library managers and Public Health Professionals) and public service partners will be interviewed in order to get their own perspectives on the impact of library activities on their users. Other facilitators, staff, volunteers etc. will also be invited to take part in the survey to give a balanced perspective of workers within the public libraries instead of simply targeting one section the community.

Questionnaires will be distributed on site (at the case study public library) and online via Twitter, Facebook and personal emails using Google form. If everything works to plan, this dissertation should be completed in December 2019. This research timetable can be found in Appendix A.

1.6 Value and Originality

This study should be of great value to all stakeholders in the business of public service and community cohesion as it aims to bring to light current debates about the significance of public libraries in the 21st century. Shukla (2018) claimed that library users are more satisfied with their lives compared to non-library users in the research carried out in 2015. The researcher hopes to investigate the impact of PL services as felt by the library users and the community, thereby understanding the best social and economic outcomes for library users. It is no gain saying that libraries play vital role in community development and if there is no data to evidence an outcome or impact further progress into understanding user needs or public satisfaction will stall. Yet, Baird (2018) observed that it appears some stakeholders/policy makers are not committed to empowering the public libraries service delivery medium. To remain relevant PL and their staff need to prove their worth and this can only be done by providing evidence-based research.
This researcher aims to follow the footsteps of Brewster (2011) and Pettersson (2018) by focusing on the library users rather than the vehicle or tools of library service delivery. It will present evidence of impact on the users by obtaining their views through surveys and interviews. It is worthy of note that even the DCMS report on evaluation of libraries was based on the opportunities available to individuals and how the Library Opportunity for Everyone Fund (LOFE) was disbursed rather the impact these opportunities have on individual’s health and wellbeing. Therefore, findings of this research will add to the scanty user-impact studies available and add to the body of knowledge in LIS.

1.7 Research limitations/Challenges

Part of the challenges with this type of research is the availability of excessive data and limited space. Getting people to complete a short questionnaire is a struggle that cannot be overlooked. Much of the resources used in this study are from the websites and journals such as Public Library Quarterly, Gov.UK, Information Professional, CILIP etc., as it seems some local authorities are unwilling to make their data available publicly making it challenging for the researcher to gain a broad and balanced perspective/view of the residents in their community on the issues being investigated.

Also, the online questionnaire was not as successful as expected. The reason for this low response will never be known since it is impossible to know precisely how many people saw it but did not take part for their own personal reasons. Furthermore, public health is such a broad subject area beyond the capacity of this research and MSc dissertation, hence only basics have been provided on topics for academic purposes.

1.8 Researcher’s Personal Bias

McMillan and Weyers (2014) advised that a balanced outcome should always be the result of a critical thinking. They also observed that a researcher’s views are affected by factors such as belief, ethnicity, experience or having a vested interest in a particular outcome. Therefore, as someone who has worked and facilitated various library activities for over eight years it is only appropriate for this researcher to state their level of personal bias from the outset. Despite this, the researcher will read wide and discuss the research topic with colleagues in the subject area to take others’ viewpoints on board. Both negative and positive perspectives will be analysed to arrive at a balanced conclusion.

1.9 Chapter Summary

In chapter one, the study is introduced to the reader explaining the items therein with a brief description of terms in this dissertation. Attention was also drawn to value of this research and various attempts by scholars to define ‘Wellbeing’. The research methods and possible outcomes are discussed while acknowledging personal bias, not forgetting limitations and challenges encountered and how they were overcome. The next chapter is about the study of relevant primary data available in the public domain.
CHAPTER 2

2.0 LITERATURE REVIEW

2.1 Introduction

Chapter two will explore available data and layout the conversation that surrounds the impact of PL activities on the health and wellbeing of library users. This review will identify the main library activities, drivers and challenges of delivering these activities through a review of available relevant secondary data. This will provide the basis for understanding the factors underpinning the roles of PLs in the community (Pickard, 2013). As stated in chapter one, only five will be discussed in detail for proper understanding and justification for this research. Literature review will also act as a precursor to the other research methods and provide an avenue for comparison of the historical setting of public library roles to the current status. It will explore the perceived meaning of the word ‘Social Prescription’ and how it relates to public libraries. Literature review is also a direction guide for the reader as many researchers have concluded that no research can stand alone; it must be built on a previous study which either confirms/supports the findings or refutes with empirical evidence (Biggam, 2015).

Government publications and reports such as Local Authority health profile, Public Health England reports, scholarly articles such as; the impact of rhyme times on maternal mental health, healing for the soul: the book well program, an investigation of experiences of reading for mental health and well-being and their relation to models of bibliotherapy and psychological well-being, improved self-confidence, and social capacity: bibliotherapy from a user perspective and will form a huge part of this review. Currently, there seems to be humongous materials about statutory roles of libraries and services provided, but this study will concentrate on those relevant to the issue at hand.

Literature review will deal extensively with objective number one recaptured below:

- Identify the main public library activities, drivers and challenges of providing these activities that impact on the wellbeing of users.
- Explore the framework behind public library activities and the views of participants in relation to the overall objective of the service providers.
- And formulate recommendations for improvements where necessary in the process of this research in order to open avenue for further study in the future.

Pickard (2013) and Biggam (2015) suggest that there should be a framework of categories when doing a literature review in a research. The literature review will be restricted to publications from year 2000 without completely neglecting previous works about wellbeing in public libraries. In order to produce credible research findings, it is important to make good use of current materials as developments are still evolving in the information society.
It will therefore make the answers to the following questions paramount in the literature review chapter:

1. What activities do the public libraries offer to their users?
2. What/who are the main drivers of these activities?
3. Are there any challenges encountered in the process of providing these activities? If yes, how were they overcome.
4. Is there evidence of impact on the health and wellbeing of the library users in comparison to those who do not use the library?
5. Are there any cost savings to the government as a result of social prescribing to the library?

2.2 Library Activities

Traditional public libraries are book havens, but it is time to change the narrative from just book lending to ‘activity hubs’ where various community support activities could be carried out. Activities range from basic English class to help people improve their English language when they first arrive in the UK, baby bouncing, open space, tapping technique, knit & natter, basic computer training, story time, manga club, adult and children’s craft sessions, and so on. As pointed out earlier on, libraries offer services according to the needs of their communities. For instance, if the library is situated in a community populated by the elderly, adult activities will be more popular and vice versa. ACE (2017) report shows that 21st century public libraries delivery variety of services across the board taking advantage of convenience and economical value (ACE, 2017). How many of those who visited the library visited to partake in any library activity? How many felt any impact? What effect does this have on their health and wellbeing? These are crucial questions demanding answers.

Art Council England commissioned a research (Fujiwara et al., 2015) in which the researchers using contingent valuation (CV) to determine participants’ willingness to pay for services they presently receive free from their local authority if they were to become paid service, found that people’s willingness to pay for a public library service is proportional to the value placed on the service received. They also found that people who engage with the library tend to report good health compared to those who do not associate with the library, suggesting a saving of approximately £27.5 million per year to the NHS (p. 7).

Libraries Taskforce’s (2016) 5-year action plan for libraries in UK shows the government’s ambition to support libraries in delivering adequate services to the community. They present the libraries as ‘community hubs’ (p.6) that offer much more than books, stating that libraries provide a ‘cradle-to-grave' service that are vital to prosperity and wellbeing (p.12). Their ambition is to see people use libraries more, have access to ‘tools, skills and information to improve their quality of life’ while increasing their cultural and creative enrichment under 7 outcomes. LT see libraries as important ‘cultural hubs’ that help the government in achieving the aims of their ‘Culture White Paper’. Evidence abounds that ‘a range of approaches grounded in psychological science can help people in changing habits and behaviour’ (Pettersson, 2018). This shows that central government recognises the
presence of inequalities in the areas of health which in turn determines the population’s wellbeing. Public libraries, through their activities give everyone a chance at every life situation, for example, Aabo and Audunson (2012) concluded that the library space can be used as a ‘first place’ or ‘second place’ depending on whose lens it is viewed from and the purpose and time of use (P. 148). Evaluation of the LOFE, showed that libraries are delivering the 7 strategic outcomes set by the Libraries Taskforce and DCSM.

2.2.1 Knit & Natter

In an online survey Riley et. al. (2013) investigating the impact of knitting on wellbeing, 3,545 knitters described knitting as a therapeutic occupation/exercise that should be encouraged in the community. (Blanche, E. (2007); Dickie, V (2011) and many researchers added their voices to the available evidence of good benefits from knitting and crocheting. They are considered great therapies for both young and the elderly. According to Knit for Peace (2002), 88% of knitters who are now in their old age learnt to knit as a child. Evidencing the generational nature of knitting and crocheting. Also, relationships develop in these groups as the researchers attested to evidence of improvement in social wellbeing of group members judging by members’ positive feedback after attending knit and natter meetings for a short time and reporting evidence of significant impact on improved social contact, happiness, friendship and improved communication skill.

Surprisingly, not many people understand the health benefits derived from this age long creative exercise like other visual and performing arts (Minahan and Wolfram Cox 2007, Turney 2009) mentioned in Riley et. al (2013). However, knitting is both process and product-oriented (Blanche, E. (2007). Annette Ejiofo, the Lifestyle Associate Editor of HuffPost in her post: knitting could be your solution to anxiety and better health informed that knitters get both physical and mental benefits from the exercise (Ejiofo, 2018). When asked to identify the reasons for knitting, some of the participants said they knit because of the calmness derived from the exercise, some knit for stress relief, and knitting makes some people happy that they have made/produce something; a sense of accomplishment. There is a wealth of evidence on the health benefit of knitting and crocheting from researchers all over the globe. For example, Knit for Peace research in 2002 reported that some of their participants informed that the repetitive act of knitting helps with the relief of pain mood boosting.

2.2.2 Rhyme Time

This is an activity aimed at children under the age of five. it involves singing, nursery rhyme, storytelling, toy sharing and light exercise for the family. It is a free event run by most public libraries in London with the aim of bringing parents and their toddlers together from a very tender age in other to strengthen their relationships. In the action research carried out on the impact of rhyme times on maternal mental health by Shared Intelligence and Essex County Council in 2018 the researchers found that synchronous maternal behaviour is associated with increased dopamine which supports human bonding while conducting a
literature review of their research (Boulton et. al., 2018). They estimated that library rhyme times reach approximately 4000-5000 mothers annually.

Using modifications such as inclusion of songs that encourage facial contact during sessions and praising parents for attending rhyme time activity, they set out to achieve three main aims objectives which include ‘impact, reach and fidelity’ (p.6). Evidently, singing, miming, face to face action between parent and child is a great way to bond. The study also showed that new mothers are a bit shy to ask for help even when it is needed, so being able to come out and meet other parents and see how other children behave can boost their morale and alleviate their fears about their own children’s behaviour. Several factors were identified as vital to a successful delivery of this model. They include basic training on maternal mental health for frontline staff, feeling of ownership and confidence building among other things.

2.2.3 Adult Craft and Calming Colouring

Art is an important therapy for any ailment. It brings out the creative mind and speaks for the artists. (Ellen Dissanayake, 1988 and 1992), mentioned in Jensen et al. (2016) proposed that arts should be approached from an ethological perspective suggesting that Art should be part of human life. It is also an expression of the inner being because people view things differently. Perruzza and Kinsella (2011) identified vital elements relating arts and cultural activities to health and wellbeing in the research carried out on the importance of arts to people with mental health issues. Their findings were supported by other writers such as Belfoire and Bennet (2007), (Stickley, 2012, mentioned in Jensen et. al., 2016), and Chatterjee and Noble (2013) who all agreed that engagement with arts and culture is very therapeutic for mental health patients and a causal for health promotion. However, Jensen et al. (2016) observed that the relationship between facilitators and participants could be better if facilitators and other stakeholders are well trained to attend to the diverse communities.

It is understood that providing an avenue for creative arts in the library is a great way to foster social inclusion but what is the direct impact of this activity on the participants? On one side are the proposals of social inclusion for all citizens irrespective of their status and on the other are the ones who feel patronized by the offer of special activities for them in public buildings. Hunting et al. (2015) argue that this may cause unintentional stereotypes in the community and put undue pressure on the stakeholders. They are of the view that giving special names to activities targeted towards certain disabilities in the community can discourage some people from taking part because of stigmatisation. As if responding to Hunting’s call, Royal Society of Health, Public Health England and Department of Health and Social Care are all working together to promote health improvement by training people to become Community Champions in their Local Authority.
Learn My Way

The theme for 2019 Libraries Week is Digital, why? We are in a digital age, but how many of us are there? It should be a surprise if the answer to that question is, few, but that is the golden truth. Nearly everything is done online now, everyone must up their game to fit in to the digital world. The UK government is encouraging the public to access services online for faster delivery (GOV. UK, 2018). The recent one is Universal Credit (UC) which is a ‘digital-first’ initiative directing every claimant to do so online. The introduction of Universal Credit has a great impact on citizens across the board, especially those with little or no computer knowledge. CILIP is currently working with Child Poverty Action Group to investigate the impact on public library service and the general public. Welsh libraries carried out a research in 2019 to ascertain the impact of UC on Welsh libraries and found out that although there were initial concerns on the strain this would cause service providers, there has been minimal effect on service delivery.

