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## 1. Link Worker Information Sheets

### **The Ways to Wellness: Link Worker Participant Observation Participant Information Sheet**

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This study is part of our larger evaluation of Ways to Wellness. For this study, we seek to understand the Link Worker's role in delivering the intervention.

#### **What does the 'Ways to Wellness' Link Worker Study involve?**

You are invited to take part in our study. A researcher from Newcastle University would like to document your daily routine and to talk to you about your role supporting clients in Ways to Wellness during a period of **participant observation**.

**Participant Observation:** The researcher will be spending time with Link Workers and staff at [Provider Office] during a three-month period of participant observation. This will take place during your normal working hours, and will involve the researcher spending time in a range of settings, including [provider] offices, staff meetings, training and supervision, where appropriate. The researcher will leave the room at any time, if requested.

Confidentiality will be guaranteed for all included and participants' identities will be disguised in publications emerging from this research. If necessary in order to maintain the anonymity of participants, the exact research locations will also be concealed.

Notes will be made by the researcher after periods of observation. All study data will be held in a secure environment. Consent forms will be retained separately from participant identifiable information. Anonymised data will be retained for a period of twenty years.

You could take part in the participant observation and decide not to take part in the other element of the study, which is shadowing some Link Workers.

**Why have I been invited to take part?**

We are inviting Link Workers to take part in the study so that we can find out about their role. You do not have to take part and your choice will not affect your employment in any way.

**What happens if I change my mind about taking part?**

You can leave the study at any time. You do not need to tell us why you want to leave. If you request it, we will permanently and securely delete any information about you obtained by participant observation.

**Has the study been approved?**

The study has been approved by Durham University Ethics Committee.

**How is the research funded?**

The research is funded by a grant from the National Institute of Health Research.

**What information will I receive at the end of the study?**

At the end of the study we can send you a summary of the study’s findings if you are interested. If you would like to receive a summary of the study’s findings, please email [nuspe@newcastle.ac.uk](mailto:nuspe@newcastle.ac.uk) or write to the address below. More information can also be found on our project website: <https://research.ncl.ac.uk/nuspe>

**Do you have any questions?**

Questions are welcome at any time. Please ask the researcher, [REDACTED] [REDACTED] using the contact details below if you would like to discuss anything in this information sheet. All communication will be treated confidentially.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

## **The Ways to Wellness: Link Worker Interviews**

### **Participant Information Sheet**

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This study is part of our larger evaluation of Ways to Wellness being conducted by researchers at Newcastle and Durham Universities. For this study, we seek to understand the Link Worker's role in delivering the intervention.

#### **What does the 'Ways to Wellness' Link Worker Study involve?**

You are invited to take part in an interview for our study. A researcher from Newcastle University, [REDACTED], would like to talk to you about your role supporting clients in Ways to Wellness.

#### **Interview:**

Interviews will be conducted at an agreed place and time. They are expected to last 45-60 minutes and will be recorded and later transcribed. Confidentiality will be guaranteed. Participants' identities will be disguised in publications emerging from this research. If necessary in order to maintain the anonymity of participants, the exact research locations will also be concealed.

All study data will be held securely. Consent forms will be retained separately from participant identifiable information. Anonymised data will be retained for a period of five years to allow for complete analysis of the data.

#### **Why have I been invited to take part?**

We are inviting Link Workers to take part in the study so that we can find out about their role. You do not have to take part and your choice will not affect your employment in any way.

#### **What happens if I change my mind about taking part?**

You can leave the study at any time. You do not need to tell us why you want to leave. If you request it, we will permanently and securely delete any information you have provided.

#### **Has the study been approved?**

The study has been approved by Durham University Department of Anthropology Ethics Committee.

**How is the research funded?**

The research is funded by a grant from the National Institute of Health Research.

**What information will I receive at the end of the study?**

At the end of the study we can send you a summary of the study’s findings if you are interested. If you would like to receive a summary of the study’s findings, please email [nuspe@newcastle.ac.uk](mailto:nuspe@newcastle.ac.uk) or write to the address below. More information can also be found on our project website:

**<https://research.ncl.ac.uk/nuspe>**

**Do you have any questions?**

Questions are welcome at any time. Please ask the researcher, [REDACTED] [REDACTED] using the contact details below if you would like to discuss anything in this information sheet. All communication will be treated confidentially.

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



## **The Ways to Wellness: Link Worker Focus Groups**

### **Participant Information Sheet**

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As part of our study looking at the experiences of service users we would like to invite Link Workers to discuss with us, in a focus group format, how the 'Ways to Wellness' works for service users.

#### **What does the 'Ways to Wellness' Experiences Study involve?**

We will be working intensively with service users over the course of the study.

**We would like to invite you** to take part in a focus group which will consist of 6-8 Link Workers from [Provider name]. The aim of the discussion is to obtain your perspective on how the Ways to Wellness works for service users.

Focus groups will last for about 2 hours. They will be recorded and transcribed. You will not be identifiable on transcripts. Recordings will be deleted at the end of the study, but transcripts may be retained for up to 20 years.

#### **Why have I been invited to take part?**

Given the central role of Link Workers in the Ways to Wellness programme, it is important to understand your perspective on the programme. You are not obliged to take part and your choice will not affect your employment in the Ways to Wellness service.

#### **What happens if I change my mind about taking part?**

You can leave the study at any time. You do not need to tell us why you want to leave.

#### **Has the study been approved?**

The study has been approved by Durham University Ethics Committee

**How is the research funded?**

The research is funded by a grant from the National Institute of Health Research.

**What information will I receive at the end of the study?**

At the end of the study we can send you a summary of the study's findings if you are interested.

**Questions**

Please ask about anything in the information that is a concern. Questions are welcome at any time. We can be contacted at:

[Redacted contact information]

[Redacted contact information]

## **The Ways to Wellness: Link Worker Shadowing Participant Information Sheet**

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This study is part of our larger evaluation of Ways to Wellness. For this study, we seek to understand the Link Worker's role in delivering the intervention.

### **What does the 'Ways to Wellness' Link Worker Study involve?**

You are invited to take part in our study. A researcher from Newcastle University would like to document your daily routine and to talk to you about your role supporting clients in Ways to Wellness during a period of **shadowing**.

**Shadowing:** The researcher would like to **spend more focused time with some link workers**, shadowing your daily activities to find out about how you develop relationships with service users to achieve their goals. This will take place during your normal working hours, and will involve the researcher spending time with you during your working day, attending your meetings with clients including home visits, joining any other interactions you have with clients and so on. The researcher will leave, if requested.

We may ask you to reflect on your day, when time allows, in-between meetings and phone calls or during break times. We anticipate spending a total of 5-15 days per Link Worker, and this would be spread over a number of months.

The researcher will make notes during and after periods of shadowing. Confidentiality will be guaranteed for all included and participants' identities will be disguised in publications emerging from this research. If necessary in order to maintain the anonymity of participants, the exact research locations will also be concealed.

All study data will be held in a secure environment. Consent forms will be retained separately from participant identifiable information. Anonymised data will be retained for a period of twenty years.

### **Why have I been invited to take part?**



We are inviting Link Workers to take part in the study so that we can find out about their role. You do not have to take part and your choice will not affect your employment in any way.

### **What happens if I change my mind about taking part?**

You can leave the study at any time. You do not need to tell us why you want to leave. If you request it, we will permanently and securely delete any information you have provided.

### **Has the study been approved?**

The study has been approved by Durham University Ethics Committee.

### **How is the research funded?**

The research is funded by a grant from the National Institute of Health Research.