Learn My Way is a concept introduced by Good Things Foundation to help people to get free access to courses online. The Foundation through the public libraries has helped many users to develop their digital skills. This includes helping users to acquire basic computer knowledge, completing application forms, training for new jobs and so on. Providing this digital literacy to the community is a vital contribution from the library which has a positive impact on the wellbeing of users. This basic knowledge may be the lifesaver someone needs to get to the next level in life. Unfortunately, this knowledge does not come cheap at business centres or cafés. For example, just last week a customer desperately needed to print a return label and the local library’s printer was out of order, they ended up paying £1.20 to print just one A4 sheet in black and white, this would have been 10p at the library. This goes to show how important the library is to any community.

Reading Group

Pettersson (2018) in her study carried out in 2015 on the bibliotherapeutic impact of reading circle found out that the relationship between reading habit and bibliotherapy experience is inconclusive, therefore a further research will be required to arrive at a definite outcome. Using qualitative and quantitative technique, Pettersson claimed that reading has an impact on psychological wellbeing of participants. In some it increased their love for reading, some use reading as escape route when things go bad in life while some read to get information on self-medication. Studies; (Brewster, 2011; Billington, 2010; and Pettersson, 2018) have shown that membership of a reading group increases member’s self-confidence. This evidence will hopefully be verified with the empirical data from this study. Pettersson’s submissions mirrored that of Lukehart (2011) who informs that pictures and images triggers positive reactions in people experiencing mental health.

Another study (Hollins et al., 2016) into the impact of ‘wordless’ or ‘picture’ book clubs on the wellbeing of intellectually disabled library users concludes that many readers prefer and learn better visual literacy than word literacy. Example of this initiative in the UK is the ‘Beyond Word Book’ (BWB) clubs in public libraries. Usually, book club facilitator agrees on
book choice with members and members sometime choose books that resonate with one of them. When this happens, they show empathy with each other. Subsequently, some authors have collaborated with some local authority libraries to develop book series for their BWB clubs. Book clubs/groups are not only for adults; just as they are not only available in the UK (members meet at public libraries, cafés, community centres etc.).

In UK, the Reading Agency through a Reading Outcomes Framework toolkit can measure impact of reading on the population. The Agency has launched Reading programmes such as ‘Chatterbooks’ and Summer Reading Challenge to help children build their interest in reading and encouraged them to be active during holidays. The Reading Agency (2015) literature review commissioned to build evidence on the impact of reading for pleasure found that reading has a pronounced impact on the reader’s ability to discover his identity and gain a better understanding of other people through constant reading.

A collaboration between the State Library of Victoria, the Public Libraries of Victoria Network and VicHealth is promoting a read aloud reading group in Australia. The aim is to reach less privileged or vulnerable individuals in the community through a read-a-loud program called: ‘Book Well’. Although, Susan McLaine, the project manager for Australian Book Well Program reported that Australian librarians embraced the program with open arms after being trained by The Reader Organisation from the UK, it is yet to be popular in the UK (McLaine, 2010). Partly because of the staff training cost and time and partly because few librarians are interested in reading poetry aloud.

2.3. The drivers and challenges

An Australian research (Field and Tran, 2018) found that economic challenges and austerity are forcing some libraries to close their doors to the public in spite of their gap-bridging efforts between the poor and the rich in the society among other important roles they play in the lives of individuals (p.115-116). On the other hand, Cain (2018) agrees that library closure in the UK is a direct result of funding cut by the local authorities but argues that the main problem is poor library management. Nick Poole, chief executive of CILIP, the library and information association, while reacting to CIPFA statistics about the decline in library visits and book loan appealed to the government to desist from the constant funding cut and invest more in libraries through Spending Review which he said is “a cost-effective way to make our communities and high streets better places, get children reading, help people develop new skills and find work, improve health and wellbeing, and combat loneliness and isolation” (CILIP, 2018). What can be deduced from this statement is that, for the library services to succeed the local authorities must lobby the central government on a clear pointer to the knock-on effect of funding cut to service delivery. Also, Libraries Connected (2019) has launched “Universal Library Offers” in four areas of library service including health and wellbeing, culture and creativity, information and digital and reading.

Inequalities in various aspects of live amenities such as health, education, economy etc., may be considered as a driver for the use of library activities. When certain amenities are available for different people in the same community as a result of their position or status in that community it would be regarded as inequalities. McCartney et. al. (2013l) recognised
health inequalities as the most rampant and pervasive of all with no end in sight. They identified four theories suggested by the Black Report of 1980: selection, behavioural/cultural, artefact and structural, as the root cause of health inequalities. Much emphasis is laid on structural theory which in their opinion has political undertone with successive governments drawing unachievable health policies. Jaeger et. al. (2013) agree with McCartney et. al arguing that public libraries are in a political world and so are not immune to politicians’ aggressive funding cuts.

In America, NEJM Catalyst (2017) believes that social determinants of health (SDOH) hold important position in an individual’s life circle. For instance, the social circumstance will determine affordability of amenities within a society. The type of job or status in the community depends on educational background which also determines what one can afford in terms of livelihood. This in turns causes stress and impact on health and wellbeing, and so on. NEJM argues that social determinants of health have a higher impact on the health of the population than healthcare does. That is, American healthcare leaders that spend more on social service in their states have more healthy population than those who concentrate on healthcare. The study’s answer to the research question on drivers of library activities is social determinants of health. Therefore, NEJM, concludes that communities will thrive if government can provide adequate social amenities. Suggesting that people will not be stressed if they are able to get facilities such as shelter, food, income, education etc., at the right time, people will then be happy, have good health and so require no medication. American government has started to reap the fruit of this laudable step by encouraging collaborative initiatives among public service delivery channels.

2.4 Emerging issues and the need for empirical research

It is obvious that literatures abound everywhere on different library activities but not many of them looked at these from the library users’ wellbeing point of view. So, the need for empirical study is apparent. Furthermore, the challenges and impacts pointed out in the previous literatures Jaeger et. al. (2013), Sian Cain (2018), Hollins et al., 2016) are desiring of verification and in depth understanding through empirical research.

2.5 Chapter 2 summary

In chapter 2, we looked at what has been said and the current debate about the main topic of this dissertation. An Initial scoping produced evidences both in support and against the stance of the researcher. Moving on, the next chapter will guide the reader through the research and data collection methods, and analysis.
CHAPTER 3

3.0 Research Methods

3.1 Introduction

In this chapter, the researcher will give details of the tools used in the process of this study. There will be a brief description of research methods, but the chosen method will be discussed fully, citing the rationale for choosing the style and stating the merit and demerit of the method. The three general categories of research methods in information science recognised by (Bawden & Robinson, 2012) are: surveys, experimenting and desk research (also known as evaluating and observing). Most research in the field of social science use mixed methods or triangulation; comprising of more than one method or one method used to get empirical data such as questionnaires used in conjunction with interview technique to set the study in context. ‘Repeatability’ is a crucial part in any scientific communication (McMillan & Weyers, 2014, p.241).

As identified in chapter 2, a vital aspect of this research relates to objective two below for which a better understanding of the findings in the literature review can be achieved through implementing empirical research.

- Explore the framework behind the public library activities and the views of library users in relation to the overall objective of the service providers.

MLA (2010), ACE (2015) and a host of others commented on the health benefit and value of public libraries in the literature review chapter but do not seem to address fully the impact of these activities on the users from the point of view of the library users. It is anticipated that this research will throw more light on this aspect by using appropriate research strategy to collect empirical data from the library users. Also, this investigation may provide better understanding of why some local authorities are closing their public library doors as a result of lack of funding which resulted in reduction in the number of paid staff despite increase in services expected from the library. Ironicaly, Libraries Taskforce (2016) has rolled out funds to support public libraries in the delivery of seven outcomes set to uplift the local communities and eliminate inequalities in the less privileged communities. Consequently, an exploratory research like this will act as a foundational study on which further and detailed research can be built to benefit the stakeholders/policy makers in public library service delivery.

Research Methods will give details of what the researcher is about to do, why this is being done and how it will be done by stating the research strategy used, data collection technique, reason for choosing certain technique, how the data collected will be analysed, limitations and how they were overcome.
3.2 Chosen Research Strategy

According to Biggam (2015), a credible research is that which is carried out using ‘tried and tested’ research strategy (p. 150), that is, for this dissertation to be of good academic standard the researcher have accessed all available research strategies and chose the best suitable for achieving the set objective of exploring the framework behind the public library activities and obtaining the views of library users in relation to the overall objective of the service providers. There are several research strategies open to researchers: namely, experimental, action research, historical, grounded theory, survey, case study and mixed method.

Case study entails observation of the characteristics of an individual unit, it can be a single or multiple case study. The use of single case study or multiple case studies depends on individual researcher and the intended outcome of the study. The common data collection technique associated with case study strategy is interview, but some researchers use it in combination with questionnaire with the aim of reaching more targets and achieving greater results. Another vital aspect of a case study research strategy is to understand the three main types: exploratory, descriptive and explanatory (Biggam, 2015: 152). Explanatory and descriptive as the names imply explains why something happened and describes a subject respectively while exploratory is an attempt to explore an area/subject with the aim of discovering something for further research.

The aim of this research is to explore the health and wellbeing impact of public library activities on library users requiring the collection of both secondary and empirical data, thus, it was more inclined to use exploratory case study in combination with survey strategy because with the anticipation that the set objective would be easily achievable through this process. Therefore, following the suggestion of Walliman (2018), a mixed method approach comprising of quantitative and qualitative data using both open and closed questions was used. The strategy provided qualitative and quantitative results which were then triangulated by comparing findings from empirical data collected with findings from the literature review in order to achieve an in-depth understanding of the subject (Biggam, 2015). The use of a public library in London as a case study for this dissertation is by no means representative of all public libraries and the findings would not be generalized as well.

3.2.1 Rationale for the chosen Research Method

As this researcher is an amateur in the research field of the chosen topic, appropriate steps have been taken when seeking for guidance on research methods. Biggam’s step by step guide on the selection of the most appropriate research method has been very helpful (2015, p.169-170). In order to investigate the impact of public library activity on the health and wellbeing of library users it made sense to start the investigation from a public library. Moreover, it is not possible to study the whole public libraries in London, hence the choice of one as a case study.
Again, delving into the field of public health with human participants as an information professional has left the researcher no choice other than to enquire from the health professionals and other stakeholders by conducting interviews. The views of interviewees provided qualitative data whilst the survey questionnaires included both open and close-ended questions which provided both quantitative and qualitative data hence the need for quantitative and qualitative analysis. There was no experiment to carry out, no object to observe, it is not an action research. Therefore, the only applicable method believed to meet all the criteria for choosing a research method is the Mixed Method. The full details of individual data collection technique and the rationale for choosing them have been discussed in the data collection area.

3.3 Data Collection

3.3.0 Introduction

An initial City Library search for health and LIS related topics yielded a good result that helped in the formulation of research questions. To set the ball rolling, there was an informal chat with researcher’s colleagues and some library users to check the validity of the survey, testing interview techniques and timing. Subsequently, limitation as to the age of literature was set to journal articles from year 2000 for the purpose of manageability and reliability. Data were collected through three main sources: literature review, survey questionnaire and interviews following McMillan and Weyers’ (2014) counsel.

In addition, to address the issue of validity and reliability, Biggam (2015) suggested that a good researcher must be able to proof that their work is ‘reliable and valid’ at any time (p. 174). Firstly, the research has used the most relevant research strategy; case study and survey, and data collection techniques; literature review, interview and questionnaire believed to be appropriate for this study. Secondly, appropriate data analysis techniques have been used to analyse data to arrive at a valid conclusion. Therefore, the findings of this dissertation research are believed to be reliable and valid in the field of library and information science.
Figure 1 shows the relationship between data collection techniques in relation to research strategy.

**Figure 1: Research strategy and Data Collection methods**

### 3.3.1 Data collection through literature review

The first set of data were obtained through the review of literature on what has been said about public library activities and the perceived impact on library users’ health and wellbeing. Data analysis was restricted to articles from year 2000 to date in order to keep up to date with the constantly evolving information world and avoid using obsolete data. More data were obtained by reviewing critically government reports such as Arts Council England (ACE) 2015 report on ‘The health and wellbeing benefits of public libraries’, Libraries Taskforce’s Ambition for public libraries in England (2016-2021), Public Health England (PHE), Depart of Health (DH) report, some public libraries’ websites (to give a clear view of the activities they do in comparison to other public library around the world or Europe for instance), related Journal Articles, professional publications such as Chartered Institute of Information Professionals (CILIP), Reading Agency, Libraries Connected, and books.

### 3.3.2 Rationale for collecting data through literature review

As with any research, an initial browsing of the internet for dissertation topics in Library and Information Science (LIS) domain in the of area of public health pointed the researcher to journal articles such as; the impact of rhyme times on maternal mental health, healing for the soul: the book well program, an investigation of experiences of reading for mental health and well-being and their relation to models of bibliotherapy and psychological well-
being, improved self-confidence, and social capacity: bibliotherapy from a user perspective. A follow-up search was also made on CILIP website in order to get an idea of the current debate about libraries generally.

Literature review is an important source of data for any research; a preparation for further empirical investigation (Pickard, 2013, p. 25). It also provides an avenue for comparison of theory to practice since the information/data from the literature is now regarded as secondary data.

3.3.3 Data collection through Interview

The data collection site is a local authority public library in London. Part of the requirements of the research subject is anonymity, therefore, the participants were identified by letters A – E after their job titles. Given the time constraint involved in a master’s dissertation this site was selected as a convenient sample as it takes a long time to get approval from research subjects to be interviewed. Emails and calls were put out to public library stakeholders; staff, volunteers, partners, activity facilitators immediately after the research proposal was approved in July 2019 but protocols and busy schedules resulted in delays and some declines.

Questions and methods were piloted before the interviews began as advised by McMillan and Weyers (2014). Doing the pilot interview questions helped the interviewer when considering the most relevant questions to ask and anticipated responses while keeping within time limit so as not to bore the interviewer. A total of five semi-structured interviews were conducted between October and November 2019 with one frontline library staff, one wellbeing manager, one volunteer activity facilitator, one library manager and one English as a Second Language (ESOL) tutor. Pickard (2013) succinctly advised that the purpose of research should drive the sampling choice (p, 64). Thus, the researcher admits that the sample choice was made as convenient sample for the interviews. Although there were pre-prepared questions, the researcher was flexible to allow the interviewees some freedom to chip in some comments that generated more in-depth answers to the query. For instance, the wellbeing manager was asked questions regarding wellbeing of staff facilitators, staff training, and any feedback received from facilitators and activity attendees.

The choice of the research participants to be interviewed was to facilitate a reliable and focused technique of collecting data from people who should know, the library users. For example, the activity facilitators were able to describe their feelings about the activities better and informed the interviewer of any negative or positive impact on their health and wellbeing. The researcher was keen to interview someone from the public health department but busy schedules and lots of protocols to wade through are time consuming. As a result, it was not possible to confirm the initial statement about whether they received feedback from client referrals to public library activities or not.

The researcher solicited for volunteers by email, phone calls and face-to-face. During the interview, a brief description of the study was read to interviewees, they were informed of their rights to ignore any question that they are not comfortable in answering and that they
can withdraw from participating in the study at any point without being penalised. The consent forms were then signed by both parties. The interviews were done in the library and two of them were audio recorded on interviewer’s mobile phone. This was considered necessary to allow the interviewer to remain focus during interview session (Biggam, 2015). A summary/transcript of each interview was emailed to each interviewee immediately afterwards in order to give them the opportunity to confirm that their responses have been well documented, and they were reminded of the chance to change any of their responses before the completion of the dissertation after which changes cannot be made. Sample of interview questions (B) and Interview transcripts (Appendix B1 – B5) are attached for readers’ perusal.

3.3.4 Rationale for collecting Data through Interview

Pickard (2013), Biggam (2015) and Walliman (2018) and many more researchers suggest that interview is an essential part of any research using mixed method approach. Therefore, to gain an in-depth understanding of the impact of library activities on the health and wellbeing of users it would be unwise to ignore the opportunity to speak to stakeholders in the chosen subject/area of study. Collecting empirical data through interview produced qualitative data that were used to compare empirical findings to literature review findings to draw a synthesis of related issues.

Every technique has both advantage and disadvantage. Part of the advantages of using interview as a data collection technique is the quality of data produced. Interviews especially face-to-face, produced more thoughtful responses and interviewer was able to clarify doubtful questions to get desired responses from interviewees as suggested by McMillan and Weyers (2014). One important disadvantage of interview is that it is time consuming. Also, some may argue that interview response may be influenced somehow, especially if the interviewer is known to the interviewee, they may try to say things in a nicer way than they would have to a total stranger. Interviewee may choose to give politically correct answers to please the interviewer (McMillan and Weyers, 2014). On the other hand, the interviews generated more qualitative data through flexible semi-structured questioning rather than the straightforward “yes or no” responses of a questionnaire (Biggam, 2015, p. 180).

3.3.5 Data Collection through Questionnaires

No one under the age of eighteen was approached for data collection in this research. Anyone that visited the chosen library within the five-days data collection period in October 2019 was asked if they wished to take part in the survey by completing a ‘short’ questionnaire. ‘Short’ highlighted here to stress that the questions asked were kept to the barest minimum to encourage more participation since the general view of scholars; Pichard (2013), McMillan and Weyers (2014), and Biggam (2015), is that lengthy questionnaires discourage intending participants.
The survey questionnaire (Appendix C) comprising of a background information and 12 questions with a mixture of close and open-ended questions were administered as follows:

3.3.5a. **Online Questionnaires**

- Questionnaires were emailed to LIS colleagues to complete – This yielded very little response.
- Questionnaires posted on social media; Facebook, Tweeter and Instagram with a message that anyone who has anything to do with public library, whether as a staff, volunteer or user should complete. This was posted using Google form. Surprisingly, only 24 people responded to the social media posts.

3.3.5b. **Onsite Questionnaires**

- Face-to-face handing out at the case study public library from Monday 7th to Friday 11th October 2019 whereby anyone entering the library was asked if they wish to complete a questionnaire. Some people declined outrightly, some collected with a promise to hand back completed questionnaire before leaving the library but never did.
- 150 questionnaires were printed but only 38 participants completed the onsite questionnaires.

3.3.6 **Rationale for using questionnaires**

One of the vital tools of a survey is questionnaire through which voluminous data can be collected for proper analysis in a study of this nature. Most of the questions require multi-choice answers. Survey questionnaire was considered the most appropriate and relevant data collection technique for this study partly because it involves more than one activity and it is impossible and unrealistic to interview everyone using the library because of the size of data that would have been generated. Moreover, even if the researcher had a year to administer the questionnaire, some library users would still be missed. According to Biggam (2015), it is unlikely that any researcher will collect data from all the targeted population (p. 164), so the best way to get reliable data is through sampling. 100 participants were targeted to complete the questionnaires via all the administration channels, but only 38 library users took part in the survey.

3.4 **Framework for Data Analysis**

The collected data were then analysed using descriptive statistics for the quantitative data as this researcher is knowledge-poor on advanced statistics. The questionnaires (Appendix C) were prepared under two themes although sub-sections were not so labelled. It comprised of two sub-sections namely: background information and main body. The background information section included questions about age, gender, ethnicity and
employment status. The reason for background information was to enable the researcher to ascertain the possibility of the case study library appealing more to certain demographics in the community. Interestingly, the data produced from the background information confirmed the researcher’s premonition. Demographic information also produced useful data of which part of the demographic demands/gets more attention when comparing local authority policies on public library service delivery. It also presented a fair and transparent data for arguments sake when comparing the literature review findings to the empirical findings.

The main body of the questionnaire was focused on the issue at hand, the impact of public library activity on the health and wellbeing of users. This was used to verify queries that emanated from the literature review on the drivers of library activities, reason for joining and encouraged participants to offer personal comments as they deemed fit. The interviews were designed for stakeholders/key opinion leaders. Therefore, the pre-prepared interview questions centred mainly on funding, staffing and training. The qualitative data from interviews were described and analysed in multiple fold, that is, first analysed individually, compared participant responses, then compared with other data collection techniques such as literature review. This were presented in two forms: tabulation and charts.

3.5 Research limitations, bias and ethical issues

To maintain quality and originality of a research outcome the issue of bias must be addressed with caution (McMillan and Weyers, 2014). The researcher has previously acknowledged the vested interest in public libraries having worked in the sector for over eight years and care has been taken to be objective in examining findings in order to arrive at a balanced outcome thereby avoiding personal views clouding researcher’s judgement.

Moreover, the researcher acknowledged the limitation of the research method used; using a case study strategy on one public library in London to explore the impact of public library activities on the health and wellbeing of library users is not enough to generalize that the findings will be replicated in all public libraries. Again, sampling one library at a time means that only those who visited the library during the data collection period had the chance of being selected as a participant. Therefore, the result cannot be representative of all public library users.

Participant information sheet and Consent form were emailed to interviewees prior to the interview date to familiarize themselves with details of the research in accordance with City Research Ethics. Both interviewer and interviewee signed Consent Form on the understanding that they can withdraw from participation at any time without being penalized.

3.6 Chapter 3 summary

In chapter 3, research strategies were discussed in detail. Data collection techniques, rationale for the choices made, the framework for describing data collected and how these will be analysed were captured as well. The chapter also identified and acknowledged limitations and ethical issues including details of efforts made to be objective in dealing with the challenges encountered.
CHAPTER 4

4. Findings: Results, Analysis, Discussion and Synthesis

4.0 Introduction

This chapter will describe the findings of this research. The results from the survey on the case study (onsite); a public library in London which will remain anonymous on request. The research is an investigation into the impact of library activities on the health and wellbeing of library users. To set the research in context it was deemed necessary to get the perspective of stakeholders, that is, library users, staff activity facilitators, volunteer facilitators and library and wellbeing managers through a mixed method approach comprising of survey questionnaire and interviews. Considering all relevant factors as advised by Tracy (2013) the researcher wish to state that working in a public library will not impact on the objectivity of this research in any way. Chapter 4 will also provide a detail description and discussion/analysis of empirical data collected. It will then synthesise the empirical findings with the literature review findings to find justification or arguments for assumptions found in both processes by comparison (Biggam, 2015).

4.1 Literature Review Findings and Analysis

Literature review revealed evidences in support and against the researcher’s position. In life, everyone is entitled to their own opinion, and there will always be differing opinions on issues. To better answer the questions asked at the beginning of the literature review it would be best to enumerate the findings for clarity purposes:

- The public libraries offer numerous activities which include, rhyme time, knit & natter, learn my way, reading group, crafts, emotional freedom technique and so many more, but only five were discussed in detail.

- Studies show evidences of different types of inequalities; health, social, economic etc. in various areas of the community which are seen to be major causes of stress leading to the need for free public services.

- Among points captured is the claim that poor management is the reason for some library closures while another one identified social inequality as a major challenge.

- There is evidence to show that government holds the double-edge sword of being the main driver and barrier to successful delivery of the library activities. For instance, successive governments cut public service funds which leads to job/income loss. The resultant effects are economic challenges forcing the populace to run back to another public service to look for job and means of livelihood as encouraged by the same government initiatives. It all becomes a vicious circle in the end.

- Research shows library activities help to foster community cohesion, relief stress, combat loneliness, mental health and general wellbeing. Professional bodies like
CILIP, ACE, The Reading Agency, PHE, Libraries Taskforce identified issues and are making efforts to help the population through innovations.

- Data points to the success of collaboration and partnership among public service delivery as a cost saving technique. Research also evidenced the fact that public library activities save the NHS cost as a result of less patients visiting the GPs by embracing social prescribing.

- There is a growing body of evidence that there is need for more training for public library staff to be able to deliver the extra duty/service required of them. Local Authorities are training members of their communities to take control of their health by becoming Health Champions.

- Most studies were focussed on the value of public libraries to the community rather than users of the library.

- Evaluation by governing bodies confirmed that libraries are delivering services adequately.

- There exists anecdotal evidence of early improvements in mental and general wellbeing like reduced social isolation, increased sense of belonging, improved relationships and improved access to employment opportunities especially users who engage in creative activities.

- There is a strong evidence that local authorities are struggling to use their ever-reducing funds to remain relevant. Some LA have had to close libraries or employ the services of volunteers to run the libraries while others pass the burden to 3rd sectors, social enterprise.

- The changing roles of librarian were evident.

4.2 Survey Findings and Analysis

The two tools used for survey are questionnaires and interviews. The questionnaires were used for data collection from library users and activity facilitators while the interviews were concentrated on the key opinion leaders (KOL); library manager, ESOL tutor, wellbeing manager, library staff and volunteer. The interviews with the KOL provided a rich qualitative data for in-depth understanding of the framework behind public library activities in relation to the overall objective of the service providers. The questionnaire was arranged into two sections; background and main body although not stated as such. The transcripts of the interviews can be found in Appendix B1-B5 and a sample of the questionnaire can be found in Appendix C.