### **What information will I receive at the end of the study?**

At the end of the study we can send you a summary of the study's findings if you are interested. If you would like to receive a summary of the study's findings, please email [nuspe@newcastle.ac.uk](mailto:nuspe@newcastle.ac.uk) or write to the address below. More information can also be found on our project website: <https://research.ncl.ac.uk/nuspe>

### **Do you have any questions?**

Questions are welcome at any time. Please ask the researcher, [REDACTED] [REDACTED] using the contact details below if you would like to discuss anything in this information sheet. All communication will be treated confidentially.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



**Delivering social prescribing in a global pandemic: COVID-19 Telephone  
Interviews  
Participant Information Sheet**

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This study of COVID-19 is part of our larger evaluation of Ways to Wellness and social prescribing being conducted by researchers at Newcastle and Durham Universities. For this study, we seek to understand the changes to social prescribing service provision following COVID-19.

**What does the ‘Delivering social prescribing in a global pandemic’ Study involve?**

You are invited to take part in a telephone interview for our study. A researcher from Newcastle University, [REDACTED], would like to talk to you about your role in delivering and supporting clients in Ways to Wellness.

**Interview:**

Telephone interviews will be conducted at an agreed date and time. They are expected to last 60-75 minutes and will be recorded and later transcribed. Confidentiality will be guaranteed. Participants’ identities will be disguised in publications emerging from this research. If necessary in order to maintain the anonymity of participants, the exact research locations will also be concealed.

All study data will be held securely. Consent forms will be retained separately from participant identifiable information. Anonymised data will be retained for a period of five years to allow for complete analysis of the data.

**Why have I been invited to take part?**

We are inviting key people to take part in the study so that we can find out about their role. You do not have to take part and your choice will not affect your employment in any way.

**What happens if I change my mind about taking part?**

You can leave the study at any time. You do not need to tell us why you want to leave. If you request it, we will permanently and securely delete any information you have provided.

**Has the study been approved?**

The study has been approved by Durham University Department of Anthropology Ethics Committee.

**How is the research funded?**

The research is funded by a grant from the National Institute of Health Research.

**What information will I receive at the end of the study?**

At the end of the study we can send you a summary of the study's findings if you are interested. If you would like to receive a summary of the study's findings, please email [REDACTED] or write to the address below.

**Do you have any questions?**

Questions are welcome at any time. Please ask the researcher, [REDACTED], using the contact details below if you would like to discuss anything in this information sheet. All communication will be treated confidentially.

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]



## 2. Link Worker Consent Forms

### Ways to Wellness

#### Delivering social prescribing: Ethnography of Link Worker practitioners

#### CONSENT FORM FOR PARTICIPANTS: Participant Observation

If you are happy to participate, please complete and sign the consent form below

	Please initial
I confirm that I have read the attached information sheet about the research project. I have had the opportunity to think about the information and have had any questions answered satisfactorily.	
I understand that taking part in the study is voluntary and that I am free to withdraw and ask that any information I have provided is deleted at any time without giving a reason.	
I understand that <b>only notes relating to the activities of Link Workers</b> will be typed out by the researcher for analysis following each observation with Link Workers	
<b>Link Workers:</b> I understand that the information I provide will be treated with complete confidentiality and stored in a safe place.	
<b>Clients:</b> I understand that any information discussed during contact time with Link Workers will be treated with complete confidentiality and WILL NOT be recorded or used as part of the study.	
<b>NHS Staff:</b> I understand that any information discussed during contact time with Link Workers will be treated with complete confidentiality and WILL NOT be recorded or used as part of the study.	
I understand that no client details will be recorded when I am being	

observed	
I understand that the data I provide may be shared anonymously with other researchers during this study.	
I understand that the data I give will be stored securely by the researcher at Newcastle University, for up to twenty years, unless I have requested that they are deleted/destroyed.	
I understand that data collected from me during the study will be anonymised and pseudonyms will be used in any publications to ensure confidentiality	
I agree to take part in the above study and maintain the confidentiality of any data shared.	
I would be interested in receiving a summary report of the findings of the study	<b>YES/NO</b>

\_\_\_\_\_

**Name of Participant**                      **Date**                      **Signature**

\_\_\_\_\_

**Name of Person taking consent**   **Date**                      **Signature**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact Persons:** If you have any questions about this research, call or write to:

\_\_\_\_\_

**CONTACT DETAILS SHEET**

**Your Contact Details:**

Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Alternative phone (home or work): \_\_\_\_\_



## Ways to Wellness

### Delivering social prescribing: Ethnography of Link Worker practitioners

#### CONSENT FORM FOR PARTICIPANTS: Interviews

If you are happy to participate please complete and sign the consent form below

	Please initial
I confirm that I have read the attached information sheet about the research project. I have had the opportunity to think about the information and have had any questions answered satisfactorily.	
I understand that taking part in the study is voluntary and that I am free to withdraw and ask that any information I have provided is deleted at any time without giving a reason.	
I agree to my interview being audio-recorded.	
I understand that the information I provide will be treated with complete confidentiality and stored securely.	
I understand that the data I provide may be shared anonymously with other members of the research team during this study.	
I understand that the data I give will be stored securely by the researcher at Newcastle University, for up to five years, unless I have requested that they are deleted/destroyed.	
I understand that data collected from me during the study will be anonymised and pseudonyms will be used in any publications to ensure confidentiality	



I agree to take part in the above study	
I would be interested in receiving a summary report of the findings of the study	<b>YES/NO</b>

\_\_\_\_\_

**Name of Participant**                      **Date**                      **Signature**

\_\_\_\_\_

**Name of Person taking consent**   **Date**                      **Signature**

**Contact Persons:** If you have any questions about this research, call or write to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Durham University is responsible for providing information about how personal data is used. For its general policy, see:

<https://www.dur.ac.uk/research.innovation/governance/privacynotice/generic/>

## CONTACT DETAILS SHEET

To be completed only if you have requested information about the results of the study

### Your Contact Details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Alternative phone (home or work): \_\_\_\_\_



## Ways to Wellness

### Delivering social prescribing: Ethnography of Link Worker practitioners

#### CONSENT FORM FOR PARTICIPANTS: Focus Groups

**If you are happy to participate, please complete and sign the consent form below**

	Please initial
I confirm that I have read the attached information sheet about the research project. I have had the opportunity to think about the information and have had any questions answered satisfactorily.	
I understand that taking part in the study is voluntary and that I am free to withdraw and ask that any information I have provided is not used. I can do this at any time without giving a reason.	
I understand that the focus group will be recorded and typed out for analysis. My name and identifiable details will be removed from any transcripts.	
I understand that the information I provide will be treated with complete confidentiality and stored in a safe place.	
I will treat all discussion during the focus group as confidential so as to respect the anonymity and privacy of the other participants.	
I understand that digital recordings will be kept until the end of the project.	
I understand that typed copies of focus groups will be kept for future use by the University for researchers to access in future	
I agree to release the information I provide in the focus group for use in reports, academic papers, books and contributions to books, conferences, public lectures, public workshops and other events. Any publications or outputs will not include details that will allow an	

individual to be identified.	
I would be interested in receiving a summary report of the findings of the study	<b>YES/NO</b>

**Name of participant (printed):**

.....

**Signature:**

.....

**Researcher:**

.....