Table 1 describes the sources of empirical data collected. There were 24 responses from online questionnaires, 38 responses from onsite questionnaires and 5 semi-structured interviews. Making it a total of 67 responses.
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<th>RESPONSES</th>
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<td>INTERVIEW</td>
<td>5</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
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Table 1 - Sources of empirical data

4.2.1 Findings and Analysis of online questionnaires

Background/Demographics (Online)

The background information asked in the questionnaire included relationship to the library, age, gender, ethnicity and employment status. A total of 24 responses were received from the online survey.

Out of the 24 respondents online, 14 (58.4%) of this stated that they are staff, 9 (37.5%) are library members and 1 (4.2%) a Commissioner. The responses for age were a split between 18-39 years old and 40-69 years old having 12 (50%) each. Also, 87.5% are female while 12.5% are male. This shows that adults from 18 to 69 years old engage with public library online and female adults engage with public libraries online more than their male counterparts. Adults above 70 year did not respond to the online questionnaire. Whether they saw the questionnaire or not will remain unknown.

16.7% of the online respondents are African Caribbean, 8.3% are Black British, 45.8% are White British, 20.8% are from European decent, 4.2% Asian and 4.2% prefer not to say. On the question about employment status, 54.2% are Full Time workers, 33.3% are Part Time, 8.3% said they are Self-employed, 4.2% are Retired and Students respectively. None of the respondents is unemployed.

Reason for visiting the library

29.2% of respondents visited the library to borrow items, 16.7% were there to attend an activity, 4.2% to meet friends, 12.5% to use the facilities, 54.2% are in the library to work and 4.2% was there to attend a meeting. The data here shows that majority of the online respondents are in the working class.

Have you attended/facilitated activity in the library?

In response to the question on attending or facilitating library activities, 87% said they have attended/facilitated library activity while 16.7% said have neither attended nor facilitated library activity.

When asked the reasons for not attending/facilitating library activity, three of the four respondents responded as follows:

*If your response to question 2 is "No" please state reason.*

- Nothing that interests me
There aren’t really any events at my local library aimed at my demographic
I use the library to use the computer. I also attended a few courses at the library

Which of these Activities have you attended/facilitated in the library?

Figure two shows the activities attended in the library in percentage. 9% attended Rhyme Time sessions, 14% attended Knit & Natter, 13% attended Adult Creative Writing/Craft, 32% said they attended Reading Group activity, 5% attended History Talks, 9% attended Stay & Play, 5% attended Emotional Freedom Technique, and 13% did not attend any activity in the library.

![Activities Attended](image)

**Figure 2: Library Activities Attended (Online Questionnaire)**

How did you hear about this activity?

68% heard about activity in the library, 31.8% through website or leaflet, 18.2% through word of mouth, 9.1% were referral while 4.5% said ‘I programmed them’. The chart below shows different reasons why respondents joined library activity:

Reason for joining activity

Out of the 24 respondents, 51.8% joined library activity to socialise, 24.3% joined to give back to the community, 23.9% joined to work. This means that the social value of activities provided by the public is well acknowledged. To have over 24% wanting to give back to the community suggests a good community engagement amongst the population.

Impact of Library Activity

All the 24 respondents were in the affirmative when asked if the activity they attended has met their expectation. 68.2% responded that the activity they attended has improved their
health and wellbeing, 18.2% said may be, and 13.6% said attending library activity has not improved their health and wellbeing.

Respondents were asked to state any other activity they would like to take part in if provided by the library and some of them mentioned: – health talks, author talks, chess playing, interactive games, mending group and lots more.

One online respondent commented as follows when asked if they have any other comment:

“I have not filled in the date as it's a few years ago that I attended story time with my kids, they are older now but still love to visit the library to borrow books. I found library sessions a brilliant way to get used to reading aloud to my young children as that didn't come naturally to me, and also a good way to meet other local parents which is important when you don't have family living nearby”

4.2.2 Findings and Analysis of onsite questionnaire

Background/Demographics

From the background information, 15.7% stated that they are library staff, 58% are library members and 26.3% falls under the category: others. 29% are between the age of 18-39, 44.7% are between the age of 40-69, 15.7% are over 70 years of age, and 10.5% prefer not to say their age. 21% males and 76% females responded to the question on gender while 2% prefer not to say their gender. Out of the 38 respondents, 13% are African Caribbean, 52.6% White British, 10.5% Black British, 7.8% European, 7.8% Asian, and 5% are from mixed ethnicity. One respondent did not say their ethnicity. 29% of respondents are in full-time employment, 10.5% in part-time, 5% self-employed, 18% unemployed, and 26.3% are retired. 5% of the respondents did not say their employment status.

Reason for visiting the library

14% said they visited the library to work, 18% visited to use the facilities, 10% are in the library to meet friends, 26% came to attend an activity, 16% were there to use the computer and 16% visited the library to borrow item.

Have you attended/facilitated activity in the library?

76% have either attended or facilitated an activity in the library while 24% have neither attended nor facilitated an activity in the library. Only 3 respondents gave reasons for not attending or facilitating activity in the library as follows: ‘I wasn’t aware of anything’, ‘I only use library for borrowing books’ and ‘there wasn’t anything interesting for my demographic in my local library’
Which of these activities have you attended in the library?

In response to the question - Which of these activities have you attended or facilitated? 17% said they have attended or facilitated Knit & Natter activity, 29% attended Rhyme Time sessions, 7% for Adult Creative writing/craft, 7% for Emotional freedom Technique, 19% for Reading Group, and 10% attended Learn My Way activity. Figure 3 below shows the activity responses in picture.

![Activities Attended](image)

**Figure 3: Library Activities Attended (Onsite Questionnaire)**

How did you hear about the library activity?

Out of the 38 respondents, 18.4% heard about library activity via website or leaflet, 31.6% heard through word of mouth, 2.6% were referred to the library activity they attended and 39.4% heard about it in the library.

**Reason for joining activity**

56% of the respondents said they joined public library activity to socialise, 33% joined to gain knowledge and 11% joined to give back to the community. Some respondents ticked more than one reason for joining library activity. This means that, the users here can satisfy their social engage through the social activity provided by the library which may have been impossible or unaffordable if it was a paid service.

**Impact of library activity**

When asked if the activity they attended has met their expectation, 93% said Yes while 4% said No, as shown in the figure below:
Figure 4: (onsite Questionnaire) Percentage of respondents who said library activities they attended have met their expectations.

Figure 5 bellow shows that 52% said library activity has improved their health and wellbeing, 45% said maybe and 3% said library activity has not improved their wellbeing.

Figure 5: Improved Health and Wellbeing (Onsite Questionnaire)

Author events, music lessons, sign language, play group, community knowledge group, laughter yoga, black history activities etc. are among the activities that respondents listed when asked to state any other activity they would like to attend if provided by the library.

4.3 Findings and Analysis of semi-structured interview

Below are the results of the five semi-structured interviews held with KOL and stakeholders within the public library management. The background information gathered showed that respondents started working in the library from a low level and worked up the ladder to current positions. Four of the respondents said their activities are free while one, the ESOL Tutor informed that training is only free to British residents. All respondents have facilitated activities in the library. All except the volunteer activity facilitator have received training to facilitate activities.
Four of the respondents said library activities have impact on the health and wellbeing of both the facilitator and attendees while one respondent said ‘may be’. Three respondents informed that their activity received funding from the government while two said they do not. On the effect of funding on activities delivered, only one respondent was very sure of the response saying government funding has affected their activity delivery. The other four have varied responses which will be discussed fully in the discussion section.

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<th>C</th>
<th>D</th>
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<td>ESOL Tutor for a long time</td>
<td>Started as Library Assistant 25 years ago and moved up the rank to the current position</td>
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Table 2: Tabular description of interview results

A = LIBRARY MANAGER
B = VOLUNTEER ACTIVITY FACILITATOR
C = ESOL TUTOR
D = WELLBEING MANAGER
E = LIBRARY ASSISTANT

Interview with Library Manager (A)

Library Manager (LM) - A, started working in the library as a Saturday Assistant 48 years ago. That means, she has worked in different libraries including special and public libraries.
The interviewer did not ask the interviewee where else she had worked because such data would be irrelevant to the purpose of this research. She facilitated activities such as Local History Talks, Rhyme Times, Bouncing Babies and Reading Group. On the issue of referral, the respondent confirmed that they have had some volunteers helping with shelving in the library but could not pinpoint a referral from any social partner. However, she commented that there has been increase in publicity via social media which she said might be responsible for the increase in library footfall.

When asked whether library activities she facilitated have impact on her or attendees’ health and wellbeing, she said ‘maybe’. She explained that impact is subject to individual perception. She noted that it is possible that some attendees have felt impact in the area of community cohesion, building friendship among group members and reducing isolation, she has not really felt any personal impact, positive or negative.

LM informed that they have had funding issues and co-location of services is helping them keep their library doors open to the public.

**Interview with Volunteer Activity Facilitator (B)**

The Volunteer Facilitator – B, has been facilitating a ‘Happiness group’ in the library for two years now. She is a qualified engineer who has no formal training on ‘group therapy’ but she enjoys giving back to the community. The activity is free and not funded by government. Referrals were received from the library and she in turns signposted members of her group to other library activities.

On the impact of the activity facilitated, she was very positive about the impact on the health and wellbeing of herself and her group members. She said members learn to embrace self-respect as well as respect others, and they relief pain by sharing thoughts with friends in the group. Also, the group meeting acted as a training for the facilitator building her confidence to train as a therapist in the future.

When asked if there is anything that the library could have done to make the activity better than it currently is, she commented as follows: ‘Um yes, attendees want their own space, more time etc. This library is a community space helping the residents, bringing members together. So, it would be nice if we get more time to make use of the room allocated to us to spend more time together’.

**Analysis of Interview with ESOL Tutor (C)**

The interviewee has been teaching English as a Second Language (ESOL) for a long time. Her activity is commissioned by local authorities. She has worked at various LAs helping people find their way in a strange environment. Social Service and schools have referred struggling parents to her class several times. The activity is free on condition that the referee is a British resident. That is, it is only free to those who are eligible to assess public fund.
On impact of activity, she derives pleasure from helping others and believes that the teaching does have positive impact on her students judging from their expression and comments after attending for however short time. The researcher could sense that there is emotional fulfilment from the way she responded to the question of impact on health and wellbeing of her students. She said ‘just because someone does not speak English does not mean that they are stupid’

**Analysis of Interview with Wellbeing Manager (D)**

The Wellbeing Manager (D) started her career in the library as a Library Assistant and worked her way up, receiving training as she goes up. Her current position was created as a flagship programme called “Wellbeing Wednesday” four years ago. She has facilitated activities such as coffee morning, adult craft and calming colouring. She informed that some staff are naturally gifted to facilitate activities and those that required training have been trained. She could not say precisely if any of the activity attendees have been referred to the library from GP or Health establishment.

On funding and cost – the library activities are free at the point of use. All cost incurred by the library during delivery service to the public is covered in their budget received from the council. Her library activities have not been directly affected by funding cuts because of some kind-hearted members of the public and committed staff who volunteered to run some beneficial activities at no extra cost to the library management.

On the issue of impact, she said there is positive impact on both facilitator and attendee’s health and wellbeing. When asked if there are other comments she would like to add on a final note, she said there is a good evidence to put a case forward for adult activities to be accessible borough-wide from the success story of her flagship programme.

**Analysis of interview with Library Assistant (E)**

Respondent (E) is a Senior Library Assistant who has facilitated various activities in the library. He was trained to facilitate Rhyme Time and Messy Morning. As a frontline staff, he has come across queries on service that are not provided in the library from library users and they have been signposted to other service delivery points within the borough.

On funding, he is not aware of any activity being funded by the government. He believes that all activities are part of the services expected to be delivered by the library free of charge. His take on library closures as a result of funding cuts is totally different from other respondents. He is of the opinion that social demographic of the area and the use of the library as a ‘community hub’ are vital determinants of the fate of public libraries.

To him, library activities have significant impact on the health and wellbeing of users in many ways. He cited example with “Monday Mindfulness”, an activity he facilitates on Mondays, which helps with his mental state.
4.4 Discussions and Combined Analysis of Data

Four of the interviewees agree with the free service delivery of public library activities, only the ESOL tutor (C) informed that their activities are free on condition of attendees’ UK residency. They have all facilitated activities in the library and appeared to do it with passion aside from the fact that it is their means of livelihood too.

On the issue of cost saving and funding, they all have varied perceptions. For instance, Library Manager (A) informed that funding issues have affected some of their services which have been resolved by embracing co-location with other local services to act as a ‘one-stop’ service centre for the community thereby spreading the cost of meeting the needs of their users. However, Wellbeing Manager (D) did not agree that their services have been directly affected by funding issues because the local authority is making efforts to help the community by funding (DCMS, 2018) and encouraging libraries (Fujiwara et. al., 2015) to introduce activities that foster community building, one of which is her new “Wellbeing Wednesday” flagship programme, and that they have been lucky to have volunteers and committed staff who wish to give back by sharing their talents with the community. Library Assistant (E) did not appear to know anything about funding issues as he believes that the activities that public libraries do are part of their statutory roles.

From the responses on background information, it appears that the case study library is populated by White British users (45.8% online and 52.6% onsite). This may explain the ESOL tutor’s comment about respecting other tribes during her interview and another respondent’s comment that “There aren’t really any events at my local library aimed at my demographic” Another point on background information is the huge gap between the percentage of male and female library users.

It has not been possible to verify the views of (Fujiwara et. Al., 2015) about cost saving to the NHS after comparing the report of those who use the library to those who do not because none of the respondents have made statement about their visit to GP for any treatment. Partly because this researcher did not ask respondents questions pertaining to present state of health and the focus is on the impact of the activities on their health and wellbeing. More so, further research will need to be carried out specifically to measure the cost benefit of these activities to the all stakeholders.

Furthermore, responses to referrals have been with differed perceptions. (A) noticed that there have been increase in the library footfall but was not sure if this is as a result of their increased publicity on social media. The ESOL tutor has had referrals from schools and social services, participant (B) informed that she has referred some of her group members to activities in the library whenever the need arose.

The question on training was only directed to staff and they all reported that frontline staff receive adequate training to enable them signpost library user to appropriate services within the community contrary to the view of (Hunting et. al. 2015) that library staff require training to meet up with their user’ needs.
Overall, the respondents have all stated that library activities have impact on their users and themselves one way or another. For example, the Volunteer Facilitator (B) whose activity has not received any funding from the government is very enthusiastic about what she does with her group members that she is willing to train as a professional therapist now that facilitating the “happiness” group has built her confidence. Participant (E) believes that facilitating “Monday Mindfulness” has helped with his mental issues and observed that the activity calms him as well as his group members. Both respondents online and onsite agree that attending library activities such as knit & natter, rhyme time, reading group, learn my way and craft has impacted on their wellbeing. Participant (C) derives pleasure from seeing the impact of her activity on attendees and believes that it is alright to be proud of your origin and the society should try to be understanding with people from other tribes.

Participant (A) did not report any impact on herself. However, she said there may have been some impact on activity attendees in the area of health and wellbeing such as building friendship, reducing isolation and community cohesion confirming the conclusion of some researchers (Riley et. al., 2013; Boulton et. al., 2018; Jensen et. al., 2016; and Pettersson, 2018) from the literature review that library activities have noticeable impact on the health and wellbeing of library users. To buttress Susan McLaine’s (2010) point on the impact of her “Book Well” programme in Australia, online respondent commended the libraries’ reading programmes which has helped their children from early stage in life.

4.6 Chapter 4 summary

In Chapter 4, the researcher described the results of the empirical data collected from the survey and the findings from the literature review. One major finding is the issue of funding and how it affects service delivery as it applies to stakeholders in different shapes depending on whose lens it is viewed from.
CHAPTER 5

5.0 Conclusions and Recommendations

5.1 Conclusions

The aim of this research was to explore the impact of the public library activities on the health and wellbeing of library users. It looked at the drivers and challenges of delivering these services in the library. It examined the changing roles of librarian in the community as important drivers of library service delivery.

Using a mixed method approach which comprises of case study and survey, it carried out the investigation with a primary aim to answer three main research questions; has the quality of life increased as a result of attending activities in the library, what is the cost implication of delivering these services to the community and has the local authorities been able to achieve the aim of having a healthy society through the provision of the activities?

The first objective set out was to identify library activities, the drivers and challenges hindering the delivery of these activities. This objective was achieved in the second chapter after critically reviewing related literatures where activities such as knit and natter, rhyme time, reading group, learn my way and adult craft were identified and discussed in detail. Literature suggests that some of the challenges can be drivers as well. For instance, various kinds of Inequalities like social inequality, economic inequality and health inequality were identified as Challenges by some scholars while some see them as drivers.

The Government’s attempt to mitigate the funding and inequality problems by supporting Local Authorities to try innovative programmes geared towards disadvantaged area of their communities which led to the commissioning and launching of laudable initiatives like the social prescribing academy and digital enrichment to allow library users reach the potentials yielded good results judging by the findings of the survey. Government funding cut was identified as a major challenge in facilitating library activities, the use of volunteers to run some activities is also acknowledged.

Data available from literature review revealed that a high percentage of previous studies focused on the value of public libraries rather than the impact of the library on the users. Anecdotal evidence suggests that there are improvements in the area of health generally. Findings from this research highlighted the health benefits of engaging in group activities which the public library provides free of charge.

Based on the empirical findings, this research concludes that public libraries are indeed ‘social prescription hubs’ delivering effective services aside from bookkeeping and looking after the community in the area of health and wellbeing albeit their challenges.
5.2 Recommendations

From the conclusions drawn from this research, studies into the impact of library activities on the health and wellbeing of library users are scanty. Therefore, it is recommended that future research should endeavour to focus on individuals rather than focusing on the value of the library itself.

Although, it was gathered from the interviewees that there have been some staff trainings in order to succeed in their new roles, it is evident that the trainings are not across the board thus desiring of attention. Trainings should be provided for library staff to be ‘Digital Champions’ to help library users with online queries considering that we are in the digital age and the government is encouraging everyone to access facilities online, a typical example is the Universal Credit. If not properly managed this could have undue strain on staff and public service in general.

Another area that is in deer need of fully trained staff is health in the library. Training staff as ‘Health Champions’ to help library users on minor lifestyle changes could also help the library service.
6.0 Personal Reflection

This dissertation process has really been an emotional journey as Biggam (2015) said it would be. It started with thinking about which area to research on. Looking out of the window on trains and buses to see if anything would trigger my inspiration on a subject to base my dissertation/research on.

I finally found one right within my work environment. As a Knit & Natter facilitator with a passion, I have worked with library users with different stories which made me think sometimes how lucky I have been in life. My main inspiration for the dissertation title: ‘Public library as a social prescription hub’ came from the work that I am doing with this Knit & Natter group. I believe that it is not every ailment that needs medication, for instance, someone suffering from loneliness could be signposted to social groups where they can make friends. The positive feedback from our activities on attendees’ wellbeing inspired me to investigate and have a better understanding of the impact, however small, of library activities on users.

Understanding of dissertation procedure is key to producing a good dissertation. So, I have taken Bawden and Robinson’s (2012) Introduction to information science and Biggam’s (2015) Succeeding in your master’s dissertation very seriously; I call them my ‘study bibles’. Honestly, there have been times when I thought of giving up and settling for a Diploma Certificate, but I persevered because of my interest in the subject area. The amount of information I came across in this dissertation journey is enough to cause ‘information overload’. My advice to other students is to start early, ensure you chose a subject that interests you no matter what, set a target to do some work every week and commit to it.

To add salt to injury, my case study library decided to go ‘anonymous’. I had to change everything that points to them from my proposal and go through all previous writings to ensure they have not been mentioned. This was upsetting and caused a major setback. Another advice, do not relax and expect everything to go smoothly, prepare for incidents, because they do happen and always have a backup.

This dissertation journey has really been a roller coaster. I have written several drafts and changed the layout, gone back and forth every time I found a new article that related to something I had already written. I also found it challenging to discuss my research methodology. But regardless, my passion for this topic means I have enjoyed every bit of it and learnt a lot from it.

As a strong believer in the power of public libraries to help the community in all aspects of life challenges, I am positive that the support of public libraries is the beginning of wisdom! Consequently, when I read about some local authorities closing public libraries or transferring operations to volunteers in the community or social enterprises because they longer have the funds to run them, I decided to add my voice in support of public libraries by showcasing their value to the community in the area of health and wellbeing.
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APPENDICES

Appendix A  Dissertation Proposal and Ethics

DISSERTATION PROPOSAL

LIBRARY ACTIVITIES AND WELLBEING

BY FALILAT OLUBUNMI ALABI

Working Title


Introduction

Libraries represent a unique space in the community and provide great unbiased services revolving around improving wellbeing which is my main reason for choosing to study this area. The study aims to explore the impact of public library activities on the health and wellbeing of the users and the overall benefit to the community. The topic of this research was chosen in a quest for advance knowledge about the importance of libraries and to gain a deeper understanding of the library as a community hub (Hicks, 2013). Having worked in a public library for many years, I have noticed that people come in with various issues unrelated to borrowing books or using the ICT facilities. Studies show some of the reasons why people visit the library to include; information seeking on a subject or an ailment, taking refuge from the harsh weather outside, combat loneliness, socialising or find someone to talk to (Shukla, 2018).

Public Health England purports to ‘exist to protect and improve the nation’s health and wellbeing and reduce health inequalities’ but a deeper study of wider determinants of health in local authorities across England shows that other stakeholders must contribute to the achievement of this goal. It is evident that movement in the areas of health inequalities, health protection, life expectancy and causes of death can benefit from a study into the causes of this imbalance (PHE, 2018). To further confirm UK government’s commitment to healthier and happier society, A joint action pact called “The Libraries Deliver: Ambition for Public Libraries in England 2016 to 2021” was formed between the government and libraries taskforce in which Libraries Opportunity for Everyone (LOFE) innovation fund was launched in 2016 with the primary aim of enabling local authority library services to try innovative projects geared towards disadvantaged people and places in England (DCMS, 2018).
Delivering 2017/18 Annual Report to the Parliament in pursuant to Section 17 of the Public Libraries and Museums Act 1964, the Minister for Arts, Heritage and Tourism, Michael Ellis MP stated that Public Libraries and Museum have a duty to provide a “comprehensive and efficient” service to the communities because they are funded by local authorities. As noted, this statement did not state categorically what “duty” is considered “comprehensive and efficient” to justify the funding of the public libraries. Therefore, this study aims to critically analyse the “going the extra mile” duties of libraries to the community while signposting library users to available services in public libraries.

The 2018 Libraries Week theme was a focus on wellbeing, confirming my curiosity that there must be a link between libraries and wellbeing. Consequently, a brief literature search revealed (Cabello & Butler, 2017; Dudman, 2018) and many more scholars have been discussing the roles public libraries play in the community which include helping to combat loneliness, boosting wellbeing and changing lives among other things. Further to this link, in its Press Release for LibrariesWeek2018, CILIP reported that the event was successful with all public libraries in London taking part in various ways like late night openings, film screenings, community choir and wellbeing sessions (CILIP, 2018). As a believer in public libraries, I decided to research the correlation between these activities and the actual impact they have on participants. It is hoped that this study, in the long run, will be able to articulate the impact library activities have on the wellbeing of their users.

Aims and Objectives

Although, the outcome of this research work cannot be generalised or taken as the norm for all public libraries, it is hoped that the findings will serve as a basis for the review of service delivery policies by opinion leaders and stakeholders (Biggam, 2015). The main aim of this research is to explore the impact of public library activities on the health and wellbeing of their users. This study will endeavour to find answers to these questions:

- Has the quality of life increased as a result of attending activities such as knit and natter, creative bibliotherapy, learn my way or self-esteem session? For instance, how do any of these activities help someone to cope with depression or mental health?

- What is the cost effect of maintaining a health community to the government and the libraries in terms of funding and manpower? At the end of this study, it should be clear if participating in library activities has reduced visits to hospitals and other medical health providers which would in effect cost the government since most public library services are free.

- Is the funding of public libraries justified, that is, is it helping local authorities to fulfil their goal of having a healthier community through library?

The objectives of my research are:

- To examine library activities that impact on the wellbeing of the users.
• To identify the main drivers and users of these activities within the library setting, explore the framework behind these activities and the views of participants in relation to the overall objective of the service providers.

• And formulate recommendations for improvements where necessary in the process of this research.

**Scope and definition**

By libraries here, I mean public libraries funded by United Kingdom Government and the activities carried out by public libraries vary from borough to borough. Although, most of the activities delivered by public libraries will be itemized, this research will focus on a few to justify a dissertation research which include knit and natter, adult craft (creative bibliotherapy), rhyme time, self-esteem, learn-my-way, coffee morning and emotional freedom technique.

**Research context/literature review**

Scholars like Hicks (2013), Gabrielson (2014) and Shukla (2018), have all reiterated the efficacy of libraries in supporting health and wellbeing, the importance of which I do not doubt because books on prescription and mood-boosting publications are essentially tailored towards health promotion and some are specific to certain ailment, but what about other activities such as knit & natter, creative bibliotherapy, emotional freedom technique, adult craft, coffee morning, learn-my-way, manga club and rhyme time? It is essential to investigate the process of delivering these services. The question to ask therefore should be; are they doing enough and are they meeting the main objective of the service providers? My aim is to showcase these activities and explore their connection to the community that the library serves because I believe it shows best practice.