**Date:** .....

**Contact Persons:** If you have any questions about this research, call or write to:

[Redacted]  
 [Redacted]  
 [Redacted]  
 [Redacted]  
 [Redacted]  
 [Redacted]  
 [Redacted]

**CONTACT DETAILS SHEET**

**Your Contact Details:**

Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Alternative phone (home or work): \_\_\_\_\_



## Ways to Wellness

### Delivering social prescribing: Ethnography of Link Worker practitioners

#### CONSENT FORM FOR PARTICIPANTS: Shadowing

**If you are happy to participate please complete and sign the consent form below**

	Please initial
I confirm that I have read the attached information sheet about the research project. I have had the opportunity to think about the information and have had any questions answered satisfactorily.	
I understand that taking part in the study is voluntary and that I am free to withdraw and ask that any information I have provided is deleted at any time without giving a reason.	
I understand that <b>only notes relating to the activities of Link Workers</b> will be typed out by the researcher for analysis following each observation with Link Workers	
Link Workers: I understand that the information I provide will be treated with complete confidentiality and stored in a safe place.	
Clients: I understand that any information discussed during contact time with Link Workers will be treated with complete confidentiality and WILL NOT be recorded or used as part of the study.	
NHS Staff: I understand that any information discussed during contact time with Link Workers will be treated with complete confidentiality and WILL NOT be recorded or used as part of the study.	
I understand that no client details will be recorded when I am being observed	

I understand that the data I provide may be shared anonymously with other researchers during this study.	
I understand that the data I give will be stored securely by the researcher at Newcastle University, for up to twenty years, unless I have requested that they are deleted/destroyed.	
I understand that data collected from me during the study will be anonymised and pseudonyms will be used in any publications to ensure confidentiality	
I agree to take part in the above study and maintain the confidentiality of any data shared.	
I would be interested in receiving a summary report of the findings of the study	<b>YES/NO</b>

\_\_\_\_\_

**Name of Participant**                      **Date**                      **Signature**

\_\_\_\_\_

**Name of Person taking consent**   **Date**                      **Signature**

**Contact Persons:** If you have any questions about this research, call or write to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CONTACT DETAILS SHEET

### Your Contact Details:

Name: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Alternative phone (home or work): \_\_\_\_\_



## Delivering social prescribing in a global pandemic

### CONSENT FORM FOR PARTICIPANTS: COVID-19 Telephone Interviews

**If you are happy to participate, we will agree verbal consent at the start of the telephone interview. I will ask you if you agree with the following statements, and will initial these on your behalf. I will sign, date and add the time; I will then send you an electronic copy of this form for your records.**

**Please initial**

I confirm that I have read the attached information sheet about the research project. I have had the opportunity to think about the information and have had any questions answered satisfactorily.	
I understand that taking part in the study is voluntary and that I am free to withdraw and ask that any information I have provided is deleted at any time without giving a reason.	
I agree to my telephone interview being audio-recorded.	
I understand that the information I provide will be treated with complete confidentiality and stored securely.	
I understand that the data I provide may be shared anonymously with other members of the research team during this study.	
I understand that the data I give will be stored securely by the researcher at Newcastle University, for up to five years, unless I have requested that they are deleted/destroyed.	
I understand that data collected from me during the study will be anonymised and pseudonyms will be used in any publications to ensure confidentiality	
I agree to take part in the above study	
I would be interested in receiving a summary report of the findings of the study	<b>YES/NO</b>

### 3. Link Worker Demographic Questionnaire

**Link worker participant number** .....

Please answer the questions below, giving details where relevant. The information you provide will be treated confidentially.

**1. Age?**

.....  
.....

**2. Gender?**

.....  
.....

**3. Ethnicity?**

.....  
.....

**4. Where do you live?**

.....  
.....

**Have you always lived in this area?**

.....

**If not, where did you live before?**

.....

**5. Please give details of previous employment/volunteering roles in the last 10 years**

.....  
.....

.....  
.....  
.....  
.....  
.....  
.....

**6. Please give details of previous or current education**

.....  
.....  
.....  
.....  
.....  
.....

**7. Role as a link worker**

a. Length of time as a link worker

.....

b. If you work part time, how many hours per week do you work?

.....

c. Please provide details of other paid or unpaid work/education you are currently involved in

.....  
.....

d. Please provide details of any training you have received for this role

.....  
.....

.....

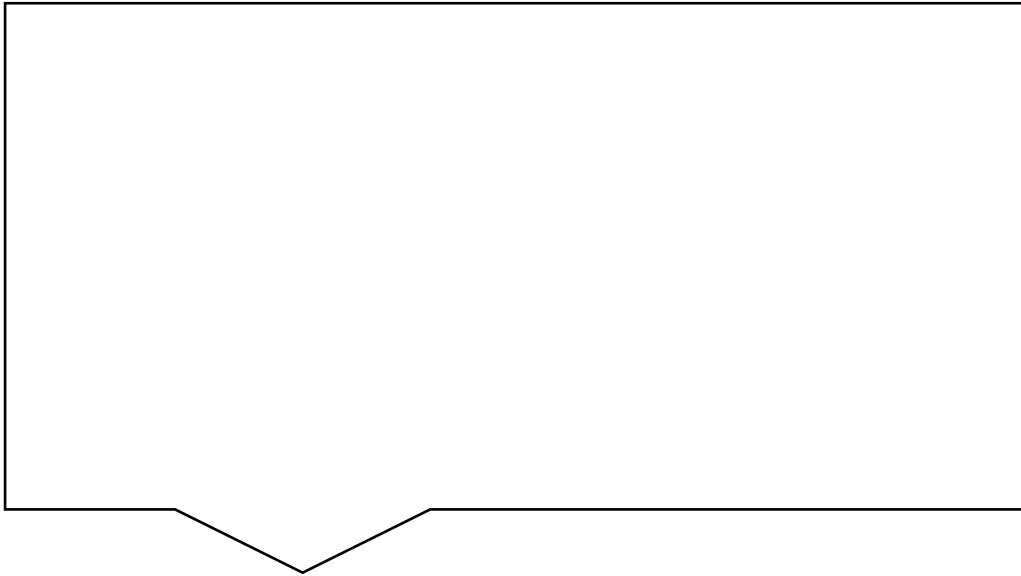
**7. Shadowing**

a. If you are interested in the shadowing aspect of the research please indicate below

.....

b. Which days do you usually work? .....

**Please use this box to add any further information or comments which you feel is of use for this research.**



Thank you for your time. If you have any questions, please contact me, [REDACTED]

**Email:** [REDACTED]

**Tel:** [REDACTED]

#### 4. GP Surgery poster for link worker shadowing

**[LW NAME]** is being observed today by a researcher from Newcastle University. If you have an appointment to see [LW] then please ask one of the reception staff for further details.

Thankyou.

## 5. Letter to GP surgeries about link worker shadowing



**Newcastle Gateshead  
Clinical Commissioning Group**



Date 16.9.19

Dear,

The Ways to Wellness social prescribing intervention is being evaluated by a team of researchers at Newcastle and Durham Universities. In order to fully describe the intervention, a researcher, [REDACTED], will be observing Link Workers which will involve being present with the Link Worker in surgeries. The enclosed leaflet provides information about the procedure which has been approved by Durham University Research Ethics Committee. This will not involve any work on your part, nor will involve any identifiable details about the practice, staff or patients.

The role of the Link Worker has not been researched in any detail and this is therefore an excellent opportunity to contribute to the evidence base on social prescribing.

The CCG is keen to understand as much as possible about how Ways to Wellness works. We have been hugely encouraged by the effect Ways to Wellness has had for individual patients and on reductions in hospital use by this cohort of patients. But we are also aware that there is much more to learn about how social prescribing works.

Success to date has been built upon the positive way in which practices have contributed over the past few years. I am therefore sure you will make [REDACTED] feel welcome.

Thank you for your continued support and for helping with this research.



## 6. Leaflet for clients about link worker shadowing

# Information for clients about staff observation

[Staff name] is being observed by a researcher from Newcastle University today. If you don't want the researcher in the room when you see [staff name] then please let them know when you go in for your appointment. More information about the researcher and her work is given below:

- [REDACTED] is a researcher at Newcastle University. She works in the Institute for Health and Society. In the past she has worked in the School of Architecture, Planning and Landscape.
- She is researching something called *social prescribing*. This is what happens when someone from your GP practice refers you for non-medical advice. Here in the West End it usually means a referral to an organisation called Ways to Wellness.
- As part of the research [REDACTED] is observing *staff* talking about social prescribing.
- If you agree that she can sit in during your appointment then she will remain in the room and listen to what [member of staff] talks to you about. She might take a few notes.
- She will NOT record your name or any other personal details and no one will be able to identify you from her notes.
- It is [member of staff] who is taking part in the research and not yourself.
- In the unlikely event that [REDACTED] was concerned for your safety she may share information with members of clinical staff at this practice.