In 2010, Museums, Libraries and Archives (MLA) carried out a research on: public library activity in the areas of health and well-being and the researchers claimed and that “despite this level of activity, libraries are not, however, able to articulate their health and well-being contribution particularly well, to either partners or the public” (Hicks et al., 2010). The report went further to enumerate some of the barriers or issues as resource limitation and inadequate support from health and social care partners, though, they admit that it is evident that libraries provide access to communities which clinical or medical providers might not be able to reach. Over eight years later, the narrative has since changed as can be seen from other studies such as Fujiwara et al. (2015), Cabelllo and Butler (2017) and DCMS (2018) in which they all assert that libraries’ engagement has important role in the quality of life and wellbeing of their users. Therefore, this research is going to build on their findings and join the debate on the importance of public libraries to the community they serve. Consequently, there has been some collaborative works carried out in partnership with other social health providers like the Public Health England thereby saving the NHS huge cost as a result of increased library activity participation which this study aims to investigate (Fujiwara et al., 2015).
Methodology

This research will use a mixed method approach using desk research for the initial literature review to gain a better understanding of the subject area and exploring the grounded theory underpinning this type of study. Evidently, every research is a build on previous studies; either confirming the findings from the secondary data or raise objection with valid points (Biggam, 2015). Within the literature review, the research will make use of relevant journal articles, conference proceedings, books, news media, government publications and reports.

There will also be survey comprising of questionnaires to collect empirical data on the views of library visitors and semi-structured interview with public library staff, managers, partnership organisations or departments such as public health, adult social care, dementia friendly unit and key opinion leaders as O’Leary (2018) and Biggam (2015) advised, in order to get current information on the general discuss about library activities and their impact on the wellbeing of the users. For example, data will be collected from library staff facilitating these activities, users, and health and wellbeing manager, and from the partnership side, I will endeavour to interview the intelligence officer who oversees statistics gathering to show areas of any perceived health inequalities in the community.

Questionnaires will be emailed as attachment to key officers and staff to get the views of officers responsible for referring patients/clients to the library for lifestyle improvement activities. This will enable me the ability to ascertain if they have received any feedback as to the usefulness or otherwise of the referrals. Survey software such as survey Monkey and Google form will be used for reasonable coverage. For this study to pass the credibility test there must be some sort of comparative analysis, that is, comparison of London public library service delivery to some public libraries in England, the findings of this comparison will be tabulated and critically analysed to determine possible differences.

Every advice and guidance given by my project supervisor on setting the research context leading to framing of appropriate questions in this study will be taken on board and greatly appreciated. Questionnaires will be distributed in some libraries within London for four consecutive weeks in order not to generate unmanageable data with the aim of capturing most of their users for a fair participant’s recruitment. Qualitative data gathered from respondents' views will be triangulated in order to achieve a reliable result from research findings whilst the quantitative data from the multiple-choice questions will be presented in a tabular form for easy analysis (Walliman, 2018). The traditional note-taking approach will also be used and supported with mobile phone recording during interviews in order to get more details having sort the interviewees’ consent.

Participation will be voluntary; Information anonymised and destroyed by shredding after dissertation has been submitted and graded. I will also use majority of the resources I produced for public health professional in my previous assignment such as the Medline database, Public Health England, Office for national Statistics and other initiatives that are linked to library usage in health promotion. Some of the questions to ask respondents will be to verify:
1. The attendance of any wellbeing activity in any public library. Do they attend other libraries for same or different activity?

2. Whether there has been any positive change to their lifestyle since engaging with the library. That is, query about possible impact of the activities attended at the local library.

3. Which activity mostly suits their need? Respondent will also have the choice to suggest activity not mentioned in the multiple-choice answers provided.

4. Has there been any positive/negative feedback from referrals?

It is difficult to ascertain the sample size for my survey at this stage, but it is essential to state that adult of all sexes and over the age of eighteen entering the library within the data collection period will be approached to complete a questionnaire.

One issue that I will need to be aware of as I do this research is my personal bias. As I work in this area and have a close relationship with group members as a facilitator of some of these activities, I will need to be aware that my bias may influence my judgement and impact the result of the study. I aim to keep an open mind and use contradicting evidences from the literature review, having questionnaires and interview transcripts coupled with the ability to analyse both negative and positive responses from participants. Also, constraints may arise on getting the required interview with stakeholders, so my intention is to start sending out emails to book appoint with them as soon as my proposal is approved.

Dissemination

Presently, my colleagues at work are fascinated with the fact that I have decided to pursue my career to master’s level, expectation is therefore high as they are eager to see what comes out of this bold step, so;

- I will be happy to share my findings with them when completed and marked.

- I will make effort to tweet my progress, write a blog post preparing my audience for the outcome of a research that I am working on.

- If my research is accepted City University’s LIS and contribute to the body of knowledge in LIS delivery service, I will deposit it in the CityLIS area on the Humanities Commons.
Work plan

In addition to the research folder where all dissertation related materials will be stored, below is a table showing how I plan to carry out my research from June to December 2019.

<table>
<thead>
<tr>
<th>Dissertation activity</th>
<th>Duration (in weeks)</th>
<th>Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clarify Aims/Objective with my supervisor</td>
<td>2</td>
<td>June</td>
</tr>
<tr>
<td>Literature Review</td>
<td>7</td>
<td>June-August</td>
</tr>
<tr>
<td>Research Methods</td>
<td>3</td>
<td>August- September</td>
</tr>
<tr>
<td>Data Collection (Questionnaire &amp; interview)</td>
<td>6</td>
<td>September-October</td>
</tr>
<tr>
<td>Findings</td>
<td>4</td>
<td>October/November</td>
</tr>
<tr>
<td>Conclusion</td>
<td>3</td>
<td>November/December</td>
</tr>
<tr>
<td>Proof reading and submission</td>
<td>2</td>
<td>December</td>
</tr>
</tbody>
</table>

Table credit: Biggam 2015, p.81

Resources

The resources I will be using in carrying out this project are IT, literature, journal articles, books, e-books, travel cost and stationeries. I will also need to use my time management and organisational skill.
Ethics and confidentiality

Every effort will be made to ensure the security and confidentiality of data collected for this research. Participants have the option to withdraw from the study at any stage of the research irrespective of assurance that their confidentiality will be respected and GDPR (2018) guidelines strictly adhered to in addition to adhering to City University’s ethics guidelines. I will also abide the following research ethics:

- Participants will be fully informed of my research outline; their consent will be sort by attaching participant information sheet and consent form to all questionnaires and they are free to withdraw from the study at any time.

- No one under the age of 18 will be approached to take part in the study, even during rhyme time, only willing parents will be added to the survey sample.

- Participants’ confidentiality will be duly respected.

- All responses will be anonymised.

- Interviews will be held either in the library or in an open office.

- City University ethics forms have been attached to this proposal.

Participant information sheet and consent form are duly attached, and they will be cross checked with my dissertation supervisor before commencement of the project.
PROPOSAL REFERENCES


CILIP (2018). Feel good at the library this libraries week. Press Release. Available at: https://www.cilip.org.uk/page/LibrariesWeek2018?&hhsearchterms=%222018+and+libraries+and+week%22. [Accessed on 2nd May 2019]


Ethics Review Form: LIS Master's project – Falilat Olubunmi Alabi

In order to ensure that proper consideration is given to ethical issues, all students undertaking the LIS dissertation project must complete this form and attach it to their dissertation proposal. Consult your supervisor if anything in this form is unclear or problematic. There are two parts:

Part A: Ethics Checklist. All students must complete this part. The checklist identifies whether the project requires ethical approval and, if so, where to apply for approval. Students who answer 'yes' to any of questions 1–18 should consult their supervisor, as they may need approval from the ethics committee.

Part B: Ethics Proportionate Review Form. This part is an application for ethical approval of low-risk research. Students who have answered “no” to questions 1 – 18 and “yes” to question 19 in the checklist must complete this part; students who have answered 'no' to all the questions 1-19 may ignore this part. The supervisor has authority to approve this application.

Part A: Ethics Checklist

<table>
<thead>
<tr>
<th>If your answer to any of the following questions (1 – 3) is YES, you must apply to an appropriate external ethics committee for approval:</th>
<th>Delete as appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Does your project require approval from the National Research Ethics Service (NRES)? (E.g. because you are recruiting current NHS patients or staff? If you are unsure, please check at <a href="http://www.hra.nhs.uk/research-community/before-you-apply/determine-which-review-body-approvals-are-required/">http://www.hra.nhs.uk/research-community/before-you-apply/determine-which-review-body-approvals-are-required/</a></td>
</tr>
<tr>
<td>2.</td>
<td>Will you recruit any participants who fall under the auspices of the Mental Capacity Act? (Such research needs to be approved by an external ethics committee such as NRES or the Social Care Research Ethics Committee <a href="http://www.scie.org.uk/research/ethics-committee/">http://www.scie.org.uk/research/ethics-committee/</a>)</td>
</tr>
</tbody>
</table>
3. Will you recruit any participants who are currently under the auspices of the Criminal Justice System, for example, but not limited to, people on remand, prisoners and those on probation? (Such research needs to be authorized by the ethics approval system of the National Offender Management Service.) | No

<p>| If your answer to any of the following questions (4 – 11) is YES, you must apply to the Senate Research Ethics Committee for approval (unless you are applying to an external ethics committee): | Delete as appropriate |
| 4. Does your project involve participants who are unable to give informed consent, for example, but not limited to, people who may have a degree of learning disability or mental health problem, that means they are unable to make an informed decision on their own behalf? | No |
| 5. Is there a risk that your project might lead to disclosures from participants concerning their involvement in illegal activities? | No |
| 6. Is there a risk that obscene and or illegal material may need to be accessed for your project (including online content and other material)? | No |
| 7. Does your project involve participants disclosing information about sensitive subjects? | No |
| 9. Does your project involve invasive or intrusive procedures? For example, these may include, but are not limited to, electrical stimulation, heat, cold or bruising. | No |</p>
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>Does your project involve animals?</td>
<td>No</td>
</tr>
<tr>
<td>11.</td>
<td>Does your project involve the administration of drugs, placebos or other substances to study participants?</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td><strong>If your answer to any of the following questions (12 – 18) is YES, you should consult your supervisor, as you may need to apply to an ethics committee for approval.</strong></td>
<td>Delete as appropriate</td>
</tr>
<tr>
<td>12.</td>
<td>Does your project involve participants who are under the age of 18?</td>
<td>No</td>
</tr>
<tr>
<td>13.</td>
<td>Does your project involve adults who are vulnerable because of their social, psychological or medical circumstances (vulnerable adults)? This includes adults with cognitive and/or learning disabilities, adults with physical disabilities and older people.</td>
<td>No</td>
</tr>
<tr>
<td>14.</td>
<td>Does your project involve participants who are recruited because they are staff or students of City University London? For example, students studying on a particular course or module. (If yes, approval is also required from the Project Tutor.)</td>
<td>No</td>
</tr>
<tr>
<td>15.</td>
<td>Does your project involve intentional deception of participants?</td>
<td>No</td>
</tr>
<tr>
<td>16.</td>
<td>Does your project involve identifiable participants taking part without their informed consent?</td>
<td>No</td>
</tr>
<tr>
<td>17.</td>
<td>Does your project pose a risk to participants or other individuals greater than that in normal working life?</td>
<td>No</td>
</tr>
<tr>
<td>18.</td>
<td>Does your project pose a risk to you, the researcher, greater than that in normal working life?</td>
<td>No</td>
</tr>
</tbody>
</table>
If your answer to the following question (19) is YES and your answer to all questions 1 – 18 is NO, you must complete part B of this form.

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>19.</td>
<td>Does your project involve human participants? For example, as interviewees, respondents to a questionnaire or participants in evaluation or testing.</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Part B: Ethics Proportionate Review Form**

If you answered YES to question 19 and NO to all questions 1 – 18, you may use this part of the form to submit an application for a proportionate ethics review of your project. Your dissertation project supervisor will review and approve this application.