**It is entirely up to you whether or not the researcher stays in the room and your decision will not affect your care in any way.**

For independent advice regarding the study please contact North of Tyne Patient Advice and Liaison Service (PALS): Freephone 08000320202/Text 01670511098



## 7. Link Worker Interview Schedule

### **The Ways to Wellness: Link Worker Interviews**

#### **Link worker role & Ways to Wellness**

Can you tell me a bit about how you became a LW?

What do you see as the aims of Ways to Wellness as a whole?

What do you see as your main responsibilities as a link worker/senior link worker within Ways to Wellness?

What do you hope to achieve in meetings with clients once they are part of Ways to Wellness?

What are you trying to achieve more broadly for clients while they are with Ways to Wellness?

What do you enjoy about the LW role?

What do you find difficult about the LW role?

Has the LW role changed during your time with Ways to Wellness? If so, why do you think this is?

Do you think there is a difference between the expectations of WtW as a service and how it should be delivered, and how those expectations have changed since you started as a link worker?

Can you tell me about your **duties and responsibilities** as a link worker?

What opportunities are there for organisational feedback?

Can you tell me about arrangements for supervision?

Can you tell me a bit more about your experiences of shadowing, both being shadowed and shadowing colleagues?

#### **Training**

How has training affected the way you undertake your role?

How do you apply training in your daily role, as well as motivational interviewing, SCIP etc?



Can you tell me about your experiences of Collaborative Learning Events?

### **Referrals into Ways to Wellness**

Can you tell me about your experiences of changes in working practices (e.g. around GP referrals in the three practices that you work in)?

Have relationships with the GP surgeries you work with changed over time in your role as a LW?

### **Working with clients**

What do you hope to achieve in meetings with clients once they are part of Ways to Wellness?

What are you trying to achieve more broadly, as a philosophy, or through their journey?

### **Relationships with VCS**

In terms of signposting and referring clients to services, are there particular services that you tend to use for different sections of the WBS?

WtW generates referrals. What is your view on the capacity of the various places/organisations you refer into to meet the needs of clients?

Are there any areas that appear to be particularly well-resourced/under-resourced?

### **New job roles**

In what ways do you think new roles will have similarities and differences with your role as a WtW LW?

How do you think NHS social prescribing initiatives will affect WtW?

## 8. Link Worker Focus Group Schedule

### Focus Group Schedule

#### Format/intro

- Hello and introduction.
- Open with a brief summary of the purpose of Focus Group. We are interested in your role as a link worker, how you engage with clients, other health care professionals and local services, as well as how this may have changed over time.
- Explanation of method. Practically – voice recorder, paper and pens, participant and facilitator roles
- Ground rules – There are no right or wrong answers, but rather differing points of view. Please feel free to share your point of view even if it differs from what others have said. Respect each other's view and please treat everything discussed here confidentially.
- Signpost questionnaire [give out 10 mins from end]

#### Discussion

#### Ice breaker

- Name, how long you have worked here, and use one word to describe your first day as a LW.
- **Instruction:** Person on your RHS to write down key points, inc. the word used. [Return to at end of session, if needed].

#### Opener

- Do you use the term social prescribing in your daily role? If so how? If not, how come?

**Link worker role.** Perhaps we can start by discussing your role.

- How would you describe the role of a link worker within Ways to Wellness?
- Thinking about your own background, to what degree would you say you draw on past experience and expertise? Example/s.
- As a link worker you are provided with a range of training, can you talk about the application of this training in your day-to-day role?
- WBS [Wellbeing star] may be discussed here/or in 'Working with clients' section p.2.

#### **Referrals into Ways to Wellness**

- How do you find the process of generating referrals?
- How has this process changed since you've been a LW? [Prompt: Can you talk about how you have adapted your own role as a LW, to respond to the challenge/s of generating referrals?]

### **Relationships with GP surgeries**

- Can you talk about your relationship with the GP surgeries you work with? [Go round the table]
- Is it easy to communicate with GP surgeries? Do you find that information is shared between you and surgeries? Has this changed over time in your role as a LW?

### **Working with clients**

- What do you hope to achieve in meetings with clients once they are part of Ways to Wellness?
- How do you link clients into organisations and services? Do some ways of introducing clients to organisations and services work better than others? How much input do clients have?
- What sort of changes in clients do you see when Ways to Wellness works well?
- Does Ways to Wellness work better for some clients than for others? Why?
- What aspects of Ways to Wellness work best?
- What aspects of Ways to Wellness don't work so well?
- How useful do you find the Wellbeing Star?
- How have caseloads changed since you've been a LW? Have any changes had an effect on the way you work?
- Can you talk about the process of moving clients into KIT? [Prompt: Decision making]

### **Relationships with VCS**

- How do you decide where to refer your clients?
- How do you know about the options for linking clients into activities and organisations?
- Do you ever learn about services and/or important local knowledge from a client?
- How have linking opportunities changed during your time as a LW? (Have austerity changes had an impact?)
- How do you keep up to date with changes in linking opportunities?
- Geography of services. In terms of signposting and onwards referral to other services, are there always appropriate services available for your clients?

### **To Finish** *(some of these may already have been covered and could be omitted)*

- Do you enjoy working as a LW? Why/why not? What do you enjoy most/least?
- Do you feel valued as a LW?
- What do you think is good about Ways to Wellness?
- What do you think works less well?
- Is there anything else about the LW role that you think we ought to discuss?

## 9. Client Ethnography Information Sheets

### The Ways to Wellness Experience Study

#### Key Participant Information Sheet

'Ways to Wellness' is a service for people with long term health conditions who live in the West of Newcastle. We are working with service users with type 2 diabetes to understand their experiences of Ways to Wellness. This is so that we can find out about the effects of Ways to Wellness.

#### What does the 'Ways to Wellness' Experience Study involve?

You are invited to take part in our study. A researcher from Newcastle University would like to talk to you about your experience of Ways to Wellness in **two separate interviews**. One interview will take place in the next few weeks, and another interview will take place about 12 months after.

The interviews will happen in a place that is suitable for you and that is quiet and private. Interviews will be relaxed and will last between one to two hours. Interviews will be audio recorded and later typed out for analysis. The typed copies will be securely stored in a form which does not reveal your identity (names will be removed and replaced with a study number).

We would also like to **spend time with you on other occasions** to find out about how Ways to Wellness might have affected your daily life. For example, we might ask if we can come along if you attend a group, see your Link Worker, go shopping or just visit you for an hour or two during your daily life. This would be at a time and place that works for you.

We might also ask if you would be interested in **taking some photographs** of your daily life and talking to us about them.

You could take part in the interviews and decide not to take part in anything else.

#### Why have I been invited to take part?

We are inviting men and women from different backgrounds to take part in the study so that we can find out about the experiences of a range of service users. You do not have to take part and your choice will not affect your involvement in Ways to Wellness.

#### Will I be compensated for my involvement?

You will be offered a **£20 shopping voucher** as a thank you for taking part in each interview.

#### What happens if I change my mind about taking part?



## **Researching Effects of Ways to Wellness Information Sheet - individuals encountered**

The 'Ways to Wellness' programme is a service for people with long term health conditions who live in the West of Newcastle. We are working with service users to understand their experiences of Ways to Wellness. This is so that we can find out about the effects of Ways to Wellness.

### **What does the 'Ways to Wellness' Experiences Study involve?**

A researcher from Newcastle University is interviewing men and women about their experiences of Ways to Wellness. As well as this, the researcher will be spending time in groups and services which are linked to Ways to Wellness.

### **How will I be affected?**

You may notice that there is a researcher present at some of the groups and services you attend. They will be observing the groups and they may wish to talk to you. You do not have to talk to the researcher. If you do talk to the researcher, anything you say will be treated confidentially and you will not be identified by your name or any other personal details. The researcher may take notes. These will be stored in a safe place and only the researcher will have access to them.

### **What happens if I am uncomfortable with the researcher being present?**

If you are uncomfortable with the researcher being there, please tell the researcher. The researcher will take account of your concerns and will try not to include you in the research.

### **Has the study been approved?**

The study has been approved by Durham University ethics committee.

### **How is the research funded?**

The research is funded by a grant from the National Institute of Health Research.

### **How can I find out more information about the study?**

If you would like to receive a summary of the study's findings at the end of the study, please email [nuspe@newcastle.ac.uk](mailto:nuspe@newcastle.ac.uk). More information can also be found on our project website: <https://research.ncl.ac.uk/nuspe>.

## Questions

Questions are welcome at any time. Please ask the researcher, [REDACTED], about anything in this information sheet that is a concern. She can be contacted at:

Email: [REDACTED]

Call or text: [REDACTED]





## **The Ways to Wellness Experience Study**

### **Family and Friends Information Sheet**

'Ways to Wellness' is a service for people with long term health conditions who live in the West of Newcastle. We are working with service users with type 2 diabetes to understand their experiences of health and Ways to Wellness. We are also interested in the experiences of friends and families of service users. This is so that we can find out about the effects of Ways to Wellness.

#### **What does the 'Ways to Wellness' Experience Study involve?**

You are invited to take part in our study. A researcher from Newcastle University would like to talk to you about how your friend or family member's health and involvement in Ways to Wellness has affected you. We would also like to ask you about your health in this individual interview.

The interviews will happen in a place that is suitable for you and that is quiet and private. Interviews will be relaxed and will last between one to two hours. Interviews will be audio recorded and later typed out for analysis. The typed copies will be securely stored in a form which does not reveal your identity (names will be removed and replaced with a study number).

#### **Why have I been invited to take part?**

You have been invited to take part because we have identified you as a family member or friend of a key participant in our study. Your family member or friend has agreed that we can approach you. You do not have to take part and you can leave the study at any time. However, this interview is an important part of our study so we hope you will agree to help.

#### **Will I be compensated for my involvement?**

You will be offered a **£20 shopping voucher** as a thank you for taking part in each interview.

#### **What happens if I change my mind about taking part?**

You can leave the study at any time. You do not need to tell us why you want to leave. If you request it, we will permanently and securely delete any information you have provided.

#### **Has the study been approved?**

The study has been approved by Durham University ethics committee.

#### **How is the research funded?**

The research is funded by a grant from the National Institute of Health Research.

#### **What information will I receive at the end of the study?**

At the end of the study we can send you a summary of the study's findings if you are interested. If you would like to receive a summary of the study's findings, please email [nuspe@newcastle.ac.uk](mailto:nuspe@newcastle.ac.uk) or write to the address below. More information can also be found on our project website: <https://research.ncl.ac.uk/nuspe>.

### Questions

Questions are welcome at any time. Please ask the researcher, [REDACTED], about anything in this information sheet that is unclear or is a concern. She can be contacted at:

Email: [REDACTED]

Call or text: [REDACTED]

By post:

[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

## **Researching Ways to Wellness: Photo Elicitation Information Sheet**

Over **one week** please take between **10 and 20 photos** about:

### **‘Ways to Wellness in your life’**

Once you have taken the photos, I will arrange with you a time to collect the camera/ images at a time which suits you.

I will print the photos and return to ask you some questions about them in an interview at a time which suits you.

This ‘photo’ interview will last between one and two hours.

### **Why have I been asked to take photos?**

Asking you questions about photos you have taken in your own time is useful for us for two main reasons. Firstly, it is another way for us to understand how your everyday life relates to your health and Ways to Wellness. Secondly, it gives you an opportunity to have your own say about what is relevant for the research.

### **Will I be compensated for my involvement?**

You will be offered a **£20 shopping voucher** as a thank you for taking part in this part of the research.

### **How will the photos be used?**

We might like to use some of the photos you share with us in our research publications.

If you decide you do not want to share your photos with the project, you can delete them at any time. Or if you were happy for me to, I could ask you questions about the photos in the interview but not use them in any research publications.

If you would like to photograph people, please ask their permission first. Please delete any photographs of anyone who might not want their images shared with the research team as part of the interview.

We will ensure that no individuals are identifiable in photographs used for publication or in presentations. For instance, we may crop photos or blur faces.

If you are in a public space and take a photo which contains people, but who are not the subject of the photo, you don’t need to ask permission. If someone asks you not to take a photo you should respect their wishes.

### **Questions**

If you have any questions, please contact me, [REDACTED]. I can be contacted at:

**Email:** [REDACTED]

**Call or text:** [REDACTED]



## **Ways to Wellness Research Study**

### **Participant Information Sheet: Access to Ways to Wellness Records**

'Ways to Wellness' is a service for people with long term health conditions who live in the West of Newcastle. We are a research team from Newcastle and Durham universities working with service users to understand their daily lives, health and experiences of Ways to Wellness. As you are currently taking part in our study, we would like to access information collected about you by Ways to Wellness.

#### **What does this involve?**

Ways to Wellness records information about the reasons you were referred to them and about your discussions with your Link Worker(s) and agreed action plans. With your permission, we would like to access this information stored about you.

#### **How will this information be used?**

We will use this information to help us understand how Ways to Wellness has affected you and any activity you have done as a result of being in Ways to Wellness.

The information will be securely stored and treated confidentially. Anonymised data will be retained for a period of five years to allow for complete analysis of the data.

You do not have to give us permission to access this information. Your choice will not affect your involvement in Ways to Wellness or this research.

#### **What happens if I change my mind about taking part?**

You can leave the study at any time. You do not need to tell us why you want to leave. If you request it, we will permanently and securely delete any information you have provided or that we have accessed about you.

#### **Has the study been approved?**

The study has been approved by Durham University Department of Anthropology Ethics Committee.

#### **How is the research funded?**

The research is funded by a grant from the NHS National Institute of Health Research.

#### **What information will I receive at the end of the study?**

At the end of the study we would be pleased to send you a summary of the findings. We will keep your contact details securely until then, after which your contact details will be removed.

More information can also be found on our project website:  
<https://research.ncl.ac.uk/nuspe>.

### Questions

Questions are welcome at any time. Please ask the researcher, [REDACTED], about anything in this information sheet that is unclear or is a concern. She can be contacted at:

Email: [REDACTED]

Call or text: [REDACTED]

By post:

[REDACTED]

[REDACTED]

## 10. Client Ethnography Consent Forms

### Ways to Wellness: Understanding the Experiences of Service Users: CONSENT FORM FOR PARTICIPANTS

**If you are happy to participate please complete and sign the consent form below**

**Please initial**

I confirm that I have read the attached information sheet about the research project. I have had the opportunity to think about the information and have had any questions answered satisfactorily.	
I understand that taking part in the study is voluntary and that I am free to withdraw and ask that any information I have provided is deleted at any time without giving a reason.	
I understand that the interviews will be recorded and typed out for analysis.	
I understand that the information I provide will be treated with complete confidentiality and stored in a safe place.	
I understand that digital recordings of interviews will be kept until the end of the project (unless I have requested that they are deleted).	
I understand that typed copies of interviews will be kept for future use by the University for researchers to access in future (unless I have requested that they are deleted/destroyed).	
I agree to release the information I provide in the interview for use in reports, academic papers, books and contributions to books,	

conferences, public lectures, public workshops and other events. Any publications or outputs will not include details that will allow an individual to be identified.	
I would be interested in receiving a summary report of the findings of the study	<b>YES/NO</b>

**Name of participant (printed):**

.....