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.</td>
<td>Will you ensure that participants taking part in your project are fully informed about the purpose of the research?</td>
<td>Yes</td>
</tr>
<tr>
<td>21.</td>
<td>Will you ensure that participants taking part in your project are fully informed about the procedures affecting them or affecting any information collected about them, including information about how the data will be used, to whom it will be disclosed, and how long it will be kept?</td>
<td>Yes</td>
</tr>
<tr>
<td>22.</td>
<td>When people agree to participate in your project, will it be made clear to them that they may withdraw (i.e. not participate) at any time</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>23.</td>
<td>Will consent be obtained from the participants in your project, if necessary?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Consent from participants will only be necessary if you plan to gather personal data. “Personal data” means data relating to an identifiable living person, e.g. data you collect using questionnaires, observations, interviews, computer logs. The person might be identifiable if you record their name, username, student id, DNA, fingerprint, etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>If YES, attach the participant information sheet(s) and consent request form(s) that you will use. You must retain these for subsequent inspection. Failure to provide the filled consent request forms will automatically result in withdrawal of any earlier ethical approval of your project.</em></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>Have you made arrangements to ensure that material and/or private information obtained from or about the participating individuals will remain confidential?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Provide details:</td>
<td></td>
</tr>
<tr>
<td></td>
<td><em>Data relating to participants will be anonymous. My mobile phone is password protected and data will be deleted afterwards.</em></td>
<td></td>
</tr>
</tbody>
</table>

If the answer to the following question (25) is YES, you must provide details

<p>| 25. | Will the research involving participants be conducted in the participant’s home or other | Yes |</p>
<table>
<thead>
<tr>
<th>non-University location?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><em>If YES, provide details of how your safety will be ensured:</em></td>
<td></td>
</tr>
<tr>
<td>Research will be conducted in the library.</td>
<td></td>
</tr>
</tbody>
</table>

**Attachments (these must be provided if applicable):**

<table>
<thead>
<tr>
<th>Attachments</th>
<th>Delete as appropriate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participant information sheet(s)</td>
<td>Yes</td>
</tr>
<tr>
<td>Consent form(s)</td>
<td>Yes</td>
</tr>
<tr>
<td>Questionnaire(s)**</td>
<td>No. Not ready</td>
</tr>
<tr>
<td>Topic guide(s) for interviews and focus groups**</td>
<td>No</td>
</tr>
<tr>
<td>Permission from external organisations (e.g. for recruitment of participants)**</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

**If these items are not available or not applicable at the time of submitting your project proposal, preliminary approval through proportionate review can still be given. This will be subject to you submitting the items to your supervisor for approval later. Approval must be obtained prior to the research commencing.**
CONSENT FORM

City, University of London

Researcher: Falilat Olubunmi Alabi

Supervisor: David Bawden

Title of Study: Impact of public library activities on the health and wellbeing of users.

Please tick or initial box

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I confirm that I have read and understood the participant information dated September 2019 for the above study. I have had the opportunity to consider the information and ask questions which have been answered satisfactorily.</td>
</tr>
<tr>
<td>2</td>
<td>I understand that my participation is voluntary and that I am free to withdraw without giving a reason, being penalized or disadvantaged up to the time my data has been anonymised and published.</td>
</tr>
<tr>
<td>3</td>
<td>I agree to the interview being audio recorded.</td>
</tr>
<tr>
<td>4</td>
<td>I agree to City recording and processing this information about me. I understand that this information will be used only for the purpose(s) set out in this statement and my consent is conditional on City complying with its duties and obligations under the General Data Protection Regulation (GDPR).</td>
</tr>
<tr>
<td>5</td>
<td>I agree to the arrangements for data storage, archiving, sharing. I understand that my anonymised data will be made open access on CityLIS Humanities Common and social media such as Tweeter.</td>
</tr>
<tr>
<td>7</td>
<td>I agree to the use of anonymised quotes in publication.</td>
</tr>
<tr>
<td>8</td>
<td>I agree to take part in the above study.</td>
</tr>
</tbody>
</table>

Name of Participant                  Signature                  Date

Name of Researcher                   Signature                  Date
When completed, please retain one copy and return the other copy to the research.

PARTICIPANT INFORMATION SHEET

City, University of London

Title of study: The impact of public library activities on health and well-being of users.

Name of principal researcher: Falilat Olubunmi Alabi

Supervisor: David Bawden

We would like to invite you to take part in a research study. Before you decide whether you would like to take part it is important that you understand why the research is being done and what it would involve for you. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. You will be given a copy of this information sheet to keep.

What is the purpose of the study?

The purpose of this study is to explore the impact of public library activities on the health and wellbeing of the user and Greenwich community. The collection of data will begin in July 2019. Completion of study is on 6th January 2020. This study is undertaken in partial fulfillment of the requirements for obtaining an MSc Information Science from City, University of London.

Why have I been invited to take part?

You were chosen for this study because you have visited one of Greenwich Libraries today. You are one in a small sample that is being given this information to participate in this study.

Do I have to take part?

Participation in the project is completely voluntary, and you can choose not to participate in part or all the project. You can withdraw at any stage of the project without being penalized or disadvantaged in any way. It is up to you to decide whether to take part or not. If you do decide to take part, you will be asked to sign a consent form. If you decide to take part, you are still free to withdraw at any time and without giving a reason. All data will be anonymized. Once data is anonymized and published, participants will no longer be able to withdraw their data.
What will happen if I take part?

If you take part, you will fill out a questionnaire which will be handed to you in the library and should take approximately 5-10 minutes to complete. Once completed you will be required to hand back to the researcher who will collate all completed questionnaires or, you can email completed questionnaire to the researcher at: falilat.alabi@city.ac.uk. If it is an interview, it should take approximately between 30-45 minutes.

You will be expected to answer a series of open and closed ended questions regarding your usage of the library, participation and feedback on any of the activities offered regarding your health and wellbeing.

What are the possible disadvantages and risks of taking part?

There are no foreseeable disadvantages or risks for you to take part.

What are the benefits of taking part?

If you decide to take part in this study, the benefits include; contributing to the body of knowledge and helping the library service make benefitting decisions on the public’s health and wellbeing.

How is the project being funded?

The research is privately funded as part of an MSc in Information Science.

Data privacy statement

City, University of London is the sponsor and the data controller of this study based in the United Kingdom. This means that we are responsible for looking after your information and using it properly. The legal basis under which your data will be processed is City’s public task.

Your right to access, change or move your information are limited, as we need to manage your information in a specific way for the research to be reliable and accurate. To safeguard your rights, we will use the minimum personal-identifiable information possible (for further information please see https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/lawful-basis-for-processing/public-task/).
City will use your name and contact details to contact you about the research study as necessary. If you wish to receive the results of the study, your contact details will also be kept for this purpose. The only people at City who will have access to your identifiable information will be the researcher and project supervisor. City will keep identifiable information about you from this study for - years after the study has finished.

You can find out more about how City handles data by visiting https://www.city.ac.uk/about/governance/legal. If you are concerned about how we have processed your personal data, you can contact the Information Commissioner’s Office (IOC) https://ico.org.uk/.

What will happen to result?

The study is intended to form part of an MSc dissertation, copies of which can be made available at your request. The results will maintain the anonymity of all participants in the publication of this dissertation and throughout its dissemination.

Who has reviewed the study?

This study has been approved by City, University of London Computer Science Research Ethics Committee.

What if there is a problem?

If you have any problems, concerns or questions about this study, you should ask to speak to a member of the research team. If you remain unhappy and wish to complain formally, you can do this through City’s complaints procedure. To complain about the study, you need to phone 020 7040 3040. You can then ask to speak to the Secretary to Senate Research Ethics Committee and inform them that the name of the project is: The impact of library activities on the health and wellbeing of users.

You can also write to the Secretary at:

Anna Ramberg
Research Integrity Manager
Research & Enterprise
City, University of London
Northamptons Square
London
EC1V 0HB

Email: Anna.Ramberg.1@city.ac.uk

City holds insurance policies which apply to this study. If you feel you have been harmed or injured by taking part in this study, you may be eligible to claim compensation. This does not
affect your legal rights to seek compensation. If you are harmed due to someone’s negligence, then you may have grounds for legal action.

**Further information and contact details**

If you have any further questions, please contact either

Falilat Olubunmi Alabi at: falilat.alabi@city.ac.uk

David Bawden (dissertation supervisor) at d.bawden@city.ac.uk

**Thank you for taking the time to read this information sheet.**
Appendix B  Master Interview Questions

Interview Questions - Appendix B

To comply with City, University of London Ethical research conduct, a short introduction of the study will be read, followed by the participant information and consent forms which will be signed by both of us.

The title of the study is: - Beyond the book: public libraries as social prescription hubs. It is an investigation into the impact of public library activities on the health and wellbeing library users.

The interview should take 20 – 30 minutes. I wish to remind you that participation is voluntary, and you can withdraw from participating at any time without being penalised. If you feel uncomfortable answering any question please say so, and we will move on to the next question.

1. Could you give me a brief introduction to your professional background? That is, how you started up to your current professional level.

2. Have you ever facilitated any activity in the library?

3. Is there any training for activity facilitators in your library?

4. Do you get referrals from other practice such as GP or Health establishment? Or do you refer users to other activities within the library?

5. How much do you charge for people to attend your activity? Is your activity being funded by the government?

6. Do you think these activities facilitated by library staff have affected your funding considering the menace of library closures in some local authorities?

7. Would you say attending/facilitating this activity has any impact on you or attendees’ wellbeing?

NB: Respondent assured that there would be no mention of names in the result of this research and findings are purely for academic purposes.
B1. Interview with Library Manager

Appendix B1

Interview transcript: Library Manager (A) – 07/10/2019

This interview is semi-structured, and it started with a brief introduction of research topic after salutations.

To comply with City, University of London Ethical research conduct, a short introduction of the study will be read, followed by the participant information and consent forms which will be signed by both of us.

The title of the study is: - Beyond the book: public libraries as social prescription hubs. It is an investigation into the impact of public library activities on the health and wellbeing library users.

The interview should take 20 – 30 minutes. I wish to remind you that participation is voluntary, and you can withdraw from participating at any time without being penalised. If you feel uncomfortable answering any question please say so, and we will move on to the next question.

Question 1. How long have you worked in the library?

Answer: I have been in the library business for 48 years. I started as a Saturday Assistant and moved up the ladder up to managerial level.

Question 2. Have you ever facilitated any library activity in your journey as a librarian? If yes, can you name some?

Answer: Yes, I have facilitated several library activities. Some of them are: Bouncing Babies, Local History Talks, Rhyme Time, and Reading Group to mention a few.

Question 3. Have you ever had someone being referred to any of the groups you facilitated, say from may be nearby GP Practice or Health establishment?

Answer: I would not say it’s a referral per se, but we have some special need volunteers who come in to help with library tasks like shelving or library tidy. This does not mean that we entrust volunteers with desk duties. Social media has really helped libraries’ publicity because unlike before, we are able to publicise our activities more, thereby increasing attendance. So, it is very possible that the increase in library footfall is as a result of the increased awareness of what is going on in the libraries.

Question 4. Would you say attending these activities have any impact on either the facilitators or the attendee’s health and wellbeing?

Answer: I would say maybe, because it all depends on individual circumstance. The knit & Natter for example is a way of forging friendship, increasing socialising and reducing isolation in the community. The Bouncing Babies could help mums share common interest
and help the children learning abilities. The library is also viewed as a safe place for everyone. You see young adults come in and congregate or study together from time to time. Although it can be noisy at times, especially during school holidays, staffs try to accommodate every member of the community.

**Interviewer:** To buttress interviewee point above, the interviewer gave example of a teenager chased into the library by his mate holding a knife and how other people was able to stop the encounter from escalating into a sad story.

**Question 5.** Do you think these activities facilitated by library staff have affected your funding considering the menace of library closures in some local authorities?

**Answer:** Yes, we have had funding issues, but co-location approach has helped with good service delivery. We now have more community services such as health advice, leisure, careers advice, good-day programme; café-post office etc. all under-one-roof, these community hubs help public libraries keep their doors open. They can co-locate services and share costs while acting as a one-stop hub for beneficial services.

The interviewer thanked the participant for taking part in this research and promised to share the result of the study with them after dissertation has been graded as they are interested in the outcome.

**NB:** Respondent assured that there would be no mention of names in the result of this research and findings are purely for academic purposes.
Appendix B2

Interview with Volunteer Activity Facilitator (B)

To comply with City, University of London Ethical research conduct, a short introduction of the study will be read, followed by the participant information and consent forms which will be signed by both of us.

The title of the study is: - Beyond the book: public libraries as social prescription hubs. It is an investigation into the impact of public library activities on the health and wellbeing library users.

The interview should take 20 – 30 minutes. I wish to remind you that participation is voluntary, and you can withdraw from participating at any time without being penalised. If you feel uncomfortable answering any question please say so, and we will move on to the next question.

Question 1. Could you give a brief introduction to your professional background? That is, how you started up to your current professional level.

Answer: I started the ‘Happiness Group’ as a way of giving back to the community. It has been 2 years now. People approach life differently, the group run like a family group where members interact freely. Most of the members are pensioners.

Question 2. Do you get referrals from other practice such as GP or health establishment? Or do you refer your members to other activities within the library?

Answer: Yes, we get referrals from the library and if any member talks about a service they require within the library or in the community, I try to see where I can help.

Question 3. Did you get any specific training in order to facilitate the activity?

Answer: No, I am an Engineer. I started the group because I have a disabled child to care for, so instead of just sitting at home alone and be engulfed by life situations, I come to the library to socialise with members of the community. I see there are people who want to be in company of others like me, so we are kind of there for one another.