**Signature:**

.....

**Researcher:**

.....

**Date:** .....

**Contact Persons:** If you have any questions about this research, call or write to:

.....

.....

.....

**Postal address:**

.....

.....

.....

.....

.....

.....

.....



## CONTACT DETAILS SHEET

### Your Contact Details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

Alternative phone (home or work): \_\_\_\_\_



**Researching Ways to Wellness: Camera loan and image consent form**

**If you are happy to participate please complete and sign the consent form below**

I confirm that I have read the attached information sheet about the research. I have had the opportunity to think about the information and have had any questions answered satisfactorily.	
I agree to take care of this camera and return it. I will only use it to take photos for the research.	
I consent to the use of these photos for this project and any publications (such as reports, articles).	
No photos containing clearly identifiable people will be used in any publications without their prior written consent.	
I understand that I can withdraw from this research at any time and can request that the data I have provided be destroyed.	

If you agree with the above statements, please sign below.

**Name of participant:**

.....

**Signature:**

.....

**Date:** .....

**Camera number:** .....

**Researcher:**

.....

---

Date camera returned: .....

Signature:

.....

Researcher:

.....

If you have any questions, please contact me, [REDACTED]. I can be contacted at:

Email: [REDACTED]

Call or text: [REDACTED]

**Ways to Wellness: Understanding the Experiences of Service Users**

**CONSENT FORM FOR PARTICIPANTS' WAYS TO WELLNESS RECORDS**

**If you are happy to for us to access your Ways to Wellness information please complete and sign the consent form below**

**Please initial**

I confirm that I have read the attached information sheet about the research project. I have had the opportunity to think about the information and have had any questions answered satisfactorily.	
I am happy for the researcher to access information collected about me by Ways to Wellness.	
I understand that this information will be treated with complete confidentiality and stored in a safe place.	
I understand that taking part in the study is voluntary and that I am free to withdraw at any time.	
I understand that I can ask that any information I have provided or that the researcher has accessed from WtW is deleted at any time without giving a reason.	
I understand that the data collected will be treated with complete confidentiality and stored in a safe and secure place for up to 5 years unless I have requested that they are deleted/destroyed	
I understand that the data collected may be shared anonymously with other members of the research team during this study	
I agree to this information being used in reports, presentations and other publications such as academic papers and books. Any publications or presentations will not include details that will allow an individual to be identified.	

I would be interested in receiving a summary report of the findings of the study	<b>YES/NO</b>
I agree to allow Ways to Wellness to release the data they hold on me for the purposes of this study	

**Name of participant (printed):**

.....

**Signature:**

.....

**Researcher:**

.....

**Date:** .....

**Contact Persons:** If you have any questions about this research, call or write to:

[Redacted]

[Redacted]

[Redacted]

**Postal address:**

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

Durham University is responsible for providing information about how personal data is used. For its general policy, see:

<https://www.dur.ac.uk/research.innovation/governance/privacynotice/generic/>



## 11. Key Participants 1<sup>st</sup> interview schedule

Discuss information sheet and complete informed consent form

### **Introductions and everyday**

#### **Could you start by telling me a bit about yourself?**

*Probe for: family/extended family/household set up (ages and relationships), caring responsibilities*

*How long they've lived in area, where they from originally, do they rent/own home?*

*Work – how many hours, what they do, how long for, if they used to work what they did/when did they retire. If live with people – what they do*

#### **I'm interested in finding out a bit about your everyday life. Could you tell me how you normally spend your time?**

#### **If struggle to answer, could you talk me through what you did yesterday?**

*What did you do at home? What did you do outside of the home? What did you eat? Was that usual?*

#### **Could you tell me about your health?**

*Probe for: How long? Diagnosis? Other conditions? Medication*

#### **How does your health affect your life?**

*Probe for:*

*Work/economic situation*

*Family life/living arrangements*

*Leisure and social life*

*Eating*

*Everyday tasks*

#### **What do you do to manage your health problems?**

*What about T2D?*

#### **What advice have you been given about managing your health?**

**Are there occasions when you feel like you aren't managing your health as well as you'd like to?**

*Probe for examples of what happens*

### **Experience of starting Ways to Wellness**

**How did you first come across WtW?**

**Why did you get involved in WtW? What made you say yes to the referral?**

*How did you get referred? What happened? How did you feel about being referred?*

**Could you tell me a little bit about your first contact/meeting with your link worker?**

*Do you remember completing a wellbeing star?*

*What did you think about it?*

*Did you receive any help and advice? (eg information about Welfare rights etc)*

**What have you done/are you doing as a result of being involved in WtW?**

**Did you complete a WtW 'action plan'? Tell me about that.**

*How did you create it? What goals did you set? How did you decide them? How do you feel about it?*

**Could you tell me about meetings with your link worker? What do you do in those?**

*What is your LW like? How long have you known them?*

*How involved are they? How often do you see them? Is that enough?*

*Is there anything more they could do?*

*Would you be doing this without them? Can you see a time in the future when you could?*

**What about other health professionals you see, has anything changed there?**

*What about your visits to your GP practice? Has anything changed?*



## **Being part of Ways to Wellness**

**Could you try to describe how WtW fits in with the rest of your life?**

*Has it changed your everyday life? How? How does it fit in with:*

*Work situation*

*Family life/living arrangements*

*Leisure and social life?*

**Have you been or are you going anywhere else (for instance to access services/go to classes/courses/groups/organisations) as part of WtW? If so, could you tell me about that?**

**OR you mentioned you've been to [e.g. group], can you tell me how that came about?**

*How did you decide which things to go along to?*

*How were you linked in with them? How was your LW involved? What happened after the link?*

*Are the group what you expected? Is the process what you expected?*

*What happens if you went and didn't like it? Would you just pick something else?*

*What was your first time going like?*

**If you are going to any classes/groups are you enjoying them?**

*Why/why not?*

**Are there times when you don't go to a LW meeting or class/group? **OR** are there times when you don't do an activity on your action plan (e.g. walking to the shop every day)?**

*Tell me about those times. Why does it happen? What does it feel like? Does that happen often?*

*If you miss an appointment/meeting what's it like when you go back again?*

*How about times when you go but you don't want to. Does that ever happen?*

**For those NOT linked into external services—why haven't you been linked into any other services do you think?**

**Is WtW what you were you expecting?**

*What's working, what's not working? Is there anything that feels hard about your 'action plan'? Why?*

### **Social networks**

**Did you talk to anyone about getting involved in WtW?**

*Probe for who, what did you talk about, why them?*

**I'd like you to think about any people who are involved or affected by your health.**

**I'd like to ask you some questions about each person (or sets of people, if you'd prefer).**

**1. Who are they? Can you describe your relationship with them?**

*How often do you see them and why?*

**2. How has this relationship been affected by your health?**

*What's changed/stayed the same?*

**3. Do they get involved in your health?**

*What happens? How important is their input? How do you feel about their involvement?*

**4. Has WtW effected your relationship?**

*What happens? Do they get involved? Has anything changed?*

**5. Are they supportive? How so?**

**How does being part of WtW fit with your family life?**

**How does being part of WtW fit with your social life?**

**Is there anyone else you want to mention that we haven't covered?**

*Probe for people they no longer see*

**What about any people you've met through WtW?**

*What kinds of things do you talk about?*

## **Attitudes**

**Do you know anyone else who has been referred to WtW?**

*Tell me about that. Do you talk about it? What is their view about it?*

**Some people are referred into WtW, but don't get involved. Why do you think that might be?**

*And why do some people leave the programme early?*

**Do you think it's good for people with health issues to have access to programmes like WtW?**

**Finally, how do you imagine yourself in 6 months' time? How about 12 months' time?**

*Why? Is there anything that will stop that happening or make it happen?*

## 12. Family/friends Interview Schedule

### **Introductory questions**

**Could you tell me about [key participant]?**

**What kinds of things do you do together?**

*In the home?*

*Outside of the home?*

### **Health**

**Could you tell me about your health?**

*(If they have T2D), could you tell me about your T2D?*

*How were you diagnosed?*

*How did the diagnosis affect you?*

*Did it have any effect on your everyday life?*

*What advice did you get from your doctor or practice nurse?*

*Were you offered the opportunity to be referred to WtW?*

*Can you tell me about what medication you take (and everyone else in the household?)*

*How easy is it to follow up advice received about taking meds?*

**Could you tell me about [key participant]'s health?**

*How about [key participant]'s T2D?*

**How about the family, does anyone have any other health conditions? Probe for details**

**Do you get involved in [key participant]'s (or each other's) health? In what ways?**

*How do you and family members balance managing your health problems?*

*Do you do anything to help [key participant]/other family members to live with their health condition?*

*How about their T2D, do you help them with that?*

*How about the family more generally do they get involved with [key participant]'s health?*

*Does anyone support you with your health at all? Probe for examples*

**How do [key participant]'s LTC effect the family? Probe for examples**

*How about [key participant]'s T2D, has that effected day-to-day life in any way?*

*How about the family more generally?*

*How does your health effect the family?*

**Have you made any changes in family life as a result of [key participant]'s/another family member's health? Probe for examples**

**Apart from everyone who lives here, is there anyone else that gets involved in [key participant]'s health (eg family, friends)? Probe for examples**

**Could you tell me about a time when you/your family managed [key participant]'s T2D/health well?**

**Could you tell me about a time when you/your family didn't manage [key participant]'s T2D/health well?**

**Are the health conditions we've discussed an issue for you/your family? Do they cause any problems?**

*Are there things that you can't do anymore because of [key participant]'s health?*

*Is there anything you do more frequently because of [key participant]'s health?*

**Do you have any past experiences of living with someone with a health condition? If so, could you tell me a little bit about that?**

*Who? When?*

*Did you have any involvement in their health?*

*If not mentioned, probe for parents' and health.*

**Do you follow any kind of advice about health?**

*Probe for examples (from friends, family, health professionals?)*

*Are there times when you don't?*

## **Food**

**Who does the cooking?**

**Could you tell me a little bit about how you normally eat as a family?**

**What kinds of things do you normally eat/cook? Probe for examples**

*Are there times when that doesn't happen?*

*Do special occasions make a difference to the way you eat?*

**Does [key participant]'s health (or the household's health more generally) influence what kinds of foods you eat/cook? Probe for examples**

*Do you avoid or prioritise having any particular foods in the house? Why?*

*Do you all eat the same things? Have the household's eating habits changed because of health issues?*

*Do you encourage [key participant] to eat/avoid certain foods?*

*Is there a difference between inside and outside of the home?*

**Apart from around food, are there other ways that [key participant]'s health affects your day-to-day life?**

## **WtW**

**Do you know much about WtW? Could you tell me about WtW?**

**Can you tell me about [key participant]'s involvement in WtW?**

**Has it made a difference to [key participant]'s health/wellbeing? Probe for examples**

**Has [key participant]'s involvement in WtW impacted on your family? In what ways?**

*Has the family undergone any changes as a result of [key participant]'s involvement with WtW?*

*Overall, do you feel that WtW has been helpful? If so, how?*

*Are there any other ways, it could have helped?*

**Would you or your family like to be more involved in WtW?**

*How about [key participant]'s healthcare more generally, would you like to be involved?*

## 13. Photo Elicitation Interview schedule

**Just before we start, has anything changed with WtW?**

**And how about your health?**

### **Photos**

**Looking at photos together – which do you want to start with? I'll ask you some questions about each photo. Probe for:**

*What is in the photo?*

*How is it relevant/ why did you take it? What has it got to do with WtW/health?*

*What was happening at the time? (what's going on outside the frame?)*

*When was the photo taken?*

*Where was the photo taken?*

*Who were you with?*

*Is there anything you particularly like/dislike about the photo?*

*How did you feel when you took the photo and how do you feel now looking at the photo?*

*Is it every day or out of the ordinary?*

**Why did you chose to take these particular photos?**

**Did you have any difficulties choosing what to photograph?**

**Who took the photos? Did anyone help you?**

**Looking at all the photos together, what story do they tell about you/about WtW/about your health?**

### **AFTER LOOKING THROUGH PHOTOS**

**What do you think could happen to make you feel better, if anything? And the T2D?**

**And how about with WtW, what kind of support could be offered to help improve things? And the T2D?**

**Is there anything else you'd like to add?**



## 14. COVID-19 Client Study Information Sheet

### **The Ways to Wellness Covid-19 Experience Study**

#### **Information Sheet**

'Ways to Wellness' is a service for people with long term health conditions. Researchers at Newcastle University have been finding out about how Ways to Wellness affects service users. We would like to extend our research to learn about service users' experiences during the COVID-19 pandemic.

#### **What does the COVID-19 experience study involve?**

You are invited to take part in our study because you have recently completed a Quality of Life questionnaire with a researcher from Newcastle University. We would like to contact you again to arrange a short telephone interview with you.

In the interview, a researcher will ask you to complete another Quality of Life questionnaire. They will then ask you some questions about how your life, health and wellbeing have been affected by the COVID-19 situation. The researcher will also ask about support you have received, or feel you need, from Ways to Wellness or other organisations. The telephone conversation will last between 30 and 60 minutes and will be at a convenient time for you.

After the interview, the researcher may also ask to speak to you again by telephone, or, if possible, by secure video call, to follow up on your experiences during the pandemic. If you would like to take part in these additional conversations, the researcher will call you either weekly, fortnightly or monthly until the end of July. You could take part in the initial telephone interview and decide not to take part in these follow up contacts.

#### **What happens to the information I give?**

The information you share will help us understand the impact of COVID-19 on people who have long term health conditions.

All information will be securely stored and treated confidentially. Interviews will be audio recorded and then typed out. Typed copies will not contain anything which reveals your identity (names will be removed and replaced with a study number).

### **Do I have to take part?**

You do not have to take part. If you decide to take part, you can change your mind and leave the study at any time. You do not need to tell us why you want to leave. If you request it, we will permanently and securely delete any information you have provided.

### **Has the study been approved?**

The study has been approved by Durham University ethics committee.

### **How is the research funded?**

The research is funded by a grant from the National Institute of Health Research.

### **What is the lawful basis for processing personal data?**

Under data protection legislation, we need to tell you the lawful basis we are relying on to process your data. The lawful basis we are relying on is public task: the processing is necessary for an activity being carried out as part of the University's public task, which is defined as teaching, learning and research.

### **The Research Team**

Four researchers are working on this project. You will be contacted by one of them. They are [REDACTED] of Newcastle University and [REDACTED] of Durham University.

### **Questions**

If you have any questions about the study please ask the lead researcher, [REDACTED]  
[REDACTED] She can be contacted at:

**Email:** [REDACTED]

**Call or text:** [REDACTED]

## 15. COVID-19 Client Consent Form

### Ways to Wellness: Understanding the Experiences of Service Users

#### CONSENT FORM

If you are happy to participate, please indicate whether you agree with the following statements:

	Please initial
I confirm that I have read the information sheet about the research project. I have had the opportunity to think about the information and any questions have been answered satisfactorily.	
I understand that taking part in the study is voluntary and that I am free to withdraw at any time without giving a reason.	
I understand that the interviews will be recorded and typed out for analysis.	
I understand that I can ask that any information I have provided is deleted at any time.	
I understand that digital recordings of interviews will be kept until the end of the project (unless I have requested that they are deleted).	
I understand that typed copies of interviews will be kept for future use by the University for researchers to access in future (unless I have requested that they are deleted/destroyed).	
I understand that the data collected may be shared anonymously with other members of the research team during this study.	
I agree to this information being used in reports, academic papers, books, conferences, public lectures, public workshops and other events. These will not include details that will allow an individual to	

be identified.	
I agree to take part in this study.	
I would be interested in receiving a summary report of the findings of the study.	<b>YES/NO</b>

**Name of participant (printed):**

.....