Question 4. You said you are an Engineer; how did you find yourself facilitating ‘happiness group’?

Answer: As I said before, this is a group therapy. I work with the members to relieve themselves of disturbing thoughts, we learn how to respect everyone’s opinion and encourage self-respect. We offer different views to life situations.
Question 5. Would you say this activity has any impact on you or the attendees’ wellbeing? For instance, do you get feedback from attendees?

Answer: This activity has been a trainer to me too, now I am more confident to interact in a group. Attendees leave a session looking happier than when they came in, and some have commented that they always look forward to our weekly meeting. I would like to train as a therapist in the future.

Question 6. Is there anything that the library could have done to make the activity better than it is now?

Answer: Um yes, attendees want their own space, more time etc. This library is a community space helping the residents, bringing members together. So, it would be nice if we get more time to make use of the room allocated to us to spend more time together.

Interviewer: Thank you very much for your time today.

Interviewee: You are welcome. I hope everything goes well with your dissertation.

NB: Respondent assured that there would be no mention of names in the result of this research and findings are purely for academic purposes.
Appendix B3

Interview with ESOL Tutor – 15/10/2019 (C)

The Researcher collected the completed consent form which had been emailed to the interviewee and gave a brief introduction to the study after salutations.

To comply with City, University of London Ethical research conduct, a short introduction of the study will be read, followed by the participant information and consent forms which will be signed by both of us.

The title of the study is: - Beyond the book: public libraries as social prescription hubs. It is an investigation into the impact of public library activities on the health and wellbeing library users.

The interview should take 20 – 30 minutes. I wish to remind you that participation is voluntary, and you can withdraw from participating at any time without being penalised. If you feel uncomfortable answering any question please say so, and we will move on to the next question.

Question 1. What exactly do you do and how long have you been doing this activity?

Answer: I am English as Second Language (ESOL) Tutor and I have done this in various local boroughs for a long time. We are commissioned by local authorities to partner with them in delivering this free service. We also run a programme called ‘family-learning’, a fun activity session involving family members promoting family engagement.

Question 2. Do you get referral to your class from other practice such as GP or Health establishment? Or do you refer users to other activities in the library?

Answer: It depends; some schools refer some struggling parents to us. Sometimes, a case worker from the social service can refer parents or adult carers to us in order to help support their wards. We also signpost members of the group to services in the borough, as well as inform them if the library is organising special craft activity.

Question 3. Is your service free? Is it being funded by the government?

Answer: Yes, to UK residents. So, we must check the legal status of attendees before signing-up for the course. Yes, it is funded by the government.

Question 4. Would you say doing /facilitating these activities in the library has any positive impact on your wellbeing or that of the attendees?

Answer: As I said earlier, I have been teaching people for years. It gives me a satisfying feeling when I see someone that started my class not able to say a word in English...
now able to engage in conversation with their classmates. I empathise with them and I try my best to help. Just because someone does not speak English does not mean that they are stupid. Helping people isolated away from family gives me joy. I think attendees have a sense of belonging and their confidence increased. The activity is a survival kit really.

**Interviewer:** Thank you very much for your time.

**Interviewee:** It is my pleasure to help. Good luck with your dissertation.
Appendix B4

Interview with Wellbeing Manager (D)

To comply with City, University of London Ethical research conduct, a short introduction of
the study will be read, followed by the participant information and consent forms which will
be signed by both of us.

The title of the study is: - Beyond the book: public libraries as social prescription hubs. It is
an investigation into the impact of public library activities on the health and wellbeing
library users.

The interview should take 20 – 30 minutes. I wish to remind you that participation is
voluntary, and you can withdraw from participating at any time without being penalised. If
you feel uncomfortable answering any question please say so, and we will move on to the
next question.

Question 1. Could you please give me a brief introduction to your professional
background? That is, how you started up to your current professional level.

Answer: I started as a Library Assistant and worked my way up to managerial level. My
current role involves working with adult and was created as a flagship programme called
‘Wellbeing Wednesday’ in 2015.

Question 2. Have you ever facilitated any activity in the library?

Answer: Yes, I have facilitated Adult Craft, Calming Colouring and Coffee Mornings.

Question 3. Is there any training for activity facilitators in your library?

Answer: Yes, if staff require training, they are trained to facilitate activities that they are
not familiar with, but some are naturally gifted and want to share their talent with library
users. I received training to work with adult by council before I moved to borough. Staff are also being trained through shadowing.

Question 4. Do you get referrals from other practice such as GP or Health establishment?
Or do you refer users to other activities within the library?

Answer: I can’t really say if some attendees were referred from GP or health establishment,
we do refer users to activities in the library. Users are also signpost users to services
available in the borough.

Question 5. How much do you charge for people to attend your activity? Is your activity
being funded by the government?
**Answer:** Our activities are free at the point of use for customers and cost that we incur is being covered as per of our budget. Um we do get funding for some project, sometimes in form of sponsorship.

**Interviewer:** does that mean that you are being sponsored by the government?

Interviewee: Yeah, ultimately. The way we work, local libraries are funded directly via local councils.

**Question 6. Do you think these activities facilitated by library staff have affected your funding considering the menace of library closures in some local authorities?**

**Answer:** Not directly, at least we are still owned by local authority only managed by a social enterprise. That is preferable to becoming a community run library which would have resulted in job loss for us. Em, I can only speak from point of view. We are very lucky that we have committed staff and we also have members of the public that want to give back to the community by volunteering to facilitate some of the activities free of charge. I know not every public library has that luxury.

**Interviewer:** So, instead of becoming a community library or reduce staff because of reduced funding you are enjoying the help of volunteers that are helping you to run some of your activities?

Interviewee: Yes

**Interviewer:** Can you give me some examples of activities that fall in this category?

**Interviewee:** So, we have ‘Happiness and Self Esteem ‘group and that is run entirely by a member of the public who is qualified and trained. They just want to give back to the community by providing this service to people who may not be able to attend those activities commercially.

**Question 7. Would you say attending/facilitating this activity has any impact on you or the attendee’s wellbeing?**

**Answer:** Yes, I would say these activities have impact on both the facilitators and the attendees’ wellbeing. We do get positive feedbacks from users from time to time. For example, one user made comment like this: “I learnt so much, I didn’t know you did so much here”.

**Question 8. Any other comment you would like to add?**

**Answer:** Yes, there is good evidence from ‘Wellbeing Wednesday’ programme to put forward a case for Adult Wellbeing as part of a boroughwide activity for all the public libraries. Moreover, staff got well on board with the introduction of more adult activities in the library.

**NB:** Thank you for agreeing to take part in the research. I wish to reassure you that there would be no member of library or participants name in the result as promised earlier.
Appendix B5

Interview with Library Assistant (E)

To comply with City, University of London Ethical Research Conduct, a short introduction of the study will be read, followed by the participant information and consent forms which will be signed by both of us.

The title of the study is: - Beyond the book: public libraries as social prescription hubs. It is an investigation into the impact of public library activities on the health and wellbeing library users.

The interview should take 20 – 30 minutes. I wish to remind you that participation is voluntary, and you can withdraw from participating at any time without being penalised. If you feel uncomfortable answering any question please say so, and we will move on to the next question.

Question 1. Could you please give a brief introduction about yourself? That is, how you started with the public library up to your current level.

Answer: When I first came in, I came in as a Casual Library Assistant, from 2010 to 2011. There was an opening for a fixed 28 hours library Assistant in 2011 which I applied for and was successful. I am now a full-time Senior Library Assistant.

Question 2. Have you ever facilitated any activity in the library?

Answer: You mean baby rhyme time? I did baby rhyme time at [redacted] library and any other library that I was in as we work in different libraries within the borough. At [redacted] library there’s a new activity we call Monday Mindfulness, it’s like Colouring Club but members can do their own thing. I have a member that comes in to do her knitting instead of Colouring. Now I have only one person doing it with me, but I am thinking of revamping it in the new year and increase the publicity.

Question 3. Did you receive any training for these activities?

Answer: For baby rhyme time and messy morning we did received training. There have been other relevant trainings quite recently like the Deaf Awareness training. I mean, we do have deaf users and that was interesting.

Question 4. Do you get referrals, maybe from other partners like say the GP, or do refer library users to other activities? Someone comes to you at the desk and ask for help, do you signpost them to available services around?

Answer: Yes, sometimes, like people that don’t know how to use the computer, I do signpost them to ‘Learn My Way’ which is an online course for basic computer training. Most of the libraries have the programme. There is also English Express and ESOL for English as a second language users. There's Wellbeing Wednesday, this is a popular adult activities
day. I have not facilitated any of the activities, but I have spoken to one of the facilitators to see if I can come in one Wednesday and borrow ideas for my base library.

**Question 5. How much do you charge for your activity? Do users have to pay to attend?**

**Answer:** No all our activities are free.

**Question 6. Do you know if any of the activities you run in the library are being funded by the government?**

**Answer:** No, I don’t think so. As far as I know they don't get funding for running the activities. It is part of the services that we offer. I think there are some organisations like CitiLit that runs English courses that run activities in the library that may be getting funding. We share the space and so maybe they pay something towards the shared space.

**Question 7. Do you think these activities have any effect on the wellbeing of the facilitators or the attendees’?**

**Answer:** Yeah, definitely, I take the Monday Mindfulness as an example, the lady that comes to do her knitting is elderly and I think it’s her ‘time’ and she seems to enjoy it. We do have a rapport, you know, being the beginning of the week, she does have set plan for the week. As a facilitator, the manager allows me to do my colouring too and because I have a mental health condition myself it has really helped me. The colouring is quite calming. It does help me, and I am pretty sure it helps the user too.

**Question 8. Do you think these activities being facilitated by the public libraries have any effect in the funding of public libraries considering the way some local Authorities are closing their libraries?**

**Answer:** Yeah, I think being able to provide what the public needs through these activities that would ordinarily cost the members of the community, the local authority is keeping the library. And we can keep up with the changing times. Moreover, it’s kind of a community hub with lots of homeless people taking shelter, able to use the computer. Also, because of the social demographic, there are people not able to afford basic needs like computer, there are people with mental health issues. We are providing what the members of the community want and we are open to suggestions as well. We are doing so well in a borough, see how your knit & natter group has grown over the years. I think we are doing very well in this borough.

**Question 9. Thank you so much for your time. Is there anything else you would like to add? Any input that can help me with my research?**

**Answer:** Umm I think you have done all that needs to be done. You have done your questionnaire and some interviews haven't you? Thank you too for talking to me and I hope my contribution is useful. Good luck with your analysis then.

**NB:** Thank you for agreeing to take part in the research. I wish to reassure you that there would be no member of library or participants name in the result as promised earlier.
Appendix C  Questionnaire Sample

This study is part of an MSc dissertation from City, University of London. Participation is voluntary and you can withdraw from participating at any time without being penalised. If you have any further questions, please contact either the researcher at: falilat.alabi@city.ac.uk or the dissertation supervisor at: david.bawden@city.ac.uk.

Research title: The impact of Public Library activities on the health and wellbeing of users.

Background:

Relationship with the library

Staff  ☐  Library Member  ☐  Volunteer  ☐  Other  ☐

Age:

18 – 39  ☐  40 – 69  ☐  70 and above  ☐  Prefer not to say  ☐

Gender:

Male  ☐  Female  ☐  Prefer not to say  ☐

Ethnicity:

African/Caribbean  ☐  White British  ☐  Black British  ☐  European  ☐

Asian  ☐  Mixed/other  ☐  Prefer not to say  ☐

Employment status:

Full time  ☐  Part time  ☐  self-employed  ☐  Unemployed  ☐  Retired  ☐

Prefer not to say  ☐

1. Why did you visit the library today? You can tick more than one. I am in the library to:

   Borrow item  ☐  Use the computer  ☐  Attend an activity  ☐  Meet friends  ☐

   Use the facilities  ☐  Work  ☐

2. Have you ever attended or facilitated any activity in a public library? Yes  ☐  No  ☐

3. If your response to question 2 is “No” please state reason.
4. Which of these activities have you attended or facilitated? You can tick more than one.

Knit & Natter  Rhyme time  Adult Creative Writing/Craft  Reading Group

Emotional Freedom Technique  Learn my way  None

5. How long have you been attending this activity?

Year  Month

6. How did you hear about this activity?

Library website/leaflet  Word of mouth  Referral  In the library

7. What was your reason for joining this activity?

To socialise  to gain knowledge  to give back to the community

8. Has the activity met your expectations? Yes/No. If yes, how?


9. Would you say the activity has improved your health and wellbeing in any way?

Yes  No  Maybe

10. Please state any other activity you would like to take part in if provided by the library.


11. Is there anything the library could have done to make the activity more beneficial?


12. Any other comment?