**Researcher signature to confirm participant has consented:**

.....

**Date:** .....

Durham University is responsible for providing information about how personal data is used. Please see your information sheet and for its general policy, see:

<https://www.dur.ac.uk/research.innovation/governance/privacynotice/generic/>

## 16. COVID-19 Client Interview Topic Guide

### **COVID-19 Client Interview Topic Guide**

- Go through informed consent/ EQ5D

#### **I'd like to start by asking about you and your household and then I'll ask you a few things about COVID-19 and how that's affecting you**

- Can you tell me how long you've lived at your current address?
  - *Have you always lived in that area? Where are you from originally?*
- How old are you?
- Is anyone living with you at the moment?
  - *Probe for: ages, relationships (caring responsibilities)*
  - *Are these your usual living arrangements?*
- Could you tell me about your health?
  - *Explore health problems (how long, diagnosis)*
  - *Explore medication (including how long)*
- Why were you referred to WtW?
  - *Probe for when they were referred*
- How about others in the household, could you tell me about their health?
  - *Explore health problems (how long, diagnosis etc)*
  - *Explore medication*
  - *Are they in WtW (if have relevant age/LTC)?*

#### **I'd like to ask you some questions about COVID-19 now**

- Have you had COVID-19 or any COVID-19 symptoms?
  - *What happened? Did you have a test? If so, what happened?*
- Have you received any information advising you to shield as a result of COVID-19?
  - *What was the advice? What did you think about that?*
  - *Explore others in household*
- Are you socially distancing from anyone in your household? Are others socially distancing from you? If so, explore...
- If you haven't received any special advice because of your personal circumstances, can you tell me if you are following any guidance about COVID-19 or keeping yourself safe at the moment?
  - *Explore from who, about what, what they think about it*

#### **We're interested in how the current COVID-19 situation is affecting people**

- Firstly, how have you been spending your time during lockdown (or while shielding if relevant)?
  - *Is that different to before? If so, how?*
  - *Are you doing anything more often than before?*
- What are your current work circumstances? Probe for:
  - *Employed and going to work, employed working from home, furloughed?*
  - *(If in employment) How are you managing work? Are there any challenges or benefits to your ways of working in the current situation?*
  - *Not in paid employment – why? For how long? Because of health, caring circumstances, job market? (if they used to work, what did they do?)*
  - *Retired – what did they used to do?*

- How about other people in the household, what are their current work circumstances?
  - *Probe as above*
- Has the current situation effected your finances at all?
  - *Probe for benefits*
- Can you tell me how the current situation is **affecting** you?
  - *What about your physical health? Your LTC? Any other health conditions? Your general health?*
  - *Has there been any effect on your mental health?*
  - *Has there been any effect on your everyday activities? For instance eating and drinking?*
- Is the COVID-19 situation affecting your relationships (eg, family/ friends)? If so, in what ways?
  - *Probe for effect on relationships outside the household and inside the home*
  - *How are you keeping in touch with family/friends?*
- Can you tell me how you are **managing** your (usual)/daily activities?
  - *Shopping (include medications)*
  - *Eating*
  - *Caring (probe for people outside and inside the home)*
  - *Exercise*
  - *Anything, I've missed?*

**I'd like to ask you some questions about any support you've had or need**

- Have you received help from anyone since you went into lockdown? Probe for details
- Have any of the following people helped you (or anyone in your household)? (for each, probe for in what ways? And where relevant use WtW LW prompts below)
  - *Family/friends*
  - *Neighbours or people roundabouts*
  - *NHS*
  - *Local authority or any other organisations*
  - *Anyone else?*
- Have you been supporting/helping anyone?
- How about your WtW link worker, have you heard from them at all?
  - If yes,

*What happened?*

*Who contacted who? (Do you know how to contact LW if needed?) Was it your usual LW? If not, did that make a difference?*

*Was support offered? What kind of support? Is there any support you need that the LW couldn't help with?*

*Do you know when the LW will contact you again or if more support is planned?*

*Did you do a star? And if so was it used to decide on the support needed?*

*Had you been in contact with the LW before COVID19? Probe for details*

- If no,

*Can you remember when you last had contact with your WtW LW? Probe for details*

*Are you expecting to hear from your LW? Would you like to hear from them?*

*Do you know how to contact your LW?*

- Is there any support or help you feel you need but haven't received? If so what?

- *Have you asked anyone for help?*
- Now that so much is being done over the phone or the internet, how are you finding that?
- *Have you had to make any changes (eg being online or wrt the internet?)*

**I'd like to ask you some final questions about life after lockdown**

- How will you feel when lockdown is lifted?
- *If they answer generally, probe for how it will make them personally feel. Will they feel safe?*
- *Will it be different to before for you? If so, how?*
- What are you looking forward to?
- Is there anything you aren't looking forward to?

**That's all my questions, is there anything you would like to ask me? Or anything I've missed?**

Just before we end, I just wanted to check a couple of details with you (see demographic questionnaire and check off things not covered)

Thank you very much for taking part

**Finally**

We're very interested to see how people are getting on over the next few months. Would you be willing to be contacted by me again to take part in another telephone interview? We won't be able to contact everyone again, so you might not hear from me again, but it's useful for me to find out if you give your permission for me to ring you.

## 17. COVID-19 Client Demographic Questionnaire

### Demographic Questionnaire

Participant number .....

**1. How old are you?**

- |                                |                                |
|--------------------------------|--------------------------------|
| <input type="checkbox"/> 40-44 | <input type="checkbox"/> 60-64 |
| <input type="checkbox"/> 45-49 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 50-54 | <input type="checkbox"/> 70-75 |
| <input type="checkbox"/> 55-59 |                                |

**2. Are you:**

- |                                |                                 |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> Male  | <input type="checkbox"/> Female |
| <input type="checkbox"/> Other | <input type="checkbox"/>        |

**3. What ethnicity do you consider yourself to be?**

- |  |   |
|--|---|
| <input type="checkbox"/> White                                 | <input type="checkbox"/> Asian/Asian British          |
| <input type="checkbox"/> Black/African/Caribbean/Black British | <input type="checkbox"/> Mixed/multiple ethnic groups |
| <input type="checkbox"/> Other (please describe).....          |   |

**4. Are you in paid employment?**

a. If yes, what is your current job(s)?

.....

b.

How many hours a week do you work?

.....

c.

If you are not in employment, when did you last work?

.....

d.

Please also provide details of any other main jobs you have had in the past

.....

**5. Are you retired?**

a. If so, when did you retire? .....



b. Please provide details of any main jobs you had in the past  
.....

**6. Do you receive benefits?**

a. If yes, please give detail of the benefits you receive (type and length of time)  
.....

**7. What is the highest educational qualification you have completed?**

**8. Does anyone live in the household with you? If yes, please give details below (ages and relationship to you)**

.....  
.....

**9. Do you live with a partner?**

a. If yes, are they in paid employment? .....

b. If yes, what is their job? .....

.....

c. What is the highest educational qualification they have completed?

.....

**10. Where do you live? (please enter the 1<sup>st</sup> part of your postcode) .....**

**11. Do you own your property? (if rented is it private or council?)**

.....

**12. What is your annual household income before taxes?**

- |  |  |
|--|--|
| <input type="checkbox"/> Less than £10,000 | <input type="checkbox"/> £30,001-£40,000   |
| <input type="checkbox"/> £10,001-£20,000   | <input type="checkbox"/> More than £40,001 |
| <input type="checkbox"/> £20,001-£30,000   |  |

**13. Do you have access to a car or van?      Yes                      No**